

Automatic insurance increase

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an **X**

SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr

☐

Mrs

☐

Miss

☐

Ms

☐

Dr

☐

First name/s

Male

☐

Female

☐

Date of birth (DD/MM/YYYY)

Postal address

Suburb/town

State

Postcode

Street address (if different to postal address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

SECTION 2 - ANNUAL COVER INCREASE

a) Do you want to increase your insurance cover as part of the annual increase in cover provisions, effective 1 July? You can increase your cover up to an additional amount of \$60,000. Limits apply. See the PDS and Insurance Guide for more information. Your application must be received between 1 June - 31 July each year.

☐ Yes (go to section 4) ☐ No (go to section 3)

SECTION 3 - LIFE EVENTS INCREASE

To increase your insurance as part of the "life events" provisions, please choose from the below list of allowable events and attach the required supporting evidence. Your application for a Life Event increase must be received within 90 days of the event. See the PDS and Insurance Guide for more information.

Life event

- ☐ The birth of up to two of your children.
- ☐ You recently married.
- ☐ You recently divorced.
- ☐ First occasion your child starts in a private secondary school.
- ☐ First home mortgage (either alone or jointly) or you increase an existing mortgage for the purpose of building or renovating the home. The mortgage must be for your primary place of residence.

Supporting evidence

- ☐ The birth or adoption certificate.
- ☐ The marriage certificate.
- ☐ The divorce papers.
- ☐ The birth or adoption certificate and written confirmation of enrolment from the school.
- ☐ Title deed and mortgage summary.

Please attach certified proof of the evidence to this form.

SECTION 4 - INCREASE AMOUNT

a) What type of cover do you want to increase?

☐ Death only ☐ Death and TPD

c) Occupation:

b) How much do you want to increase your cover by?

\$

d) Occupation duties and percentage of time in each:

Limits apply. See the PDS and Insurance Guide for more information. Increases are offered as Fixed Cover.

Please note: Your occupation may restrict you from obtaining cover and we will contact you if applicable.



SECTION 5 - RISK CONTROL QUESTIONS

a) Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through a superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?

☐ Yes ☐ No

b) Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application?

☐ Yes ☐ No

c) Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions?

☐ Yes ☐ No

d) Have you, in the last 12 months been absent from work or unable to fully perform:

- (i) the duties of your usual occupation (whether employed or unemployed); or
- (ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties, due to illness or injury (other than cold or flu) for more than 10 days?

☐ Yes ☐ No

e) Are you currently off work due to injury or illness or incapable of actively performing all of the duties and work hours (for at least 30 hours per week) of your usual occupation, even though your actual employment can be on a full-time, part-time or casual basis?

☐ Yes ☐ No

f) In the last 3 years have you had symptoms of, or received medical advice or treatment (including surgery) for any of the following:

- Any circulatory disorder (e.g. heart attack or stroke); or
- Paralysis or multiple sclerosis; or
- Any mental health or nervous condition; or
- Diabetes or sugar in urine; or
- Any form of cancer, including skin cancer and leukaemia.

☐ Yes ☐ No

If you have answered 'Yes' to any of the above questions, you will not be eligible for an Automatic Insurance increase and will need to complete the 'Insurance application and variation form' should you wish to apply for additional Insurance.

SECTION 6 - YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the insurer something:

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

SECTION 7 - YOUR PRIVACY - USE AND DISCLOSURE OF YOUR PERSONAL INFORMATION

Your privacy is important to us. The personal information you provide on this form is necessary for us to provide you with the requested products and services, and to manage your claims. You do not have to provide us with your personal information but if you choose not to we may not be able to provide you with the requested products and services.

Details on how your personal information is collected, managed and used is contained in our Privacy Policy which includes our Privacy Collection Statement and is available at www.wasuper.com.au/privacy/.



SECTION 8 - TAL PRIVACY STATEMENT

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at <http://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1800 666 136.

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

SECTION 9 - ELECTION TO KEEP YOUR INSURANCE

Due to changes to the law from 1 July 2019, your insurance cover will cease if your WA Super account remains inactive for more than 16 consecutive months, that is, you haven't had any money deposited into your account during this time.

☐ Please tick this box to elect to retain your current and future insurance cover even when your account is inactive for more than 16 months.

By ticking this box, I elect:

1. to maintain:
 - a) my current insurance cover which may include any or all of Death (including Terminal Illness), Total and Permanent Disablement and Income Protection cover (each one of these is a "benefit"); and
 - b) any new types of insurance benefit I may take-up at any time which forms part of my insurance cover; and
 - c) any further increases or decreases in my cover,
 in the event that that my account with WA Super ever becomes inactive for a period of 16 consecutive months, because the Trustee has not received any rollovers or superannuation contributions on my behalf; and
2. that the Trustee will continue to maintain and/or take out insurance on my behalf despite my account remaining inactive after this time.

In making this election, I:

1. understand my election will remain indefinite, whilst I remain a member of WA Super unless:
 - a) the election is revoked by me; or
 - b) my account has insufficient funds in which to pay premiums; or
 - c) I am no longer eligible to be covered for insurance with WA Super;
2. understand that the election will also apply to any increases or decreases made to my insurance cover over time, including the take-up of any new benefits that I select;
3. understand that if I make an election my insurance cover will continue even if my account balance remains inactive for 16 continuous months and continues to be inactive after that period, so long as there are funds available in my account to pay the insurance premiums;
4. declare that before making this election I have reviewed my current insurance arrangements, and I am aware of the current level of insurance cover I hold and how much that cover costs; and
5. confirm my details as contained in this election are true and correct.

SECTION 10 - ACKNOWLEDGEMENT AND DECLARATION

- I understand that in completing and signing this form that any previous details will be replaced by the new details on this form.
- I understand that if I currently hold Basic Cover, that cover will be converted to a fixed dollar amount.
- I acknowledge that the changes requested will become effective when approved by the insurer.
- I have read and understood the Fund's Product Disclosure Statement. In signing this form I acknowledge that I will continue to be bound by the Fund's Trust Deed and Rules in all respects.
- I acknowledge that I have read the notice of my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.



SECTION 10 - ACKNOWLEDGEMENT AND DECLARATION CONTINUED

- I have read and checked all answers on this form and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I, the applicant, authorise and direct any medical or other practitioner to divulge at any time to the Fund's Insurer or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used or disclosed by the Funds Insurer or its external service providers / contractors as contemplated in this form, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information collected on this form or future forms in relation to this insurance.
- I do not intend to make, or am entitled to make a claim for Terminal Illness or TPD.
- My existing cover is not subject to any loading, limitation or exclusion.
- I have read and understood the Fund's Privacy Policy (including the Privacy Collection Statement) and TAL's Privacy Statement section of this form.

Signature

Date

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