Core Super | MySuper

Application for Changes to Insurance Cover

For assistance & enquiries: **Ph 132 467**
Please send this completed form to: **Intrust Super, GPO Box 1416, Brisbane QLD 4001**

intrustsuper
at your service

Please write in BLOCK letters and use a BLUE or BLACK pen. This request will be invalid if unsigned or undated.

For PayGuard [Income Protection] Insurance: Complete Section 1 and 2 to apply for cover OR make changes to your existing cover. You DO NOT need to complete Section 3 unless you are also applying for or changing your Life or Life & TPD Cover.

Life or Life & TPD Insurance: Complete Section 1, 3, 4 and 5 to apply for cover OR make changes to your existing cover. You do not need to complete Section 2 unless you are also applying for or changing your PayGuard Cover.

Your duty of disclosure

Before you enter into a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance.

This duty of disclosure continues after you have completed this statement until the cover has been issued by us. The same duty applies before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

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

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to disclose.

If you or the person who becomes the life insured under the policy do not tell us something

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

If you or the life insured do not tell us something that you or they are required to tell us, and we would not have insured on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid the cover, we may, at any time, reduce the amount for which you or the life insured have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you and the life insured had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount for which you or the life insured have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply to death cover.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the cover as if it never existed.

Section 1: Member Details [Please complete in full]

Intrust Super member number | Date of Birth [DDMMYYYY] | Gender [M/F] | Height [CM] | Weight [KG]

Mr/Mrs/Ms/Miss | Surname

Given Names

Street number/PO Box | Street name

Suburb/Town | State | Postcode

Occupation

Duties

Section 2: Changes to PayGuard [Income Protection] Insurance

Select one of the following:

- ○ I wish to apply for PayGuard Insurance. [Choose a waiting period]
- ○ I wish to change my PayGuard Insurance waiting period. [Select a new waiting period]
- ○ I do not require PayGuard Insurance. [No waiting period selection is required]

PayGuard waiting periods.

- ○ I would like a waiting period of 21 days.
- ○ I would like a waiting period of 30 days.
- ○ I would like a waiting period of 45 days.
- ○ I would like a waiting period of 90 days.

I declare that I have read the Core Super Product Disclosure Statement available at intrust.com.au as it relates to PayGuard Insurance.

Signature of applicant

Date [DDMMYYYY]

Section 3: Changes to Life or combined Life & TPD Insurance

Please refer to the Core Super Product Disclosure Statement for important information and premium rates. **Choose ONE option:**

1. ○ **I wish to cancel my current cover.**

2. ○ **I wish to reduce my current cover.** Please indicate below the number of units you now require:

units of Life Insurance. [Value of units must not exceed $10 million.]

units of TPD Insurance. [Value of units must not exceed $3 million.]

3. ○ **I wish to apply for cover.** Please indicate below the number of units you require:

units of Life Insurance. [Value of units must not exceed $10 million.]

units of TPD Insurance. [Value of units must not exceed $3 million.]

Your elected level of cover is subject to satisfactory assessment and acceptance by the Insurer.

Please note that loadings may apply to some premiums for cover that is subject to the Insurer's approval. You will be advised of any adjustment to premiums as a result of a loading by the Insurer when you are informed your application for cover has been accepted.

4. ○ **I wish to increase my current level of cover.** Please indicate below the number of units you require:

units of Life Insurance. [Value of units must not exceed $10 million.]

units of TPD Insurance. [Value of units must not exceed $3 million.]

Your increased level of cover is subject to satisfactory assessment and acceptance by the Insurer.

Please note: You may hold Life Insurance without TPD Insurance but you may not hold TPD Insurance without Life Insurance.

ONLY COMPLETE THIS SECTION IF YOU HAVE TICKED OPTION 3 OR 4 ABOVE.

Personal Health Statement Questionnaire PLEASE TICK YES OR NO TO EACH OF THE FOLLOWING:	YES	NO
1. In the last 12 months, have you smoked tobacco in any form?	○	○
2. Have you ever been declined for cover under a policy of life, disability or health insurance?	○	○
3. Have you lost the sight of any eye or the use of a limb [limb includes the hand or foot] or do you have any defect of vision or hearing or speech?	○	○
4. To your knowledge have you ever suffered from,	○	○
a. Diabetes, epilepsy, multiple sclerosis or hepatitis B or C?	○	○
b. Anaemia, leukemia, haemophilia or any other blood disorder?	○	○
c. Cancer or tumor of any type?	○	○
d. Chest pain, high blood pressure, heart or vascular complaint, paralysis or stroke?	○	○
e. Disease or complaint related to kidney, bladder, lung, bowel, liver, or stomach including gastric or duodenal ulcer?	○	○
f. Mental or nervous disorder [including stress, anxiety or depression episodes]?	○	○
g. Any disease of, or injury to, the head, neck or back involving a joint or limb including back strain, disc disorder or lumbago?	○	○
h. Chronic fatigue syndrome or other immune disorders?	○	○
i. Tendonitis, tenosynovitis, RSI or regional pain syndrome, arthritis or gout or any injury, deformity or disease involving any muscle, joint or limb?	○	○
j. Unintentional significant weight loss or persistent night sweats, persistent fever, persistent diarrhoea or persistent swollen glands?	○	○
k. Asthma or any other respiratory disorder [other than hay fever or the common cold] to the extent that medical treatment has been required?	○	○

5. In connection with AIDS or AIDS related conditions:		
a. to the best of your knowledge, have you or any of your partners been infected with the AIDS virus or carried antibodies of the virus which causes AIDS [Human Immunodeficiency Virus]?	○	○
b. have you within the last five [5] years, engaged in or are you currently engaging in any of the following:		
i. Sexual activity with, or as, a prostitute?	○	○
ii. Male to male anal sexual intercourse?	○	○
iii. Intravenous drug use not prescribed for you by a medically registered practitioner?	○	○

If you answered yes to any of the above AIDS questions, please give full details.
We may need more information in order to assess your application. Please see question 10.

6. a. Have you ever made a claim for any form of disability benefit including disability insurance or workers compensation?	○	○
b. Have you ever been paid a benefit for total and permanent disablement from a superannuation fund or life insurance policy?	○	○
8. Have you any intention to engage in aerial travel other than as a fare paying passenger, or in pursuits or pastimes considered hazardous by the average person, e.g. motor racing, hang gliding, rock climbing?	○	○
9. Have any near relatives suffered from nervous disorders, epilepsy, diabetes, stroke, heart disease, mental disorders/ breakdown, haemophilia, Huntington's Chorea or any hereditary disease?	○	○

If Yes, please give details below:

10. If you answered Yes to any question, please provide the following details:
    a. Nature of condition/complaint.
    b. Date commenced.
    c. Duration of injury/illness.
    d. Time off work.
    e. Details of any operation performed.
    f. Degree of recovery.
    g. Name[s] and address[es] of doctor[s] or hospital[s] consulted.

If more space is required attach additional page[s] and clearly indicate your name and date of birth on each page.

11. Name and address of your regular doctor

Doctor's Name

Street Number/PO Box Street Name

Suburb/Town State Postcode

Phone Number Date of last visit [DDMMYYYY]

Reason for and result of last visit

Privacy Act 1988 – Our Obligations Under the Act

The Privacy Act 1988 ["the Act"] sets out a number of principles that we must comply with in the collection, security, storage, use and disclosure of personal information. These principles are known as the Australian Privacy Principles.

The following information is provided to you in accordance with these Principles.

The organisation collecting information about you is IS Industry Fund Pty Ltd, the Trustee of Intrust Super. The information will be passed directly on to Hannover Life Re of Australasia Ltd ["HLRA"]. It will not be used for any other purpose. Both organisations can be contacted care of the address shown on the Statement of Personal Health, either in writing, by telephone or by email.

If you ask us, we must provide you with access to the personal information we hold about you. We may be entitled to refuse access to some information as set out in the Act.

Your right to access this information is set out in our Privacy Policy document, which is available on request.

The information we collect will be used to assess and process your application for Life Insurance. We may also use the information if a claim is submitted by you, or by someone acting on your behalf.

The information we collect may be disclosed to other organisations, including but not limited to, medical and legal practitioners, health service providers, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, the Trustees of a superannuation fund you belong to, an organisation that is duly appointed to manage the administration of such fund and interpreters.

If you fail to provide us with all or part of the information we require, we will be unable to assess and process your application.

Authority to provide information

I understand that in order to assess and process my application, Hannover Life Re of Australasia Ltd. ["HLRA"] may need health and employment information about me and I consent to HLRA obtaining information about me from any of the parties listed below.

I also understand that if I apply for increased or different insurance cover, HLRA may require further information about me and consent to HLRA obtaining such further information as and when required, from any of the parties listed below.

I understand that if I or anyone else on my behalf, makes a claim for a benefit, HLRA will need information about me in order to assess and process the claim, and I also consent to HLRA obtaining information about me in relation to any claim I make from any of the following parties listed below:

Parties to whom this consent is directed*:

- any hospitals or medical practitioners that have examined me or reviewed any diagnostic medical test in relation to me;
- any current or former employer;
- any professional adviser, such as your accountant or lawyer;
- any insurance company [including HLRA's parent company or reinsurance company] that may have relevant information about me;
- the trustees of my superannuation fund, or any organisation appointed by the trustees of my superannuation fund to receive or give information.

For the purpose of this application and any future application and any claim for a benefit, I also consent to HLRA disclosing information about me to any of the parties mentioned above, insofar as such disclosures are necessary for HLRA to perform its functions.

Section 4: Declaration

I have read and carefully considered the questions on this Insurance Application/Personal Statement. I have also read the Duty of Disclosure and all my answers on the Insurance Application/Personal Statement are true and correct and

I understand that my duty to disclose continues after I have completed this application until Hannover Life Re of Australasia Ltd. has accepted the application.

I acknowledge:

a. this Declaration is part of an application for Life, TPD, GIP, Trauma [where this benefit applies], and the making of a false statement or

b. that, if I fail to provide all or part of the information required, or consent to HLRA obtaining such information, as it requires, this application will not be assessed and processed.

c. that at the date of this application I am not absent from work for reasons of illness or injury and I am performing all of the duties of my usual occupation.

Insured Person's Name

Date of Birth [DDMMYYYY]

Signature

Date [DDMMYYYY]

*Under our industry Code of Practice if we require information from other people, such as the parties that are listed in this authority, we may ask you for a general authority to obtain information about you from them such as this. If you agree to give us this general authority we will use it to obtain information that we reasonably believe is relevant to your application for insurance cover or to a claim. If you make a claim you can cancel this authority by notifying us, and instead authorise us to request particular information from particular sources. However, you should be aware that this could cause delays in the assessment of your claim or mean that we are unable to assess your claim, and we may require further authorities before we can progress to the assessment of your claim.

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