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 to 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 & Total Permanent Disability [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

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance. The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does 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.

For contracts of insurance entered into, renewed, extended, varied or reinstated from 28 December 2015, if you do not tell us something that you know, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

Section 1: Member Details [Please complete in full]

Intrust Super member number | Date of Birth [DDMMYYYY] | Age [NEXT BIRTHDAY] | Gender [M/F]

Mr/Mrs/Ms/Miss | Surname

Given Names

RESIDENTIAL ADDRESS

Street number/PO Box | Street name

Suburb/Town | State | Postcode

POSTAL ADDRESS

Street number/PO Box | Street name

Suburb/Town | State | Postcode

Telephone [HOME] | Telephone [WORK] | Mobile

Email

Country of Birth

Are you an Australian citizen or do you hold a visa that entitles you to reside permanently in Australia [as approved by the Department of Immigration and Citizenship]?

○ Yes ○ No [If no please advise what type of visa you hold]:

Please indicate if you are a:
○ Smoker ○ Non-smoker

PTO

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 ○ 30 days ○ 45 days ○ 90 days

I declare that I have read the Core Super | MySuper Product Disclosure Statement available at www.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 reinstate the cover lost because my account became inactive.**
[You must apply for this cover to be reinstated within 60 days of having lost the 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.]

4. ○ **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.

5. ○ **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.

PTO

ONLY COMPLETE THIS SECTION IF YOU HAVE TICKED OPTION 4 OR 5 ABOVE.

Personal History [complete this section in full]

1. [a] Do you have, or are you applying for life, disability or trauma insurance on your life [including any pending applications held with any insurer]? If 'Yes', please complete policy details below: ○ Yes ○ No

Policy Number	Commencing Date	Policy Owner	Insurer	Type of Cover	Amount of Cover	Existing Income Protection: Waiting Period/ Benefit Period	To Be Replaced 'Y' or 'N'

[b] Have you **ever** been declined, deferred or accepted on special terms for life, disability or trauma insurance? ○ Yes ○ No

[c] Have you ever claimed benefits from any source [excluding unemployment], e.g. Accident, Sickness, Workers Compensation, Social Security, Disability Income Insurance or Pension? If 'Yes' please give the name of the company, date, amount and reason for each claim below. ○ Yes ○ No

If you answered 'Yes' to 1[b] or 1[c] please provide details:

2. [a] Have you smoked tobacco or any other substance during the last twelve months? If 'Yes', please state substance and daily quantity below. [Please note 'packet' is not sufficient detail.] ○ Yes ○ No

[b] How many standard drinks do you consume per week on average?
One standard drink = one nip [30 ml] spirits, 100 ml wine, 10 oz/285 ml beer.

[c] Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs? If 'Yes', please provide details. ○ Yes ○ No

3. [a] What is your height [cm]? [b] What is your weight [kg]?

4. Are you pregnant? If 'Yes', please provide estimated date child is due [DDMMYYYY]: ○ Yes ○ No

5. [a] Do you intend to travel or reside overseas? If 'Yes', please state: ○ Yes ○ No

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
				/ /
				/ /
				/ /

Family History

6. Have any of your immediate family [father, mother, brother, sister] prior to the age of 60 [living or dead], ever suffered from heart disease, breast cancer, ovarian cancer, colon [bowel] cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members. If 'Yes', please provide details in the table below: ○ Yes ○ No

	Condition/Illness [for cancer or heart disease, please specify the type]	Age at onset [approx.]	Age at death [if applicable]
Father			
Mother			
Brother/s			
Sister/s			

Section 4: Medical and Health History [complete this section in full and complete relevant questionnaire]

1. Have you **ever** suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?

[a]	High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke	○ Yes	○ No
[b]	Asthma, chronic lung disease, sleep apnoea or other respiratory disorder.	○ Yes	○ No
[c]	Indigestion, gastric or duodenal ulcer or any bowel disorder.	○ Yes	○ No
[d]	Depression, anxiety/stress state, fatigue [including chronic fatigue syndrome], panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder.	○ Yes	○ No
[e]	Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches or any neurological disorder including multiple sclerosis.	○ Yes	○ No
[f]	Arthritis, repetitive strain injury [RSI], fibromyalgia.	○ Yes	○ No
[g]	Back or neck complaint, whiplash, sciatica or any other disorder of joints [excluding arthritis], bones or muscles.	○ Yes	○ No
[h]	Psoriasis or eczema, skin disorder, defect in hearing or sight.	○ Yes	○ No
[i]	Diabetes, abnormal blood sugar, gout or thyroid disorder.	○ Yes	○ No
[j]	Cancer, cyst or tumour of any kind.	○ Yes	○ No
[k]	Liver, kidney or bladder disorder, renal colic or stone.	○ Yes	○ No
[l]	Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia.	○ Yes	○ No
[m]	Hepatitis B or C or are a Hepatitis B or C carrier, Acquired Immune Deficiency Syndrome [AIDS] sufferer or infected with the HIV virus.	○ Yes	○ No

Females Only: Have you ever had or been advised to have treatment for:

[n]	Any breast lump [even if you have not seen a doctor] or any abnormal mammogram or breast ultrasound?	○ Yes	○ No
[o]	An abnormal cervical smear [pap smear] test including the detection of Human Papilloma Virus [HPV] or any abnormality of the ovaries?	○ Yes	○ No
[p]	Abnormal vaginal bleeding within the last 12 months?	○ Yes	○ No
[q]	Any other illness, disease or disorder? **Do not include:** colds, flu, hayfever, dental related matters, uncomplicated pregnancies [including caesarean sections, miscarriage], abortions and menopause.	○ Yes	○ No

2. In the last 5 years have you:

[a]	Had any medical examinations, consultations, X-rays, pathology tests or procedures?	○ Yes	○ No
[b]	Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs?	○ Yes	○ No

3. Are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure? ○ Yes ○ No

For each 'yes' answer in questions 1, 2 and 3 above, please provide full details in table below

Question Reference	Illness, Injury or Tests	Date of Illness/ Injury	Time off Work	Degree of Recovery %*	Results of Tests	Reason and type of treatment including date of last symptoms	Full name and address of doctor or hospital [if any]

4. Lifestyle Statement

[a]	Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?.	○ Yes	○ No
[b]	In the past 5 years have you:	○ Yes	○ No

[i] Engaged in male to male sexual activity **without** a condom [except in a relationship between you and only one other person where neither of you has had sex without a condom with anyone else in the past 5 years] or

[ii] Had sex without a condom:
- with someone you know or suspect to be HIV positive or
- with someone who injects non prescribed drugs or
- with a sex worker or as a sex worker?

Section 5: Doctor's Details [complete this section in full]

1. [a] Details of your personal doctor.

IF NO PERSONAL DOCTOR, PLEASE STATE NAME/ADDRESS OF LAST DOCTOR OR MEDICAL CENTRE YOU ATTENDED.

Name

Address

Suburb/Town State Postcode

Telephone Fax

Email

[b] What was the date of your last consultation? [Give approximate date if exact date unknown.]

[c] How long have you been attending the surgery/practice?

Section 6: Present Occupation [complete this section in full]

1. [a] What is your usual occupation?

[b] Do you perform any manual work? If 'Yes', please describe duties and percentage of time spent in each: ○ Yes ○ No

Type of work	% of time	Please describe your specific duties and where they are performed
Sendentary		
Light manual		
Heavy manual		

2. What is your annual income?

$, , .

Section 7: Privacy

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 AIA Australia Limited [AIA] . 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 & TPD 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, AIA Australia Limited [AIA] may need health and employment information about me and I consent to AIA obtaining information about me from any of the parties listed below.

I also understand that if I apply for increased or different insurance cover, AIA may require further information about me and consent to AIA 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, AIA will need information about me in order to assess and process the claim, and I also consent to AIA 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 AIA's parent company or reinsurance company] that may have relevant information about me; or
- 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 AIA disclosing information about me to any of the parties mentioned above, insofar as such disclosures are necessary for AIA to perform its functions.

Section 8: 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 AIA Australia Limited has accepted the application.

I acknowledge that:

a. this Declaration is part of an application for Life and TPD,

b. the making of a false statement or if I fail to provide all or part of the information required, or consent to AIA obtaining such information, as it requires, this application will not be assessed and processed; and

c. 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.

Section 9: Authority to Release Medical Information

I, Insured Person's Name

authorise any medical practitioner, hospital, clinic or other person [including any life insurance company or underwriter], to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of applicant

Date [DDMMYYYY]