

Insurance Application

IA - Corporate Offer



right by your side

Use this form to apply for or increase your Death cover, Total and Permanent Disablement (TPD) cover or Income Protection cover.

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- Avoid the cover (treat it as if it never existed);
- Vary the amount of the cover; or
- Vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- Whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- What the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms.
- Whether the misrepresentation was fraudulent; and
- In some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances.

As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

Important information

Deciding to replace your existing cover

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you.

If you decide to replace existing cover you hold with another Superannuation Fund or insurer, please do not cancel your existing cover until we have told you that your application has been accepted, and on what terms. This is because there are some risks associated with replacing your existing cover, such as:

- If you have experienced any new health issues you may not be covered for these under your new cover.
- A claim may have been accepted under your existing cover if the health issue did not exist when you first took out the existing cover.
- You may also be subject to waiting periods before you can make a claim on the new cover.

Personal Details Brighter Super respects your privacy. All personal information collected is protected in line with Brighter Super's Privacy policy.

Member number	Title	Given name/s	
Surname	Date of birth / /		Gender
Email*	Phone number		
Address			
Suburb/town		State	Postcode

* The email address provided may be used to send information of a sensitive and personal nature.

1 Contact preference

TAL may contact you directly to clarify or gather information in relation to this application

Please advise your preferred method of contact: Email Phone

Preferred email address (If different to above) _____

Preferred phone number (If different to above) _____

If you prefer Phone, what is a convenient time and day for TAL to contact you?

Monday Tuesday Wednesday Thursday Friday

From _____ To _____

2 Apply for new/additional cover - Death and TPD cover

Please complete this section if you wish to apply for new/additional Death and/or TPD cover. Please indicate which type of insurance you want and the amount of cover that you wish to apply for. The amount of cover you nominate below should be the new/additional cover you want - **do not include the amount of existing cover you currently hold.**

Please tick (✓) the applicable box(s) below:

I wish to apply for new/additional Death cover with a benefit of: \$

I wish to apply for new/additional TPD cover with a benefit of: \$

Please note:

You cannot hold TPD cover without Death cover and your TPD cover cannot be more than your Death cover.

If you hold the default Trustee Minimum Cover (which is aged-based Death and TPD cover), if your application for additional Death only or Death and TPD cover is accepted, all your cover (including any existing default cover that you hold) will be converted to fixed-dollar cover.

3 Apply for new/additional cover - Income Protection cover

Complete this section if you wish to apply for Income Protection (IP) cover or change the level of your existing Income Protection cover.

It is important for you to understand that the monthly benefit payable under Income Protection is the **lesser** of:

- the level of cover you apply for; or
- 75% of your Pre-Disability Salary, plus your additional 10% super contribution if applicable.

See the *Corporate Offer Insurance guide* and your *Corporate Plan Summary* (if you are a Corporate Employee member¹) for the maximum percentage of Income Protection cover you can hold. Benefits are payable for a maximum of 2 years and only after a 30² day waiting period.

Please tick (✓) the applicable option(s) below:

I wish to apply for Income Protection cover with an annual benefit of \$,
(this cannot be greater than 75% of your salary)

In addition to the above benefit I wish to apply for Super contributions of _____ %
(this cannot be greater than up to 10% of my salary)

4 Occupation and income details

1. Please confirm (✓) your current employment status and complete employment details below:

- Casual Contract (more than 12 months) Self-employed Full-time employee Part-time employee

Hours worked _____ per week Weeks worked _____ per year

2. Occupation name:

3. Occupation Category (If known):

- Professional White Collar Blue Collar

Please note: If you're an employee of a Corporate employer, you'll be plan rated and your Corporate employer occupation rating applies to you whilst you're employed by your Corporate employer. Refer to your relevant *Corporate Plan Summary* for the occupation plan rating that applies to you.

Your occupation category won't change whilst you're employed by your Corporate employer.

4. Industry:

5. Annual income before tax or insurable income if you are self employed:

\$, (Please refer to the *Corporate Offer Insurance guide* for the definition of salary)

6. Duties performed in current position:

Duties (e.g. office, manual, site supervision, selling etc.)	Location (e.g. office, on site, at home, driving etc.)	Percentage of time %

¹ Corporate members are employees of the Suncorp Group, ConocoPhillips Australia Operations Pty Ltd, Arcadis Australia Pacific Pty Ltd, NRI Australia Limited, Australian Regional Wholesalers P/L, the Perron Group, Rexel Electrical Supplies Pty Ltd, Technology One Limited, and NTI Limited.

² A 60 day waiting period applies to employees of Suncorp Group.

5 Insurance and claim history

1. Apart from this application, do you have or are you applying for any other Life, Total and Permanent Disablement (TPD) or Income Protection (IP) insurance? (Please include cover held or applied and/or applied for through TAL or under superannuation). Yes No
2. Are you claiming or have you ever claimed a benefit from any source e.g. Total and Permanent Disablement benefit from any superannuation fund, workers' compensation, disability pension, Veterans' Affairs or any other insurance cover providing accident or illness benefits? Yes No
3. Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? Yes No

Please note:

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you. If you decide to replace existing cover you hold with another super fund or insurer, please do not cancel your existing cover until we have told you that your application has been accepted, and on what terms.

This is because there are some risks associated with replacing your existing cover, such as:

- If you have experienced any new health issues you may not be covered for these under your new cover
- A claim may have been accepted under your existing cover if the health issue did not exist when you first took out the existing cover
- You may also be subject to waiting periods before you can make a claim on the new cover.

Name of Company	Cover Type	Sum Insured	Date of application or claim	State any loadings or exclusions	Reason for decision or claim	Duration of claim	Recovery	Is cover to be replaced? (Y or N)
		\$					%	
		\$					%	
		\$					%	

6 Habits and activities

1. Do you drink alcohol? Yes No
If **yes**, please confirm the type of alcohol, number of standard drinks³ per day and number of days per week when alcohol is consumed.

2. Have you smoked in the past 12 months? Yes No
If **yes**, state form and daily quantity.

3. In the last 5 years have you smoked any substance other than tobacco? Yes No
If **yes**, state substances smoked, frequency of use, date first smoked and date last smoked.

³. A standard drink = 1 nip spirits, 1 x 100ml glass of wine, 1 x 10oz/285ml of beer.

6 Habits and activities (cont)

4. Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare-paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? Yes No

If **yes**, state activity/ies performed, frequency of participation, level of participation (e.g. amateur or professional), maximum depth/speed, equipment used and location (if applicable).

5. Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? Yes No

If **yes**, state where, when, duration and reason

6. Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa? Yes No

If **yes**, state type of visa you hold, expiry date, plans for applying for permanent residency and nationality/ current citizenship.

7 Medical details

1. Please state your:

Height: _____ cm Weight: _____ kg

2. Full name and address of usual doctor/medical centre:

Doctor/Medical centre: _____

Medical centre address: _____

Phone number: _____

3. Details of last medical consultation with your usual doctor or medical centre?

Date: / /

Reason: _____

Outcome/results _____

4. If you have attended that doctor for less than 12 months, state name and address of previous doctor:

Doctor/Medical centre: _____

Medical centre address: _____

Phone number: _____

Please note: Should we require further medical information from your health providers we will seek your consent by requesting you to complete the *TAL Consent for accessing health information*.

8 Family history

Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 60?: Heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

Yes No

If **yes**, please complete the table on the following page:

Relationship to member	Medical condition (eg breast cancer, heart attack, type 2 diabetes)	Age diagnosed	Age at death (if applicable)

Please note: You are only required to disclose family history information pertaining to first degree blood-related family members - living or deceased (mother, father, brothers, sisters).

9 Medical history

Please select (✓) the appropriate box and circle the specific conditions that are applicable. Please provide details for all 'Yes' answers in the general medical questionnaire at section 10.

1. Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions
 - a. Chest pain, high blood pressure, raised cholesterol or any heart / circulatory disorder? Yes No
 - b. Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? Yes No
 - c. Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder? Yes No
 - d. Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)? Yes No
 - e. Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout? Yes No
 - f. Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? Yes No
 - g. Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind? Yes No
 - h. Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse? Yes No
 - i. Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)? Yes No
 - j. Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus alcohol dependence or abuse? Yes No
2. Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)? Yes No
3. Apart from treating any condition already disclosed, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives)? Yes No
4. Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms? Yes No
5. Apart from any condition already disclosed, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis? Yes No
6. Apart from any condition already disclosed, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last 3 years? Yes No

10 General medical questionnaire

Please provide details for all 'Yes' answers in Section 9

Please complete on a separate sheet if you need to provide additional information.

Medical Questionnaire			
	Question number:	Question number:	Question number:
Date of first symptoms (dd/mm/yyyy)			
What was the condition and which part and side of the body was affected (if applicable)?			
What was the medical diagnosis including results of x-rays and investigations?			
What was the frequency of attacks or symptoms? (daily, weekly, etc.)			
What was the severity (mild/moderate/severe) and duration of attacks or symptoms?			
How long were you unable to work or perform your normal duties/activities?			
If a hospital visit was required, please provide date and duration of your stay.			
What advice/treatment did you receive?			
Are you still receiving treatment? If so, please advise nature and frequency of treatment.			
Date treatment/medication ceased (if applicable).			
When did you last suffer from any symptoms?			
Degree of recovery (%)	%	%	%

11 TAL Privacy Policy

TAL and its related entities are committed to ensuring that your information is handled responsibly in accordance with the Privacy laws, including the *Privacy Act 1988 (Cth)* and the *Australian Privacy Principles*. The way in which TAL collects, uses, secures and discloses your information is set out in the TAL Privacy Policy available at 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

TAL collect personal information, including, but not limited to, your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer our products and services to you.

In certain circumstances, such as applications for life insurance products and processing claims, TAL 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, TAL may not be able to provide our products and services to you or pay a claim.

TAL may take steps to verify the information that you provide, for example they may obtain independent medical reports regarding information about your past and current medical conditions, or they may verify with an employer remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of your information

TAL disclose relevant information to external organisations that help them provide their services and may also disclose some of your personal information to other parties, when required to do so to provide their products and services to you. The types of people and organisations to which TAL may disclose information includes, but is not limited to the following:

- 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;
- Reinsurers, other insurers and their administrators;
- The trustee, or administrator of your superannuation fund; and
- Other organisations to whom TAL outsource certain functions during the assessment process of your application process, such as obtaining blood tests.

There are situations where TAL 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).

Useful information regarding privacy rights is available at the website of the Office of the Privacy Commissioner at www.oaic.gov.au.

12 Member Declaration

By submitting this application for insurance, I acknowledge that:

- I have read the duty to take reasonable care and understand that failing to comply with this duty can have serious consequences for my insurance cover.
- I have answered all the questions contained in this application, completely, truthfully and correctly (to the best of my knowledge).
- I understand that Corporate Offer insurance cover through Brighter Super will be provided to me on the terms contained in the insurance policies for Brighter Super Corporate Offer members as changed from time to time.
- I understand if I complete this form and I work in the Energy Industry or Local Government & Associated Industries my request will be invalid and I will need to complete the relevant form for my account.
- I understand that my application will be invalid and will not be processed if I do not complete this form correctly or I do not sign and date this form.
- I understand that if my application is accepted I will be notified in writing and my insurance cover will change in accordance with the direction I have made. The change will be effective from the date TAL Life Limited accepts this application and provided my member account has adequate funds to meet the premium payable.
- I wish to retain my existing and new insurance cover even if no contributions or rollovers have been received into my Brighter Super account for a continuous period of 16 months, and my account is considered inactive.
- I understand that premiums will continue to be deducted from my account until such a time as I cancel my insurance cover or my eligibility for cover ends.
- I consent to the collection, use and disclosure of my personal information in accordance with the Brighter Super *Privacy policy* and the TAL *Privacy Policy*.

Signature

Date signed

/ /

Please sign in blue or black pen - Brighter Super does not accept digital signatures on this form.

Now you have completed this form and signed the declaration, please send it to us by:

Email (scanned copy)
insurance@brightersuper.com.au

Post Brighter Super
GPO Box 264
Brisbane Qld 4001

Contacting TAL:

Email groupriskadmin@tal.com.au **Phone** 1800 666 136 **Fax** +61 (0)2 9465 2065 **Website** tal.com.au

