

Insurance application

IA - Energy Industry



right by your side

Please complete this form and email it back to us if you work in the Energy Industry and you would like to apply for Insurance cover or make changes to your existing cover.

Important Notice

Zurich is the insurer in respect of a group insurance arrangement. It is important that you have read and understood the current Product Disclosure Statement for the cover for which you are applying.

You are requested to complete this form if one of the following applies to you:

- you are proposing to become an insured member under the policy and your benefits are subject to assessment by Zurich
- you are an existing insured member and your benefit (or part thereof) is subject to assessment by Zurich.

Zurich requires this application and other health information to assist in making a decision on your proposed insurance cover. This application is confidential. Please refer to the Privacy Statement in the Product Disclosure Statement.

You may wish to seal it in an envelope and send it to: **Brighter Super**, GPO Box 264, Brisbane QLD 4001.

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	
Email¹		Phone number		
Residential address				
Suburb/town			State	Postcode
Postal address (if different to above)			State	Postcode

¹ The email address you provide may be used to send information of a sensitive and personal nature.

1 Contact preference

Zurich or Zurich authorised service providers may contact you 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 Zurich to contact you?

Monday Tuesday Wednesday Thursday Friday

From _____ To _____



2 The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.

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

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

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

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee passes on your personal information to us. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Guidance for answering our questions

You are responsible for the information provided to us. Each person answering our questions should:

- think carefully about each question before answering. 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. Please don't assume we will ask others such as your doctor
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you and every person answering our questions understands this information and the questions we ask. Ask us or your adviser for help if you have difficulty answering our questions or understanding the application process. If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If a person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

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

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

3 Instructions

I would like to apply for cover or change my existing insurance cover as follows:

- I wish to apply for Death and Total and Permanent Disablement (TPD) cover (complete section 4, 5 and 9).
- I wish to apply for Standard Income Protection (IP) cover and/or Extended IP cover (complete section 6, 7, 8 and 9).

Please note:

After we have assessed your application, the Fund may require you to provide further medical information for the insurer to assess your application. If you need to go through the full underwriting process, you will need to complete the *Zurich Personal Statement* which is available online and provide *Consent for the Zurich to access health information*.

4 Apply for Death and Total and Permanent Disablement cover

Complete this section if you wish to apply for Death and TPD cover or Death only cover. You can choose between unit-based and fixed-dollar cover.

You are eligible to apply for and/or increase your insurance cover up to a maximum of \$5 million for Death and \$3 million for TPD. You can apply to have more Death cover than TPD cover however, you cannot apply for TPD cover only and the TPD amount requested must be equal to or less than the Death cover.

Type of cover

Please advise if you would like to apply for unitised cover or a fixed-dollar amount.

- I wish to apply for:
 - Unit-based cover OR Fixed-dollar amount
- I understand that my election will apply to all Death and TPD cover (including any existing default cover), and
 - I will be provided enough fixed cover, rounded up to the next \$1,000, to replace the number of units I have, or
 - I will be provided with the number of whole units of cover for my age to replace the fixed cover I have.

Cover amount

Please indicate which type of insurance you want and the amount of cover that you wish to apply for, if you have elected for unitised cover the amount will be converted to an equivalent amount of units rounded up to the next whole unit.

The amount of cover you nominate should be the total cover you want - including the amount of existing cover you currently hold.

Select (✓) the applicable box(s) below:

- I would like to apply for Death cover to a total benefit of \$, , or a total of _____ units.
- I would like to apply for TPD cover to a total benefit of \$, , or a total of _____ units.
- I would like to apply for Life-stage Death and TPD cover - units and premiums will automatically increase as you age.

Please note:

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

If you have requested a higher level of Death cover than TPD, any Death cover above the TPD amount will be calculated based on the Death only scale, read the *Insurance guide - Energy Industry* for more information.

If you're applying for Life-stage cover as a Public Offer member outside of the 60 day period, you will be required to go through full underwriting. This means you will need to complete the *Zurich Personal Statement* which is available online and provide *Consent for the Zurich to access health information*.

5 Health and lifestyle questions

Please complete this section if you are applying for up to 10 units of cover within 60 days of the issue date stated on your *Welcome Letter*.

If you cannot agree to all of the following statements, you will be required to go through full underwriting. This means you will need to complete the *Zurich Personal Statement* which is available online and provide *Consent for the Zurich to access health information*.

The Fund may also require you to go through full underwriting once we have assessed your application

Due to Injury or illness:

- I am not off work or restricted from performing any of the usual duties of my occupation on a full-time basis of at least 30 hours per week (even if not currently working on a full-time basis for non-medical reasons).
- I have not had my duties or workplace modified in the last 2 years OR I have resumed my pre-modified duties.
- I have not been paid, am not eligible to be paid, nor have I lodged a claim for any type of sickness, accident or disability (including total and permanent disability or terminal illness) benefit(s) from any source such as a life insurer or WorkCover authority.
- I have not taken more than a total of 7 consecutive days off work over the past 12 months due to illness or injury (other than for cold and flu).
- I have not been diagnosed with any illness that reduces my life expectancy to less than 24 months from today.
- In the last 12 months, I have not been advised to commence or change any form of treatment or medication for any ongoing or new medical condition(s) requiring follow-ups with a health professional (other than for cold or flu).

Please note:

If you're applying for up to 10 units of cover within 60 days of the issue date stated on your *Welcome Letter*, the increased cover will be Limited Cover which is subject to a pre-existing condition exclusion.

6 Apply for Income Protection cover

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

Please refer to the *Brighter Super Accumulation account PDS* and/ or *Corporate Plan Summary* and the *Insurance guide - Energy Industry*.

When completing this section please keep in mind that the value of each unit of IP is \$115.40 per week and the initial benefit period is 104 weeks, regardless of the waiting period selected.

It is important for you to understand that the weekly benefit payable under either Standard IP or Extended IP Cover is the **lesser** of:

- the level of cover you apply for; or
- 80% of your Pre-Disability Salary, plus an additional super contribution payable to your Brighter Super account.

The superannuation contribution benefit is equal to the lesser of 10% of your Pre-Disability Salary or 10% of the benefit level for which you are insured.

We recommend that you carefully consider the weekly benefit payable, and the information contained in the *Brighter Super Insurance guide - Energy Industry*, when determining the level of cover that is appropriate for you.

Cover amount

Please indicate which type of insurance you want and the amount of cover that you wish to apply for, if you have elected for unitised cover the amount will be converted to an equivalent amount of units rounded up to the next whole unit.

The amount of cover you nominate should be the **total cover you want - including the amount of existing cover you currently hold.**

Select (✓) the applicable box(s) below:

- I wish to apply for a total of _____ units of Standard Income Protection cover (complete section 7)
- I wish to apply for a total of _____ units of Extended Income Protection cover with a benefit period to age 65.
- I would like to apply for Default Standard IP cover - units and premiums will automatically increase as you age.

Please note:

If you are applying for Extended IP or you're applying for Life-stage cover as a Public Offer member outside of the 60 day period, you will need to complete the *Zurich Personal Statement* available from **brightersuper.com.au** and go through full underwriting.

To be eligible to apply for Extended IP you must also hold Standard IP cover. The Extended IP cover will apply at the end of your 104 week benefit payment period, and is subject to underwriting.

7

Applying for Standard Income Protection cover

If you are applying to increase your Standard IP cover, you will need to complete a Personal Statement, available online at brightersuper.com.au, unless you joined through an Energy Industry Employer.

If you joined through an Energy Industry Employer and are still currently working with an Energy Industry Employer, you have the option to increase your Standard IP cover up to 30 units without providing medical evidence. However, the increased cover will be Limited Cover which is subject to pre-existing condition exclusion.

Please tick (✓) the below box (if applicable) to confirm your eligibility:

- I confirm at the time of completing this application I am not off work or restricted from performing any of the usual duties of my occupation on a full-time basis or at least 30 hours per week (even if not currently working on a full-time basis for non-medical reasons).

If you are not working for an Energy Industry Employer, you will need to complete the *Zurich Personal Statement* which is available online and provide *Consent for the Zurich to access health information*.

8

Change your Income Protection Wait Period

Please select (✓) the waiting period that will apply to your Standard IP cover

- Retain existing waiting period 14 days 30 days 60 days 90 days

Please note:

If you are reducing your waiting period, you will need to complete the short medical questionnaire below.

9

Short personal health statement

Please complete this section if:

- you are applying for Death Only/Death & TPD cover where the total amount of cover is less than \$1,000,000; or
- you are reducing the waiting period for your Standard IP cover.

If you cannot agree to all of the following statements, you will be required to go through full underwriting. This means you will need to complete the *Zurich Personal Statement* which is available online and provide *Consent for the Zurich to access health information*. There may be additional requirements including tests, medical reports, or additional questionnaires, depending on your answers to the above questions.

The Fund may also require you to go through full underwriting once we have assessed your application.

Please state your

Height: _____ cm Weight: _____ kg

At the date of this application,

- Are you, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? Yes No
- Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? Yes No
- Have you taken more than a total of 7 consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? Yes No
- Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:
 - High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breasts lumps or skin lesions/moles even if you have not seen a doctor? Yes No
 - Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression? Yes No
 - Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? Yes No
- Have you ever tested positive for Human Immunodeficiency Virus (HIV), or are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or any AIDS related conditions? Yes No

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.

You should read the *Brighter Super Insurance guide - Energy Industry* for a summary of the terms and conditions of the insurance policy. You can download the guide from brightersuper.com.au or contact Brighter Super on **1800 444 396** if you would like a copy of the policy.

Privacy and personal information

Brighter Super respects your privacy. All personal information collected on this form is protected in line with *Brighter Super's Privacy Policy*. To find out more about how we collect and manage your personal information, please refer to our *Privacy Policy* available from our website brightersuper.com.au.

10 Member Declaration

By submitting this application for insurance, I declare that:

- I have read the duty to take reasonable care and understand that failure to comply with this duty can have serious consequences for my insurance cover under the *Insurance Contracts Act 1984 (Cth)*.
- The answers that I have provided to all questions in this application are true, correct and complete.
- I understand that if the Insurer does not accept my application, I will retain my current level of cover.
- I understand that the transferred cover will be provided to me on the terms contained in Brighter Super's Insurance policy for the Energy Industry as changed from time to time.
- I have read and understood Brighter Super's *Insurance guide - Energy Industry*.
- I understand if I complete this form and I work in the Local Government and Associated Industries or I am a Brighter Super Optimiser member my request will be invalid and I will need to complete the relevant form for my account.
- 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 in this form. The change will be effective from the date Zurich accepts this application.
- I understand that if my application is accepted, my insurance costs may change or increase and these costs will be deducted from my Brighter Super account.
- I understand that if the Insurer accepts my application with a loading or exclusion, this will apply only to the additional cover applied for and not my automatic cover.
- I understand that the Insurer may contact me directly.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the Insurer.
- I consent to the collection, use and disclosure of my personal information in accordance with the Brighter Super *Privacy Policy* and the *Zurich 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:

Preferred Method

Website (Secure file upload)
brightersuper.com.au/contact-us

Alternative Options

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

Post
Brighter Super
GPO Box 264
Brisbane Qld 4001

