

Insurance cover election form

ICE- Energy Industry Income Protection



right by your side

Complete this form if you work for an employer in the Energy Industry who has a work place agreement regarding the provision of Income Protection and are wanting to retain your existing Income Protection cover or Extended Income Protection cover with Brighter Super.

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 ¹		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 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 you do 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.

2 Elect to retain your current Income Protection cover

Please tick (✓) if you work for an employer in the Energy Industry who has a work place agreement regarding the provision of Income Protection and you are wanting to elect to retain your existing Income Protection cover or Extended Income Protection cover.

- ☐ I wish to retain my existing Income Protection cover **(complete Declaration of good health in section 3 and 4)**
- ☐ I wish to retain my existing Extended Income Protection cover **(complete section 4)**

Please note:

If you opt to retain your Extended Income Protection cover with Brighter Super this will also be retaining your Income Protection cover.

3

Declaration of good health

Please complete this section if you work for an employer in the Energy Industry who has a work place agreement regarding the provision of Income Protection and you are wanting to elect to retain your existing Income Protection cover. **You do not need to complete this section if you are requesting to retain your Extended Income Protection cover.**

Brief medical history

1. Are you off work due to injury or illness or are you restricted from performing any of the usual duties of your occupation due to injury or illness 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)? ☐ Yes ☐ No
2. Have you ever been paid, or are you eligible to be paid, or have you 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? ☐ Yes ☐ No
3. Have you 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 or flu)? ☐ Yes ☐ No
4. Have you been diagnosed with any illness that reduces your life expectancy to less than 24 months from today? ☐ Yes ☐ No

4

Member declaration

By submitting this election form I declare that:

- I have read and understood the insurance information contained in the relevant Brighter Super *Product Disclosure Statement (PDS)* and the *Insurance guide - Energy Industry*.
- 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.
- The answers that I have provided to all questions in this application are true and correct.
- I understand that by opting in to default cover, electing to maintain my insurance cover, electing to reinstate my insurance cover or recommence my insurance cover, premiums will continue to be deducted until such time as I cancel my insurance cover or eligibility for cover ends.
- I confirm that I am not eligible to be paid a benefit and I have not made, nor am I entitled to make a claim in relation to Terminal Illness, Total and Permanent Disablement, Total Disablement or Partial Disablement under any insurance policy.
- 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 my application to retain cover is subject to my application being accepted by Brighter Super or by the insurer in accordance with the Policy guidelines.
- 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*.
- I understand the effect this election may have on my account balance, and do not require further information.

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

