

Application for insurance or increase in cover



This application is made under an insurance policy issued to the trustee of Aware Super by TAL Life Limited, ABN 70 050 109 450 (the insurer) and will be assessed by the insurer.

Important information ^

Complete this form to apply for:

- Death Only
- Death and Total and Permanent Disablement (TPD) and/or
- Income Protection Cover (IP).

Alternatively, you may be able to apply for cover via a short form application, if you wish to apply for one of the following:

- Basic Cover or Basic Plus Cover
- IP Express cover
- Life events cover.

For information on the options available, please refer to the *Insurance Handbook* available at aware.com.au/pds.

^ Income protection and TPD cover is not available to members in the Police insurance category.

For more information, please refer to the *Aware Super Future Saver - NSW Police Officers Product Disclosure Statement*.

Privacy

Your privacy with Aware Super

Aware Super is authorised under superannuation law to collect your personal and sensitive information for the purpose of administering your superannuation, including insurance held through super.

The personal information you provide in this form is collected and held by us to administer your insurance within your Aware Super account and assess the claim. If you do not provide the requested information, we may be unable to process your insurance application, assess the claim or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, TAL Life Limited and/or our legal or other professional advisors if reasonably necessary.

You should read the 'Our privacy information' section in the *Insurance Handbook* which outlines how your sensitive information is collected, used and disclosed by us. You can access our Privacy Policy at aware.com.au/privacy, or we can send you a copy upon request or you can contact us on **1300 650 873** for further information. Our privacy policy contains detailed information about how we manage your personal and sensitive information. It also contains information about how to make a complaint in relation to how we have managed your personal and sensitive information.

Your privacy with the insurer – TAL Life Limited

The privacy of TAL's customers is important and TAL are bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses information relating to their customers is set out in the privacy policy available at tal.com.au/Privacy-Policy or available on request.

Collection and use of personal information

The insurer collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer products and services to you. In certain circumstances, such as applications for life insurance products and claims, the insurer 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, the insurer may not be able to provide products and services to you or pay the claim.

The insurer may take steps to verify the information they collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or they may verify with an employer regarding remuneration information provided in a claim for IP to ensure that it is accurate.

Disclosure of personal information

The insurer discloses relevant personal information to external organisations that help to 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, such as the following:

- claims assessors and investigators, claims managers and reinsurers;
- 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;
- other insurers;

- for members of super funds where TAL is the insurer, to the trustee, and
- other organisations to whom the insurer outsources certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where the insurer may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Taxation Office), and
- authorised by law (e.g. under court orders or statutory notices).

Your 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 the questions in this form

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.
- 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.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know 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.

Application for insurance or increase in cover



Did you know that you can complete this request? Log in to Member Online at login.aware.com.au and select 'Insurance'. Applying online helps speed up your application.

Complete this form to apply for ^:

- death only cover
- death and total & permanent disablement (TPD) cover
- income protection (IP) cover.

This application will be assessed by the fund's insurer. Please complete the medical consent authority 1 and 2 included in this application.

^ For Police insurance category members please refer to the Important Information section on Page 1 of this form.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. If you have any questions, please contact our Member Support Team on **1300 650 873**.

i * Indicates that providing this information is mandatory or else it may delay your application.

Step 1: Personal details

Account number*

Member number

Title

Date of birth*

First name*

Middle name

Last name*

Gender

☐ Male

☐ Female

☐ Intersex or indeterminate

☐ Prefer not to say

Home address* (must not be a PO Box)

Suburb*

State*

Postcode*

Mobile number*

Daytime contact number

Email (Providing a personal email address rather than a work email address ensures we can contact you even if you change employers.)

By providing my email address I'm consenting to receive communications from Aware Super digitally as appropriate and in accordance with Aware Super's Privacy Policy. I understand I can change my communication preferences at any time by logging into Member Online or calling Aware Super on **1300 650 873**.

Step 2: Occupation statement

If you joined through your employer and have not previously changed your insurance with us, your insurance category will be the category that we have assigned to your employer. Please complete this section so that we can review and update your insurance category to best match your occupation. You will be notified if we update your insurance category. The cost of your cover will depend on a number of factors including your cover amount and your insurance category.

Are you in paid employment?

Yes ☐ No ☐

Name of current employer

Employment status*

☐ Self-employed

☐ Employee (full time)

☐ Home duties

☐ Unemployed

☐ Casual hours per week

☐ Employee (part-time) hours per week

Step 2: Occupation statement (continued)

Your main occupation (job title)

Industry of your main occupation

Brief description of your occupational duties including % of time in each (e.g. office work, sales, manual duties)

Do you belong to a professional association, have a university degree relevant to your profession or are a senior manager or executive in a company with at least 10 employees? Yes ☐ No ☐

Income[^] per ☐ week ☐ fortnight ☐ monthly ☐ year \$

[^] Income excluding packaged items like superannuation, bonus/commissions, investment income and any business expenses

i Provide an amount for Death Only Cover or Death and TPD Cover.

Step 3: Select your cover

Please note:

- The maximum total level of TPD cover is \$5,000,000.
- Your TPD cover cannot exceed your death cover.
- The maximum IP benefit is \$40,000 per month.
- Your IP benefit cannot exceed 87% of your normal monthly income (with a maximum of 75% received as income and a maximum of 12% received as a superannuation contribution).

Death and TPD

You may apply for a fixed cover amount and/or a multiple of the age-based cover scale.

Fixed cover

Cover required

Death and TPD \$

Death only \$

and/or

Age-Based Cover

Age-based cover for death only or death and TPD to be the following multiple of the age-based cover scale[^].

Select (X) your required multiple for death and TPD and/or death only cover

Death and TPD cover

☐ 0.5

☐ 1.0

☐ 1.5

☐ 2.0

☐ Other

Death Only cover

☐ 0.5

☐ 1.0

☐ 1.5

☐ 2.0

☐ Other

[^] Total age-based cover is limited to a multiple of 0.5, 1.0, 1.5, 2.0, 2.5, 3.0 etc times the age-based scale – death only or death and TPD. For more information, please refer to the *Insurance Handbook* available at aware.com.au/pds.

Income Protection

Cover required

Income Protection \$ per month.

Select one (X) Benefit Period ☐ 2 years ☐ 5 years ☐ To age 65 years

Select one (X) Waiting Period ☐ 14 days¹ ☐ 30 days ☐ 60 days ☐ 90 days

¹ A 14 day waiting period is only available for a 2 year benefit period

Step 4: Full Personal Statement – insurance history, lifestyle and medical questions

Please answer all questions in this step.

- 4.1 Please state your Height cm Weight kg **Select one (X)**
- 4.2 Apart from cover with Aware Super (including the cover being applied for now), do you have or are you applying for any other Life, Total and Permanent Disablement, Income Protection or Salary Continuance insurance? Yes ☐ No ☐
- 4.3 Due to illness or injury, are you claiming, or have you ever claimed a benefit from any source, such as superannuation, workers' compensation, a disability pension, Veterans' Affairs or any other insurance providing accident or illness benefits? Yes ☐ No ☐
- 4.4 Have you ever had an application for Life, Total and Permanent Disablement, Trauma, Income Protection or Salary Continuance insurance declined, or have you been accepted with special terms, such as a premium loading (extra cost applied to your cover) or medical exclusions (events or circumstances that you will not be covered for) or a restriction (an amount less than what you applied for)? Yes ☐ No ☐

If 'Yes' to Q4.2, Q4.3 or Q4.4, please provide the information requested below:

Question No.	Name of company	Cover type	Sum insured/ monthly benefit	Date of application of claim	Decision	Reason for decision/claim	Duration of claim	Recovery %	Is the other cover to be replaced?
4.2									Yes <input type="checkbox"/> No <input type="checkbox"/>
4.3									Yes <input type="checkbox"/> No <input type="checkbox"/>
4.4									Yes <input type="checkbox"/> No <input type="checkbox"/>

- 4.5 Have you ever received medical advice or had any investigations or treatment (including surgery) for any of the following conditions:
- a. Depression, anxiety, chronic tiredness or fatigue, panic attacks, post- traumatic stress, or any behavioural, mental or nervous condition? Yes ☐ No ☐
- b. 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 ☐
- c. Asthma, sleep apnoea, respiratory or any lung condition (other than the common cold)? Yes ☐ No ☐
- d. Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder? Yes ☐ No ☐
- e. Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, urinary bladder, prostate, ovaries or uterus? Yes ☐ No ☐
- f. Cancer, tumour, melanoma, sunspot, mole or malignant growth of any kind? Yes ☐ No ☐
- g. Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? Yes ☐ No ☐
- h. 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 speech or hearing (including tinnitus)? 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. Drug dependence or overuse (either prescribed or non-prescribed), or alcohol dependence or overuse? Yes ☐ No ☐
- k. The Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? Yes ☐ No ☐

Step 4: Full Personal Statement – insurance history, lifestyle and medical questions

- 4.6 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 and treatment for hay fever, hair loss and acne)? Yes ☐ No ☐
- 4.7 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 ☐
- 4.8 Please provide details for all 'Yes' answers to 4.5 to 4.7 in the table below. Place the question number with the Yes answer at the top of the column (such as 4.5 a) and then answer questions (a) to (m) below. If the question does not apply to your condition, please write not applicable.

Question	Q	Q	Q	Q
a. Date symptoms first started and description of symptoms?				
b. What was the condition and which part of the body was affected?				
c. What was the medical diagnosis and date?				
d. What tests or investigations have you had and what were the results?				
e. What was the frequency (daily, weekly, etc) of attacks or symptoms?				
f. What was the severity (mild, moderate, severe) and duration of attacks or symptoms?				
g. How long were you unable to work or perform your normal duties/activities?				
h. If a hospital visit was required, please provide date and duration of your stay.				
i. What advice/treatment did you receive?				
j. Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
k. Date treatment/medication ceased.				
l. When did you last suffer from any symptoms?				
m. Degree of recovery (%) symptoms?				

Step 4: Full Personal Statement – insurance history, lifestyle and medical questions

- 4.9 Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 65? Yes ☐ No ☐

- Heart disease (e.g. angina, heart attack, cardiomyopathy)
- cancer (i.e. prostate, breast, bowel, ovaries),
- diabetes,
- neurological condition (i.e. Alzheimer's disease, motor neuron disease, multiple sclerosis, Parkinson's disease, stroke),
- Huntington's disease,
- polycystic kidney disease,
- muscular dystrophy,
- any blood disorder (i.e. bleeding problem, thalassaemia, sickle cell disease) or
- any other medical condition, which a medical practitioner indicated may be inherited?

If family history is unknown, answer no.

If yes, please provide details below

Relationship to member	Medical condition (eg breast cancer, diabetes)	Age when diagnosed	Age at death (if applicable)

Step 4: Full Personal Statement – insurance history, lifestyle and medical questions

- 4.10 Do you intend to live, work or travel anywhere outside Australia, New Zealand, the United Kingdom, a country in the European Union or North America in the next 12 months? Yes ☐ No ☐

If yes, please provide details below (where, when duration and reason)

- 4.11 Do you currently engage in or intend to engage in any pastime and/or sport that may increase the likelihood of injury or illness compared to others not involved in such activity(ies)? Yes ☐ No ☐

For example:

- Underwater diving
- Football, rugby, soccer,
- Horse/equestrian sports,
- Martial arts, combat sports,
- Competitive road cycling, mountain bike riding,
- Mountaineering, outdoor rock climbing or abseiling,
- Hang gliding, paragliding, skydiving, parachuting,
- Competitive surfing, water or snow skiing/boarding,
- Motor sports (excluding using motorcycle/vehicle for commuting purpose),
- Flying as a pilot, crew or passenger in an aircraft/vessel (other than travel with a major commercial airline).

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).

Step 5: Keep your cover

There are laws in place which aim to protect inactive accounts from being eroded by insurance premiums. Under these rules, you are required to make an election if you want to keep any current and future insurance cover with us even if there has been no contributions or rollovers received into your account for a continuous period of 16 months..

To keep your insurance cover including death, TPD and IP cover, place (X) in the box below.

- ☐ I elect to keep my current and future insurance cover through Aware Super, even if my account becomes inactive. I understand that my insurance cover will continue subject to the terms and conditions of the insurance policy even if my account is inactive, (which includes receiving no contributions or rollovers) for a continuous period of 16 months, unless and until I notify the Trustee otherwise.

Step 6: Declaration and sign

I declare that:

- I understand the insurer will assess my eligibility for insurance based on the information provided in this application.
- I have read and understand my duty to take reasonable care and confirm that my answers to the questions are true, complete and correct.
- I agree to be bound by the terms and conditions attached to this cover as set out in the life insurance policy issued to the Trustee by the insurer.
- I consent to the collection, use and disclosure of personal information by the insurer and its service providers in order to assess my application and any claim under the policy.
- I understand my right to receive benefits under the insurance policies is dependent on meeting the conditions of the policies, meeting a condition of release under the *Superannuation Industry (Supervision) Act 1993* (Cwlth) and the insurer approving my claim.
- I understand any cover approved by the insurer will only be provided if there are sufficient funds in my account at all times to pay for the premium.
- I have read and understood the privacy statements and agree to the collection, use and disclosure of personal and sensitive information as described in those statements.
- I understand the insurer will assess my insurance category for all of my existing and new insurance based on the Information provided in this application. I understand if my application is accepted, my new insurance category may either be an improvement, remain the same, or be less favourable compared to my existing insurance category.
- I understand if the insurer rejects my application, my existing insurance category will not be changed.
- I have read the insurance section of the current *Aware Super Product Disclosure Statement* and the *Insurance Handbook* available at aware.com.au/pds.

Signature*

Date signed* (DD-MM-YYYY)

Please sign and date form here.



If you choose to withhold your consent to this authority, we may not be able to process your application.

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

Our insurer, TAL Life Limited (TAL), collects and uses your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

We will use the consent for both the initial information request and any subsequent communication that might be needed in relation to the request – for example, for clarification.

Notes on releasing information about your health (continued)

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

Medical consent – Authority 1

Application reference number (if known)

[illegible]

Name of life to be insured

[illegible]

Date of birth

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Authority 1 – to release any of my health information except the consultation notes, held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to TAL Life Limited (TAL), or to third parties it engages.

I agree to all of the following:

- My health information can be released in the form TAL asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- TAL can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while TAL is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally

Signature

Date signed (DD-MM-YYYY)

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Name

[illegible]

 Please sign and date form here.

Medical consent – Authority 2

Application reference number (if known)

Name of life to be insured

Date of birth

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to TAL Life Limited (TAL), or to third parties it engages, only if TAL has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all of the following:

- TAL can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while TAL is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Signature

Date signed (DD-MM-YYYY)



Please sign and date form here.

Name



Post the form to this address.

Step 7: Where to post your completed form

Please post the completed form to:

Aware Super
GPO Box 89
MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on **1300 650 873**.