

Application for insurance at UniSuper



Don't want to complete a form?

You can apply for insurance cover by logging in to your account at unisuper.com.au or you can arrange an appointment over the phone with our Insurer by calling 1800 331 685.

AM I COMPLETING THE RIGHT FORM?

Complete this form to:

- apply for or increase your insurance cover
- decrease the waiting period for your Income Protection cover
- increase the benefit period for your Income Protection cover.

Complete the *Changing your insurance cover* form (available on our website) to:

- decrease the benefit period for your Income Protection cover
- increase the waiting period for your Income Protection cover
- reduce your cover.

Complete the *Fixed insurance cover application* form to:

- convert unitised cover to fixed cover.

You can cancel your cover by logging in to your account at unisuper.com.au.

If you're in your first 180 days of membership and want to opt in to insurance cover without providing evidence of your health and having it accepted by the Insurer, use the *Changing your default options* form, available in the PDS relevant to your product.

If you have cover with another super fund or another insurer, you may be able to transfer this cover to us. Refer to the *Transfer of insurance cover application* form, available on our website.

WHICH SECTION(S) SHOULD I COMPLETE?

- To apply for or increase your unitised Death, Total and Permanent Disablement (TPD) or Income Protection (IP) cover, complete SECTIONS 1-6 and 8-14.
- To apply for or increase your fixed cover, complete SECTIONS 1-5, 7 and 9-14.

- To decrease your Income Protection waiting period, or increase your Income Protection benefit period, complete SECTIONS 1-5 and 8-14.

ELIGIBILITY TO APPLY FOR INSURANCE COVER

Before you complete this form, read the *Insurance in your super* document relevant to your PDS for detailed information on the eligibility criteria applicable and the terms, features and conditions of Death, TPD and Income Protection cover. Applications for cover require you to provide evidence of your health, and be approved by the Insurer. The Insurer, after assessing your application, may accept, reject or apply loadings, restrictions and/or exclusions to your cover. Please ensure that you're eligible for the cover you're applying for.

If you apply for and receive insurance cover on this form, you will not later receive default cover if otherwise eligible.

For Defined Benefit Division (DBD) members only: Insurance cover provided by our Insurer is in addition to any inbuilt cover you may already have. Income Protection cover is not available through UniSuper for current DBD members.

WHEN WILL MY FORM BE PROCESSED?

If you've provided a correctly completed form (and any certified ID or other paperwork, if required), we'll aim to process your request as soon as possible. Not providing correct information may delay us processing your request. Please allow 3-5 business days for your form to arrive by post. We'll contact you if we have any queries in relation to your request. Our Insurer may contact you to obtain your consent to seek further medical information to process your application.

INSURER

Insurance cover is currently provided by TAL Life Limited (ABN 70 050 109 450, AFSL No. 237848), though this is subject to change in future. We will notify you if a change does occur.

PRIVACY INFORMATION

UniSuper and TAL recognise the importance of protecting your personal information and are committed to complying with our privacy law obligations. For more information on how we collect and manage your information, please refer to the 'Your privacy with TAL Life Limited' section on page 2 (for TAL) and the *Privacy statement* (for UniSuper) at the end of this form.

SECTION 1 YOUR DETAILS

▶ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.

Member number

Refer to your most recent UniSuper correspondence or call **1800 331 685**.

Title

Mr Mrs Ms Dr Professor Other

Surname

Given name(s)



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.

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.

YOUR PRIVACY WITH TAL LIFE LIMITED

TAL Life Limited, ABN 70 050 109 450 AFSL No. 237848 ('TAL' and, in this section, 'we').

The privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses your personal 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

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

We may take steps to verify the information we 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 we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our 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 superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- other organisations to whom we outsource 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 we 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).

SECTION 1**CONTINUED**

Date of birth (DD/MM/YYYY)

Gender

 Male Female

Daytime contact number

(you may be contacted by our insurer via this number regarding your application)

Email address

Residential address (not PO Box)

Suburb/Town

State

Postcode

Country (if not Australia)

Is your postal address different from your residential address?

No. Go to SECTION 2.

Yes. Please provide your postal address below.

Postal address (PO Box if applicable)

Suburb/Town

State

Postcode

Country (if not Australia)

SECTION 2**GENERAL DETAILS**

Height

cms

OR

ft

ins

Weight

kg

OR

st

lbs

Other than this application, do you have or are you applying for any Life, TPD, Disability Income or Group Salary Continuance insurance with any other company?

 No Yes. Provide the following details.

Company name

Type of policy

Benefit amount

If this current application is successful, do you intend to continue your insurance cover with the company above?

 No Yes

Have you ever had an application for Life, Total Permanent Disability, 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)?

 No Yes. If yes, please provide details below.

Company name

Type of policy

Cover amount

From (DD/MM/YYYY)

Reason for decision

SECTION 2 CONTINUED

State any insurance premium loadings/restrictions/exclusions on previous or existing cover.

Have you claimed, are you eligible to claim, or are you in the process of making a claim on any type of disability, trauma, accident and sickness or such benefits as workers' compensation or Motor Vehicle Third party?

No Yes. If yes, please provide details below.

Company name

--

Type of policy

--

Cover amount

--

Claim date (DD/MM/YYYY)

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Was the claim accepted or declined? If declined, what was the reason?

Have you made a full recovery from the condition you claimed for? This means your are not experiencing any residual symptoms.

Yes No

Please complete a separate sheet to provide any further relevant information related to this section and attach to this form.

SECTION 3 EMPLOYMENT AND INCOME DETAILS

Are you actively performing—or capable of actively performing—all of your normal duties of your usual occupation on a full-time basis (30 hours or more per week) and free from any limitations due to *illness* and/or *injury*?

Yes No. Provide details.

Are you on employer approved leave for reasons other than *illness* and/or *injury*?

No Yes. Provide details.

What's your current occupation and what duties do you perform (including % of time spent in each)?

What's your gross annual salary? (including employer superannuation contributions and packaged items but excluding bonuses/commission)

\$

--

How many hours per week do you work?

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SECTION 4 INSURANCE COVER

➤ See the *Insurance in your super* document relevant to your PDS for more information about eligibility for insurance cover.

What insurance cover would you like to apply for or change? You may be eligible to apply for multiple types of cover.

Death-only cover TPD-only cover Death and TPD cover Income Protection cover (DBD members can't apply for Income Protection cover)

If you don't already have default cover and your application for Death and/or TPD cover is successful, you won't be eligible to receive default cover in the future.

If your application for increased cover is successful, you'll keep your cover even if we're not receiving regular contributions into your account. By signing this form you will be making an election to keep insurance cover indefinitely on your account even if it doesn't receive contributions for 16 months or more.

You can cancel your cover at any time by logging into your account online.

SECTION 5 OCCUPATION RATING — PERSONAL ACCOUNT MEMBERS ONLY

Select the option that best reflects your usual type of work for your primary occupation (select one).

It's important to make sure you select an occupation rating that reflects the duties of your usual/primary occupation. If it doesn't, our Insurer may update your occupation rating and/or refuse any future claim. For more information, read the *Insurance in your super* document at unisuper.com.au/pds. Call us on **1800 331 685** if you're unsure which occupation rating applies to you.

If your occupation rating changes as a result of submitting this form, the cost of any existing insurance cover you have will also change.

Before we send this form to our Insurer for assessment, we'll process it to ensure your eligibility. If we're unable to process this form, there won't be any change to your occupation rating.

If we send this form to our Insurer and you've indicated a change to your occupation rating, we'll update your rating effective from the date we receive a decision from our Insurer (even if the Insurer declines your application).

Professional/office work

- Professional (your work requires a university qualification), administrative, managerial or clerical roles
- No regular manual work
- Your work doesn't fall into the 'Special risk' classification (see right)
- Example occupations: Professor/Lecturer, Lawyer/Solicitor, Administrator, Medical doctor, Book-keeper, IT systems operator, Classroom teacher

Light manual

- Regular light manual work (light weight lifting, carrying or stocking only)
- No regular use of heavy machinery or heavy equipment
- Example occupations: Chef, Electrician, Field surveyor, Florist, Retail, Nurse, Physical education teacher, Plumber

Heavy manual

- Involves the regular use of heavy machinery or heavy equipment
- Manual labour, such as regularly bending, lifting or carrying heavy loads
- Driving a motor vehicle for most of the day over short distances
- Example occupations: Labourer, Bricklayer, Cleaner, Short distance courier/Driver, Farmer, Gardener/Landscaper, Tailor, Wait staff

Special risk

- Duties are hazardous (risky or dangerous)
- Hazardous locations or working environments such as long distance driving, working at heights, underground, at sea, underwater or in an aircraft
- Work in industries that rapidly change or are unpredictable, for example professional sportspeople, entertainers, creative artists and media personalities
- Example occupations: Crane operator, Diver, Shipyard worker, Long distance bus/Truck driver, Pilot, Actor, Model, Professional sportsperson, Radio/TV presenter, Underground/Offshore miner, Social media personality

SECTION 6 I WANT TO APPLY FOR UNITISED DEATH AND/OR TPD COVER

➤ If you want to apply for default cover that you may be eligible for within 180 days of being first eligible to join UniSuper, use the *Changing your default options* form, available in the PDS relevant to your product. If you want to apply for fixed cover, go to SECTION 7.

How many units of Death cover do you want in total, including any units you may have already? unit(s)
(The amount of Death insurance cover you can apply for is unlimited.)

How many units of TPD cover do you want in total, including any units you may have already? unit(s)
(The maximum amount of TPD cover is limited to \$3 million.)

Once you've completed this section, go to SECTION 8.

SECTION 7 I WANT TO APPLY FOR FIXED COVER OR INCREASE MY FIXED COVER

Note, Income Protection cover is only provided in units.

If you have unitised UniSuper Death and/or TPD insurance cover already, how many units of cover do you currently have?

unit(s) of Death cover unit(s) of TPD cover

Are you under 61 years of age?

No. You're ineligible to convert your existing unitised cover to fixed cover.

Yes. See below.

Would you like to convert your unitised insurance cover to fixed cover?

Yes. This is a once-only election only available if you're under age 61. You'll be unable to elect unitised cover in the future.

No. Go to SECTION 8.

Your request will take effect when we receive your form.

If you're applying for or wanting to increase your fixed Death and/or TPD cover, what's the amount of fixed insurance you want to have in total, including what you already have? (*This must be rounded to the nearest \$1,000 and includes any unitised or fixed cover you already have that will be converted to fixed cover.*)

Death \$, 000 TPD \$, 000

(Refer to the *Insurance in your super* document for the fixed cover premiums.)

SECTION 8 I WANT TO APPLY FOR OR CHANGE MY INCOME PROTECTION COVER

➤ Income Protection cover is unit-based and provided in multiples of \$433 worth of cover per month (or \$100 per week). The premiums are based on age, level of cover required and benefit period and waiting periods applicable. See the *Insurance in your super* document relevant to your PDS for more detailed information. **Note, Income Protection isn't available to DBD members.**

If you are unemployed or not working when you apply for Income Protection cover, your application will be declined.

If you want to decrease your benefit period or increase your waiting period, complete the *Changing your insurance cover* form available on our website.

If you're applying for Income Protection cover, complete SECTION 8A and 8B.

If you already have Income Protection cover or want to increase the number of units of Income Protection cover, complete SECTION 8A.

If you want to reduce your waiting period or increase your benefit period, complete SECTION 8B.

SECTION 8A APPLYING FOR OR INCREASING YOUR INCOME PROTECTION COVER

How many \$433 per month or \$100 weekly units of cover do you want to have in total, including what you already have? (Refer to the *Insurance in your super* document.)

units

Please note, eligible members can select cover up to 69 units (or \$29,900 per month) of Income Protection insurance cover. Note, however, that cover cannot exceed 85% of your monthly salary (the amount between 75% - 85% to be paid directly into your super account). All applications for additional insurance are subject to evidence of your health and must be approved by the Insurer.

SECTION 8B APPLYING FOR INCOME PROTECTION OR CHANGING YOUR WAITING PERIOD OR BENEFIT PERIOD

Which waiting period would you like to select?

30 days 60 days 90 days

Which benefit payment period would you like to select? Note, Personal Account members with an occupation rating of Heavy manual or Special risk are ineligible for a 5-year or to-age-65 benefit period. Refer to the *Insurance in your super* document for details.

2 years 5 years to age 65

SECTION 9 HABITS AND ACTIVITIES

▶ Please answer all questions in this section.

Do you drink alcohol?

No Yes. State type, number of standard drinks per day and number of days per week when alcohol is consumed:
Standard drink = 1 nip spirit, 1 wine glass (100ml), 10oz/285ml beer.

Have you smoked, vaped, used tobacco or nicotine replacement products in the last 12 months?

No Yes. State daily quantity:

Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs?

No Yes. You may be asked to complete a drug use or alcohol consumption questionnaire by our Insurer.

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)? 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).

No Yes. You may be asked to complete a sports and pastimes statement by our Insurer.

Do you intend travelling outside Australia within the next two years?

No Yes. Provide details (where, when, duration and reason):

SECTION 10 PERSONAL STATEMENT

Within the last **three years** have you consulted, been examined, treated by, or received advice from any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist or any other health care professional (naturopath etc.) or been in a hospital or been advised to have an operation or taken any medication, drugs, stimulants, sedatives or tranquilisers?

No Yes. Provide details:

From (DD/MM/YYYY) To (DD/MM/YYYY)

Name/address of doctor, hospital or clinic:

Condition, medications, treatments and time off work:

Have you made a full recovery from the condition/s?

Yes No

Have you **ever** had an ECG, x-ray, transfusion, mammogram, ultrasound, surgery or any other investigation?

No Yes. Provide details:

From (DD/MM/YYYY) To (DD/MM/YYYY)

Name/address of doctor, hospital or clinic:

Condition, medications, treatments and time off work:

Have you made a full recovery from the condition/s?

Yes No

Have you **ever** had any blood tests which revealed an abnormality, e.g. raised blood sugar, liver function, renal function results, or anaemia etc?

No Yes. Provide details:

From (DD/MM/YYYY) To (DD/MM/YYYY)

Name/address of doctor, hospital or clinic:

Condition, medications, treatments and time off work:

To what extent have you recovered from your condition/s? Recovery %

SECTION 10 CONTINUED

Do you contemplate seeking any medical examination, advice, treatment or surgery for any other current health condition, in the future?

No Yes. Provide details:

From (DD/MM/YYYY) To (DD/MM/YYYY)

Name/address of doctor, hospital or clinic:

Condition, medications, treatments and expected time off work:

To what extent have you recovered from your condition/s? Recovery %

SECTION 11 PERSONAL STATEMENT (GENERAL MEDICAL QUESTIONS)

▶ Please provide details for all 'Yes' answers in the General medical questionnaire in SECTION 12.

<i>Have you ever had, been advised that you had, or received advice or treatment for any of the following:</i>	No	Yes
a. High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
b. Bowel, stomach or intestinal problem, gall bladder, hepatitis or liver disease?	<input type="checkbox"/>	<input type="checkbox"/>
c. Epilepsy, stroke, paralysis, multiple sclerosis, fainting attacks?	<input type="checkbox"/>	<input type="checkbox"/>
d. Depression, anxiety, panic attacks, stress, chronic fatigue, fibromyalgia, or any mental or nervous condition?	<input type="checkbox"/>	<input type="checkbox"/>
e. Diabetes, sugar in urine, pancreatic or thyroid problem?	<input type="checkbox"/>	<input type="checkbox"/>
f. Cancer, tumour, melanoma, sunspots, mole or growth of any kind?	<input type="checkbox"/>	<input type="checkbox"/>
g. Disease, injury, or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis?	<input type="checkbox"/>	<input type="checkbox"/>
h. Impairment of sight, hearing or speech?	<input type="checkbox"/>	<input type="checkbox"/>
i. Asthma, bronchitis, sleep apnoea, or any lung complaint?	<input type="checkbox"/>	<input type="checkbox"/>
j. Leukaemia, haemochromatosis, anaemia, or any blood problems?	<input type="checkbox"/>	<input type="checkbox"/>
k. Kidney, prostate, or bladder problems?	<input type="checkbox"/>	<input type="checkbox"/>
l. Psoriasis, eczema, or any skin problem?	<input type="checkbox"/>	<input type="checkbox"/>
m. Any other disability, congenital abnormality, deformity, or symptoms of ill health, illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
n. Has the virus which causes AIDS (the Human Immunodeficiency Virus) ever infected you or are you carrying antibodies to that virus?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11 CONTINUED

Females only

No Yes

- o. Have you ever had any gynaecological conditions (e.g. endometriosis, abnormal pap smear, etc)? No Yes
- p. Have you ever had any complication of pregnancy or childbirth? No Yes
- q. Are you currently pregnant? No Yes
 If yes, what is the expected delivery date? (DD/MM/YYYY)
- r. Have you ever had a breast lump (even if you haven't seen a doctor about it)? No Yes

FAMILY HISTORY

Has any of your immediate family (mother, father, brother or sister), suffered from diabetes, heart disease, cancer, kidney disease, high blood pressure, mental health condition, haemophilia, Huntington's disease or any other hereditary disease before the age of 65?

No. Yes. Please provide details:

Relationship to you:	Medical condition (e.g. breast cancer, heart attack, Type 2 diabetes):	Age when diagnosed	Age at death (if applicable)

SECTION 12 GENERAL MEDICAL QUESTIONNAIRE

For all questions you answered 'Yes' to in SECTION 11, please fill out the table below. Please complete a separate sheet if required.

Question you answered 'Yes' to in SECTION 11 (e.g. A, B, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific condition				
Date symptoms first started and description of symptoms				
What was the condition and which part and side of the body was affected?				
What was the medical diagnosis including results of x-rays and investigations?				
What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				

SECTION 12 CONTINUED

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.

When did you last suffer from any symptoms?

Degree of recovery (%)

Please supply the name and address of all doctors, hospitals or other practitioners consulted.

SECTION 13 DOCTOR'S DETAILS

▶ Please provide details of your usual doctor/s.

Name of usual doctor

Surname			
Given name(s)			
Postal address (PO Box if applicable)			
Suburb/Town			
State		Postcode	
Country (if not Australia)			
Daytime contact number			
Email address			

How long have you been attending this doctor? Years Months

If less than one year (12 months), please advise the name and address of the doctor who has details of your medical history.

Name of doctor

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Postal address (PO Box if applicable)	<input type="text"/>		
Suburb/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Country (if not Australia)	<input type="text"/>		
Daytime contact number	<input type="text"/>		
Email address	<input type="text"/>		

➤ Please give details of your last consultation with any doctors and, if applicable, the outcome or degree of recovery. Please confirm if you have fully recovered, or are still undergoing treatment.

Name of doctor

Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Postal address (PO Box if applicable)	<input type="text"/>		
Suburb/Town	<input type="text"/>		
State	<input type="text"/>	Postcode	<input type="text"/>
Country (if not Australia)	<input type="text"/>		
Daytime contact number	<input type="text"/>		
Email address	<input type="text"/>		

Consultation details

Date of last consultation (DD/MM/YYYY)

Reason for consultation

Outcome or degree of recovery

SECTION 14 MEMBER DECLARATION AND SIGNATURE

➤ Please read *Your duty to take reasonable care* on page 2 and *Your declaration* before you sign and date your form.

YOUR DECLARATION

- I declare that the information I've given on this form (and any accompanying pages) is true and correct.
- I acknowledge that I've received, read and understood the information in my UniSuper membership PDS and in the *Insurance in your super* document relevant to my PDS.
- I have read and understand *Your duty to take reasonable care*, understand the consequences of non-disclosure, and understand my obligations under the *Insurance Contracts Act 1984* as described above.
- I acknowledge that if I have an Accumulation 1, Accumulation 2 or Personal Account, I can read about the type of member for whom the product has been designed in the relevant Target Market Determination available at unisuper.com.au/pds.
- I understand that all insurance cover is subject to the terms and conditions of the policies.
- I confirm that at the date of this application I'm not absent from work for reasons of illness or injury.
- I acknowledge that if I fail to provide all or part of the information required or consent to the Insurer obtaining such information, as required, this application won't be assessed and processed.
- I acknowledge that I've read and understood the privacy information at the back of this form and consent to my health and sensitive information being collected, used and disclosed in accordance with UniSuper's Privacy Policy to enable the Insurer to underwrite my application for insurance cover.
- I acknowledge that cover commences on the date the Insurer accepts my application for cover.
- I acknowledge that I must maintain an accumulation component/account balance from which insurance premiums can be deducted, in order to apply and maintain my insurance cover.
- I acknowledge that by successfully increasing my cover this constitutes an election to keep my insurance, even if I'm not receiving regular contributions into my account.

FOR PERSONAL ACCOUNT MEMBERS

- I acknowledge that if my occupation rating changes as a result of processing this form, this will change how much I pay for any existing insurance cover I have.
- I acknowledge that if my application is unable to be processed, any change to my occupation rating will not be recorded.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Need help?

For more information:

- email enquiry@unisuper.com.au, or
- call **1800 331 685**.

Return your form together with any additional documentation to:

UniSuper
Level 1, 385 Bourke Street
Melbourne VIC 3000

PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide to UniSuper on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, please call **1800 331 685**.

Target Market Determination

A Target Market Determination (TMD) for Accumulation 1, Accumulation 2 and Personal Account is available at unisuper.com.au/pds. You can read about the type of member each of these products have been designed for in the relevant TMD.