



## SECTION 4 – OCCUPATIONAL RATINGS

If you are in a low risk occupation, you may be entitled to white collar or professional insurance rates. These rates offer a higher level of cover than the standard default rates.

What is your current occupation? \_\_\_\_\_

Your employment status  Full-time  Part-time  Casual

What is the average number of hours you work in a week in your main occupation? \_\_\_\_\_ hours

Please provide a brief description of your duties.

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### White Collar

- Are your work duties of a clerical, administrative or management nature?  Yes  No
- Are your duties undertaken entirely within an office environment (excluding travel time between offices)?  Yes  No
- Do your work duties require you to perform duties of a manual nature?  Yes  No

### Professional

In addition to the requirements set out for white collar, do you:

- Hold a tertiary qualification relevant to your current occupation, are you a member of a professional institute, or are you a senior member of your organisation's executive team?  Yes  No
- Do you earn in excess of \$100,000 per annum from your profession?  Yes  No

## SECTION 5 – REDUCE/CANCEL YOUR EXISTING COVER

a) I want to **reduce** my current level of cover and require the following new units/level of cover:

	Units of cover	Fixed cover
Death only	_____ units	\$ _____
Death & TPD	_____ units	\$ _____
Income protection	Not applicable	\$ _____ per month

b) I want to **cancel** my insurance cover within Prime Super. (Please indicate which cover you would like to cancel)

- Death only
- Death & TPD (you cannot have more TPD cover than death cover)
- Income protection

## SECTION 6 – DUTY OF DISCLOSURE & MEMBER DECLARATION

### Your Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you vary or reinstate a contract of life insurance. Your duty however does not require disclosure of a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is of common knowledge;
- That your insurer knows or, in the ordinary course of the insurer's business as an insurer, ought to know;
- Where compliance with your duty is waived by the insurer.

### Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance, may within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

*Please note: that your Duty of Disclosure continues until you have been accepted in writing by the insurer.*

### Member Declaration

- I have read and understood the Duty of Disclosure.
- I declare that the information given in this application form is complete and correct and information relevant to the insurer's decision to accept the risk has not been omitted.
- I apply to the trustee to participate in Prime Super as described in the PDS and agree to be bound by the Trust Deed as amended from time to time (governing the Fund)
- I declare I have received and read the Prime Super PDS dated 1 May 2010.
- I understand that persons with multiple memberships are entitled to receive the benefit of no more than one allocation of default insurance in total unless accepted by the insurer and Prime Super otherwise through an Application of Additional Insurance.
- I understand that once I have indicated that I wish to vary my insurance cover, the premium will be adjusted from the date received and if I wish to re-apply I will be required to provide health and other information that is subject to acceptance by the insurer.
- I acknowledge that if I am fixing my cover or increasing it through Occupational Scales that I am in Active Employment.

Member signature: \_\_\_\_\_

Full name: \_\_\_\_\_

Date: 

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**Prime Super**  
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RN 1000276

**Trustee**  
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