

Application to increase insurance

Life events



! Please complete in pen using BLOCK letters. Print 'X' to mark boxes where applicable. This form must be completed in full.



Join online at
primesuper.com.au/join

Use this form to increase your insurance by one unit if you are currently insured for Death and/or Total and Permanent Disability (TPD) cover and have recently experienced one of the following life events:

- Married
- Given birth or adopted a child
- Divorced
- Child's first day at primary or secondary school
- Death of a spouse
- First becoming eligible for carer allowance from Centrelink
- Taken out a mortgage to initial purchase or build a home/ primary residence. (A primary residence is deemed not to include refinancing or effecting a mortgage on an investment property).

To be eligible for life events cover you must:

- Not have previously had an application for cover, or an increase in cover declined
- Complete all sections of this form and return to us within 90 days of the date which the life event occurred
- Answer "no" to each of the questions in Section 5 - eligibility section
- Provide satisfactory proof that shows the life event has taken place (see Section 3 of this form).

Note:

- This option may be exercised more than once but cannot be exercised more than four times or more since becoming member of the fund. However, at the date of application you must not have received an increase in cover for any life event within the previous 12 month period.
- Your life events application must relate to the type of cover you currently have in force under this policy. If you have previously opted out of for Death and/or TPD cover, this cannot be reinstated.
- Any additional cover will be accepted on the same individual conditions, restrictions, exclusions and premium loadings that may apply to existing cover if any.
- Any additional cover will be subject to a suicide exclusion.

1 Your Duty of Disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell us about.

1 Your Duty of Disclosure (continued)

If you do not tell us something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

2 Your personal details

Member number

Date of birth (DD/MM/YY)

Surname

Title

Given names

Other/Previous names

Residential address

Town/Suburb/City

State

Postcode

Occupation

Phone number

Email

(Please ensure the email address provided is your personal address as we may send information of a sensitive and personal nature to it.)

Employer

3 Your attachments

Please indicate the life event under which you are applying for additional cover:

Select relevant life event

Life Event	Evidence required (attach to this form)
<input type="checkbox"/> Married	<ul style="list-style-type: none"> • Certified marriage certificate
<input type="checkbox"/> Birth or adopted a child	<ul style="list-style-type: none"> • Certified birth certificate • Certified adoption documentation
<input type="checkbox"/> Taken out a mortgage for the initial purchase or build of your primary residence	<ul style="list-style-type: none"> • Stamped front page of the contract of sale, and • A letter on your bank's letterhead detailing the loan arrangement
<input type="checkbox"/> Divorce	<ul style="list-style-type: none"> • Decree nisi/decre absolute, or • Certified divorce certificate
<input type="checkbox"/> Child's first day at primary or secondary school	<ul style="list-style-type: none"> • A certified copy of a letter on the school letterhead confirming the name of the student, the school start date and whether your child is starting primary school (kindergarten) or secondary school (Year 7)
<input type="checkbox"/> Death of a spouse	<ul style="list-style-type: none"> • Certified death certificate
<input type="checkbox"/> Carer allowance payable by Centrelink	<ul style="list-style-type: none"> • Notification letter from Centrelink

Date event occurred (must have occurred within the last 90 days)

4 Your requested cover increase

Death cover 1 additional unit

Death and TPD cover 1 additional unit

Note: The additional unit of cover that will be provided if accepted will be either unitised cover or a fixed cover amount. If your existing cover is in units of cover you will receive one unit of cover. If your existing cover is fixed cover you will receive a fixed cover amount that is equivalent to one unit of cover based on your age. (Please refer to section 8 of the *Member Guide – Super or Health* for further information).

5 Your eligibility

- Are you currently, due to an illness or injury, restricted or unable to carry out all the duties of your usual occupation for at least 35 hours per week, even if you are not employed to work 35 hours per week? Yes No
- Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 24 months? Yes No
- Have you ever made a claim or are you currently intending to make a claim for an illness or injury from the following: Yes No
 - workers' compensation;
 - government benefits (such as sickness benefit, invalid pension);
 - motor accident scheme;
 - superannuation fund; or
 - life insurance policies
- Have you been absent from your usual occupation (employed or unemployed) for more than 5 consecutive days in the last 24 months due to an illness or injury? Yes No
- Have you ever had any application for Life, Terminal Illness & Total and Permanent Disablement or Income Protection cover, declined, or offered to you on non-standard terms (e.g. premium loading and/or exclusion) whether accepted by you or not? Yes No

If you answered 'YES' to any of the above questions you are not eligible to increase your cover under this option. You will need to complete an *Insurance application/variation form* and be subject to full underwriting for your request to be considered.

6 Insurance: member election to maintain insurance cover in the event of future account inactivity

From 1 July 2019, we are required to cancel your insurance cover if your account has been inactive for a continuous period of 16 months, and you have not made an election to maintain your insurance cover. Please refer to page 27 of the Member Guide – Super or Health Division for details on when this may occur.

By ticking this box, you consent to maintaining your insurance cover in the event that your account becomes inactive for a continuous period of 16 months.

If you do not tick this box, we will be required to cancel all your insurance cover in the event your account is inactive for a continuous period of 16 months.

7 Your personal information privacy

Your privacy as a member of Prime Super

The information you provide in this form is collected by and held for Prime Super by the fund Administrator, in accordance with the Australian Privacy Principles of the *Privacy Act*. Such information is usually disclosed to third parties, including the Insurer or medical consultant who may be involved with the assessment of this application, and is held by the fund Administrator and the Insurer. For further information about privacy or to obtain a free copy of our Privacy Policy, please visit our website [primesuper.com.au](https://www.primesuper.com.au) or by contacting customer service on 1800 675 839, write to us at Locked Bag 5103, Parramatta, NSW 2124 or email us at administration@primesuper.com.au.

Your privacy and the Insurer

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 and sensitive information is set out in the TAL Privacy Policy available at <https://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1300 209 088.

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).

Member declaration

I declare that:

- I have read and understand my duty of disclosure and understand that this duty applies until formal notification of acceptance.
- My answers to the questions are true, and I have not deliberately withheld any information material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the Insurance Policy Document (between Prime Super and 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 personal and sensitive information will be used in accordance with Prime Super's Privacy Policy (available at www.primesuper.com.au/footer/privacy-statement) and the Insurer's Privacy Policy (available at www.tal.com.au/privacy-policy) which I have read and understood and agree to the use, storage and disclosure of my information.
- I consent to the Insurer seeking medical information from any doctor who I have consulted.
- I understand that any changes to my insurance cover (an increase or reduction/cancellation of cover) under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read the insurance section of the current *Product Disclosure Statement (PDS) Super or Health*.
- I authorise any hospital, physician or other person who has attended me to furnish the Insurer or its representatives, any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, treatment, and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective as the original.

Full name

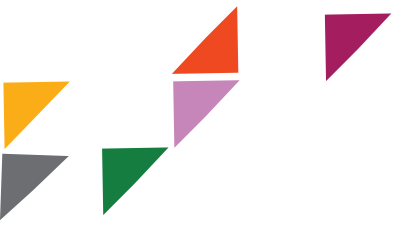
Member signature

Date

Return this form to us via mail, email or fax.

mail Prime Super
Reply Paid 85860
PARRAMATTA NSW 2124
No stamp required

email administration@primesuper.com.au
fax 1800 023 662
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