

# Application to increase insurance – Life events

Increase your insurance by one unit if you have recently experienced a life event.

## Please read this information before you complete the form

Please use pen and BLOCK letters to complete this form. Any boxes should be marked with 'X'. Please make sure you have completed all relevant sections.

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 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.

## 1 Your Duty to take reasonable care (continued)

- 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.

### 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.

## 2 Your personal details

Surname	Given names	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member number	Email <sup>1</sup>	
<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YYYY)	Mobile number	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other/Previous names (if applicable)		
<input type="text"/>		
Residential address		
<input type="text"/>		
Town/Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation		
<input type="text"/>		
Employer		
<input type="text"/>		

<sup>1</sup> Please ensure the email address provided is your personal address as we may send information of a sensitive and personal nature to it.

### 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)
	Married	– Certified marriage certificate
	Birth or adopted a child	– Certified birth certificate – Certified adoption documentation
	Taken out a mortgage for the initial purchase or build of your primary residence	– Stamped front page of the contract of sale, and – A letter on your bank's letterhead detailing the loan arrangement
	Divorce	– Decree nisi/decre absolute, or – Certified divorce certificate
	Child's first day at primary or secondary school	– 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)
	Death of a spouse	– Certified death certificate
	Carer allowance payable by Centrelink	– 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

1. 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
2. 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
3. Have you ever made a claim or are you currently intending to make a claim for an illness or injury from the following: – workers' compensation; – government benefits (such as sickness benefit, invalid pension); – motor accident scheme; – superannuation fund; or – life insurance policies	Yes	No
4. 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
5. 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 marking 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 mark 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](http://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](mailto: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 [tal.com.au/Privacy-Policy](http://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).

## 8 Member declaration

I declare that:

- I have read and understand my duty to take reasonable care 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 [primesuper.com.au/footer/privacy-statement](http://primesuper.com.au/footer/privacy-statement)) and the Insurer's Privacy Policy (available at [tal.com.au/privacy-policy](http://tal.com.au/privacy-policy)) which I have read and understood and agree to the use, storage and disclosure of my information.
- 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 by mail or email

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

**email:** [administration@primesuper.com.au](mailto:administration@primesuper.com.au)  
**visit:** [primesuper.com.au](http://primesuper.com.au)  
**call:** 1800 675 839