



1 July 2021

## Application for Insurance (Incorporates personal health statement)

### IOOF Employer Super members

To top-up your insurance cover using our life events feature please complete the 'Insurance application – life events and salary increase' form available on our website or by contacting ClientFirst.

**Please complete these instructions in BLACK INK using CAPITAL LETTERS (except for your email address) and ✓ boxes where provided.**

### Your duty of disclosure

Before you answer any questions, you must first understand your duty of disclosure rights and obligations shown in Step 5. If you do not disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the cover in respect of any insurance provided for you within three years of entering into it. Non-disclosure can impact a future claim so it is important to be as open and honest as possible.

#### 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
- is common knowledge
- they know or should know as an insurer
- they have waived your duty to tell them about.

#### If you do not tell the insurer 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 void the contract within three years of entering into it.

If the insurer chooses not to void 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 three years of entering into the contract.

If the insurer chooses not to void 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.



## Step 2: Death or Death & Total and Permanent Disablement (TPD) cover

Please complete Step 2 to apply for, or increase/decrease your existing Death or Death and TPD cover.

This is an application for

- IOOF default or Employer customised insurance
- New cover
- Increase/decrease of existing Death or Death and TPD cover

**Fixed dollar cover**

Total new Death cover \$

Total new TPD cover \$

**Please note:** TPD cover is unavailable without death cover. You must apply for Death and TPD cover if you wish to have TPD cover. The TPD cover cannot exceed the amount of death cover.

**OR**

**Fixed premium cover per week (such as \$1, \$2, other)**

Death only cover \$

**OR**

**Fixed premium cover per week (such as \$1, \$2, other)**

Death and TPD cover \$

## Step 3: Income Protection cover

Please complete Step 3 to apply for, or increase/decrease your existing Income Protection cover.

This is an application for

- Employer customised insurance
- New cover
- Increase/decrease of existing Income Protection cover

**Please note:** You can have a monthly benefit of up to 75% of your monthly salary plus an optional superannuation contributions benefit up to 10% of your monthly salary not exceeding \$30,000 per month.

**Specify cover required (mandatory information)**

Income level (% of your salary)  75%  Other  up to 75%

Waiting period (days)  30  60  90

Benefit payment period  2 years  5 years  to age 65

**Superannuation contributions benefit (optional)**

Do you want the superannuation contributions benefit?  Yes  No

Income level (% of your salary)  % (up to 10% of your salary)

For more information see the **IOOF Insurance guide (IOF.03)** available on the IOOF website ([www.ioof.com.au](http://www.ioof.com.au)).

## Step 4: Personal health statement

1 Have you smoked in the last 12 months?  Yes  No

If you have answered Yes, how many cigarettes do you smoke per day?

2 Have you smoked any substance other than tobacco?  Yes  No

If you have answered Yes, please specify the type of substance.

3 Do you consume alcohol?  Yes  No

If yes, please specify:

a Quantity of alcohol consumed per day (in standard units)

Standard Unit = 1 Nip (30ml) spirits, 1 wine glass (120ml) of wine, glass of beer (285ml)

b Type of alcohol

4 Height in centimetres  cm

5 Weight in kilograms  kg

### Occupation details

6 What is the name of your employer?

7 What is your usual occupation?

8 What are the principal duties of your usual occupation and the percentage of time performing each (to a total of 100%)

Principal duties	Percentage of time spent (%)
Clerical/administration/managerial	
Light manual (such as qualified tradespeople, coffee shop owner)	
Manual (such as carpenter, plumber, plasterer, mechanic or an occupation for which travel is an essential part of the job (eg field surveyor)	
Heavy manual (such as interstate bus driver, warehouse worker, labourer, bricklayer, house removalist)	
Other – please specify:	

## Activities

9 Do you currently intend to participate in any of the following activities?

a Aviation other than as a fare paying passenger on a commercial airline

Yes  No

b Any activity generally classified as hazardous or extreme in nature

Yes  No

(such as parachuting, hang gliding, motor sports, scuba diving/diving, climbing or caving, boxing, sky diving)

If you have answered Yes, please specify the activity and provide details (for example scope and frequency of diving activities, type of motorsport, type of vehicle, location of climbing or caving, any other information including details of injury you have suffered)

## Residence and travel

10 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months?

Yes  No

If you have answered yes, please specify the country, departure date, duration of stay and reason for the travel/change of residence.

11 Are you an Australian or New Zealand citizen?

Yes  No

If you have answered yes, please go to Previous Insurance section of the form

12 Do you hold an Australian Permanent Resident's Visa?

Yes  No

If you have answered no, please provide your residency details below

## Previous Insurance

13 Have you ever been paid or are you eligible to be paid, are you claiming or have you ever claimed a benefit for any illness or injury from any source including through the IOOF group, any superannuation fund, Workers' Compensation, other Government benefits (such as sickness benefit or invalid pension), Veterans' Affairs or any other insurance policy providing terminal illness, total and permanent disablement, income protection cover, such as accident or sickness benefits?

Yes  No

14 Have you ever been declined for death, disability, trauma, accident or illness insurance, been deferred, or accepted with a loading, exclusion or special terms, or have you ever had an insurance policy cancelled or renewal refused?

Yes  No

15 Do you have, or are you applying for, any other life or disability cover?

Yes  No

If you answered yes to question 13, 14 or 15 above please provide full details below

Name of Insurer	Cover type	Sum Insured	Date of application	Accepted/loaded/exclusion/declined	To be replaced? (Yes/No)

## Medical

**16** Have you ever had, been told you had, received advice, treatment, an operation or are you undergoing or awaiting results for any tests/investigations for any of the following.

If you answer yes to any of the following questions, please complete the table on the following page.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| <b>a</b> Chest pain, high blood pressure, raised cholesterol or any heart/circulatory disorder or rheumatic fever   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> Stroke, paralysis, neurological disorder, fainting attacks, epilepsy or multiple sclerosis   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>c</b> Impairment of sight, hearing or speech   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>d</b> Diabetes, pancreatic disorder and/or any disease or disorder of the kidneys, urinary bladder, liver, ovaries, stomach, bowel, intestinal oesophagus, prostate, gall bladder or thyroid problem   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>e</b> Leukaemia, hepatitis, hemochromatosis or any blood problem   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>f</b> Asthma, bronchitis or other respiratory disorder   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>g</b> Any injury, complaint, disease or disorder, or degeneration of the back, neck, knee, shoulder or any of the muscles, tendons, bones, discs or joints, including but not limited to gout, arthritis or a repetitive strain injury or tendonitis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>h</b> Depression or mental disorder/condition – including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, behavioural or nervous disorder  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>i</b> Cancer, tumour, melanoma, sun spot, mole or growth of any kind   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>j</b> Drug abuse (prescribed or non-prescribed) or alcohol dependence/abuse  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>k</b> Psoriasis, eczema or any skin problem  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>l</b> Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>Females only</b>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>m</b> Gynaecological conditions (such as endometriosis, abnormal pap smear)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>n</b> Complications of pregnancy or childbirth?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>o</b> Are you currently pregnant?<br>If you have answered yes, when is the expected delivery?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|   |                              |                             |
| <b>p</b> Breast lump (even if you have not seen a doctor about it)?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## Other medical (both males and females to complete)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>q</b> Excluding the contraceptive pill or inhaled asthma medication, have you been advised to take or been prescribed by a medical practitioner (including but not limited to any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist) medication, drugs, stimulants, sedatives or tranquilisers (including but not limited to medications for blood pressure control, diabetes management, cholesterol lowering agents, oral steroids for asthma or depression/anxiety medication) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>r</b> Apart from the questions a to q in question 16, and excluding the common cold and influenza, have you suffered from, required treatment or operation for, consulted a doctor for, or intend to consult a doctor for, any other condition not mentioned?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please provide details for all Yes answers in questions 16a to 16r in the table below.

- Please place the question number with the Yes answer at the top of the column (such as 16a) and then respond to the questions (1) to (13) in the table below.
- You may provide details on a separate sheet if required. If the question in the table does not apply to your condition please write not applicable.

	Please state question number (under question 16) with a Yes answer (for example Q16a)			
Question no:	Q16__	Q16__	Q16__	Q16__
	Please state your specific condition.			
1 Date symptoms first started and description of symptoms?				
2 What was the condition and which part and side of the body was affected?				
3 What was the medical diagnosis including results of X-rays and investigations?				
4 What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
5 What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
6 How long were you unable to work or perform your normal duties/activities?				
7 If a hospital visit was required, please provide date and duration of your stay.				
8 What advice/treatment did you receive?				
9 Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
10 Date treatment/medication ceased.				
11 When did you last suffer from any symptoms?				
12 Degree of recovery (%).				

- s Name and address of your usual doctor. Should we require further medical information from your health providers we will seek your consent via requesting you to complete a "Consent for accessing medical information authority"

- t Details of your last medical consultation with your usual doctor (such as the reason for your consultation and the outcome)

- u If you have attended that doctor for less than 12 months, please add the name and address of your previous doctor

## Family history

17 Have any of your immediate family (living or deceased) suffered from: diabetes, heart disease, cancer, kidney disease, high blood pressure, mental disorder or breakdown, haemophilia, Huntington's Chorea, Parkinson's disease, Alzheimer's or dementia, multiple sclerosis or any other hereditary disease before the age of 65?  Yes  No

18 Please provide details of your family history in the table below.

Details of your immediate family member			
Relationship to you (such as mother, father, sister or brother)	Current age	Details of illness or disorder	Age at diagnosis of illness or disorder

## Lifestyle

19 To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive to AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis or are you in a high-risk category (for example injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)?  Yes  No

## Work health history

20 Are you, at the date of this application, due to injury, accident or illness:

- a off work or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week) even though your actual employment may be on a full time, part time or casual basis?  Yes  No
- b have you been unable to work because of illness or injury (other than a cold or flu) for more than two consecutive weeks in the last three years?  Yes  No



## Step 6: Privacy statement

The way in which IOOF and the Insurer, TAL Life Limited, ABN 70 050 109 450 (TAL) collect, use, disclose and handle your information is set out in the IOOF Investment Management Limited ABN 53 006 695 021 (IIML) and TAL privacy policies available at [www.ioof.com.au/privacy](http://www.ioof.com.au/privacy) (IIML) and [www.tal.com.au/privacy-policy](http://www.tal.com.au/privacy-policy) (TAL) or on request.

These privacy policies include information about how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. Further information about privacy is available from the Office of the Australian Information Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au).

IIML and TAL may collect and use your personal information (including sensitive health and financial information) to assess, verify and process any application or claim for insurance.

To provide products and services IIML and TAL may collect, use and disclose information about you from financial advisers, employers, superannuation trustees and their administrators, medical practitioners, health professionals, hospitals, government departments, claims assessors, accountants, lawyers, regulators, reinsurers or other third party service providers. If information to assess your application or claim is not provided, IIML and TAL may not be able to process your form.

If you would like to obtain more information regarding your privacy please contact IIML on 1800 062 963 or TAL:

**Telephone** 1300 209 088

**Fax** 02 9448 9100

**Postal address** TAL Services, GPO Box 5380, Sydney NSW 2001

## Step 7: Member/Applicant declaration and signature

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 1 and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the privacy information in the PDS **and this application** and I consent to my personal information (including health and sensitive information) being collected, used and disclosed by the Trustee and TAL or their external service providers/contractors **as detailed in the Trustee's and TAL's privacy policies and as summarised in the PDS and this application.**
- I have read and understood the PDS and understand that if this application is accepted, my new or updated cover will be subject to the terms and conditions of the relevant insurance policy.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.
- If I have provided information about another person, it is my responsibility to inform them that I have done so and to refer them to the Trustee's and TAL's privacy policies.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of The Fund's insurance policy with TAL.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of IOOF's insurance policy with TAL.

### Member/Applicant signature

#### Insurance opt-in

- I elect to have any existing or future insurances retained, even if my account does not receive a contribution for a continuous period of 16 months. I acknowledge I can request to cancel my insurance at any time.

Signature

Date  /  /

**Please forward all correspondence and enquiries to**

**Applications and forms**

**Post** IOOF Employer Super, Reply Paid 264, Melbourne VIC 8060

**Email** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)

**Fax** 03 6215 5800

**Enquiries**

**Telephone enquiries** 1800 913 118

**Email enquiries** [clientfirst@ioof.com.au](mailto:clientfirst@ioof.com.au)