

# Insurance in your super

## Product Disclosure Statement

ISSUED 13 AUGUST 2018



Club Plus Qld. Pty. Ltd. (ABN 30 010 892 396), the Trustee of Club Super (ABN 12 737 334 298) is Corporate Authorised Representative No. 268814 under Australian Financial Services Licence No. 238507 and is authorised to provide general financial product advice in relation to superannuation. Club MySuper Product Unique Identifier: 12737334298988.





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The information in this document forms part of the *Club Super Product Disclosure Statement (PDS)* issued 13 August 2018. This document is called *Club Super Additional Information – Insurance in your super* and is not attached to the *Club Super PDS*. If you would like a copy of the *Club Super PDS*, or want more information, go to our website [clubsuper.com.au](http://clubsuper.com.au) or contact us on **1300 369 330**.

## About Club Super Additional Information – Insurance in your super

This *Additional Information* document provides you with detailed information about Club Super's insurance arrangements. *Club Super Additional Information – Insurance in your super* was prepared and issued on 13 August 2018 by Club Plus Qld. Pty. Ltd. (ABN 30 010 892 396), the Trustee of Club Super (ABN 12 737 334 298). Corporate Authorised Representative No. 268814 under Australian Financial Services Licence No. 238507.

If you request further information, the Trustee of Club Super will provide all the information that it reasonably believes you may require to make an informed assessment of the management and financial condition of Club Super, including its investment performance.

## General Advice Warning

This information is of a general nature and does not take into account your individual financial situation, objectives or needs. Because of this, you should before acting on this advice consider the appropriateness of the advice, having regard to your objectives, financial situation and needs. You should obtain a copy of the Fund's *Product Disclosure Statement (PDS)* and consider the *PDS* before making a decision. If you require specific advice, Club Super can refer you to a licensed financial adviser.

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# Have peace of mind and **COVER** yourself

## This document covers:

- ▶ Death and Total and Permanent Disablement (TPD) insurance
- ▶ Income Protection (SalarySafe) insurance
- ▶ What happens to your insurance after you cease employment
- ▶ Type of Death and TPD insurance available
- ▶ How to transfer your insurance cover from another fund into Club Super
- ▶ How to increase your insurance at key times in your life



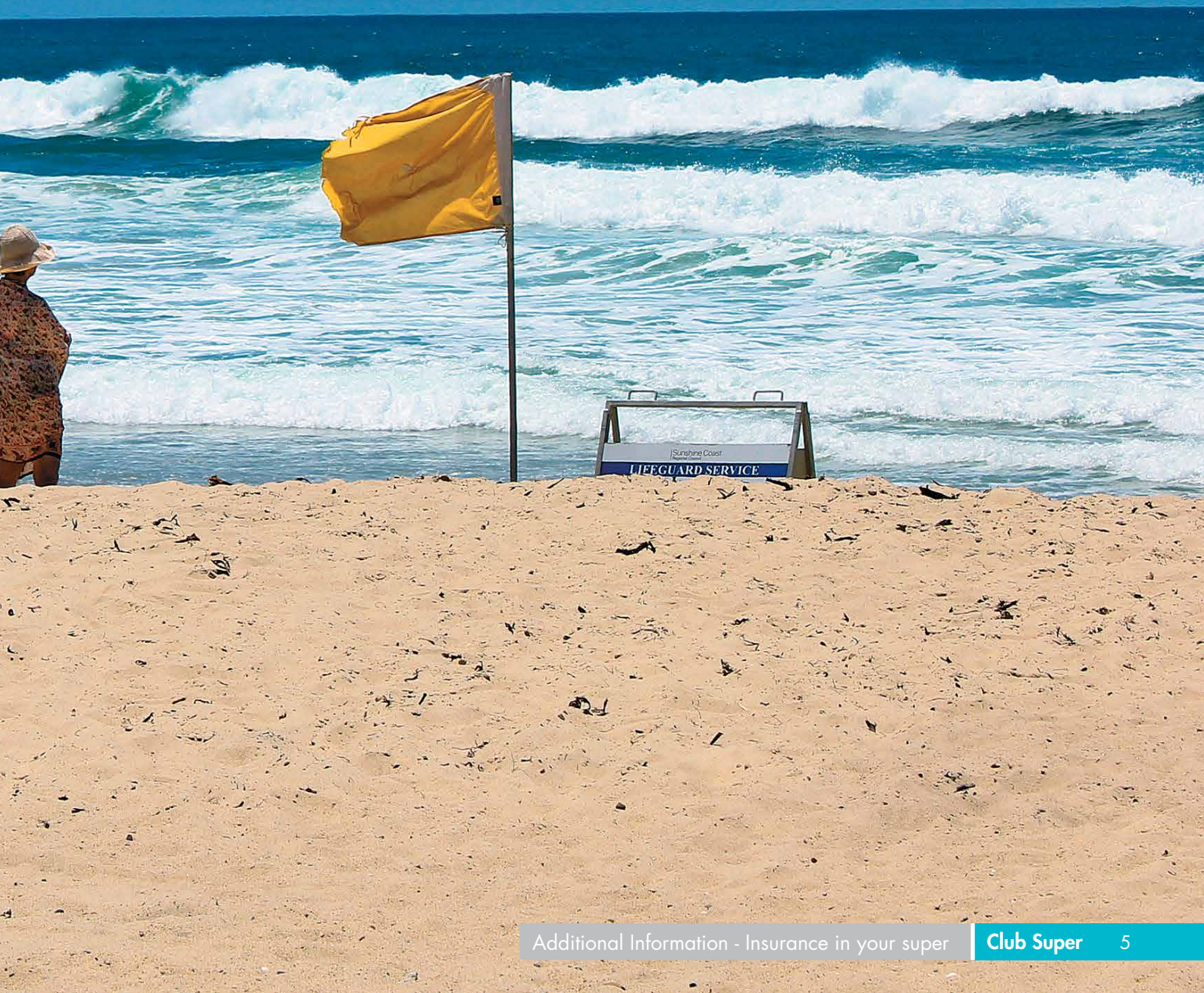
# How many of us insure our house and car but forget what's most important – our own lives and our family.

It's always good to have peace of mind knowing that you are covered 24 hours a day, 7 days a week, anywhere in the world. You never know what will happen tomorrow - so it is important to prepare yourself today with adequate insurance cover.

When you join Club Super, as an employed member, you automatically receive Income Protection insurance cover. If you're aged 24 or under, you also get one unit of Death cover and two units of Total and Permanent Disablement (TPD) cover. If you're aged 25 or over you get two units of Death cover and two units of TPD insurance cover.

## **But is this enough for you?**

It is important to regularly review your insurance needs, especially when your circumstances change and if need be, increase your insurance cover. Having enough insurance cover can make all the difference to your life and those closest to you if something happens. Read this document to work out the cover that is best for you.





# Insurance basics

Sometimes reading about and understanding insurance can be quite confusing.

So we have made things easier for you.

Below are definitions of some commonly used insurance terms.

**Death cover** – Death cover is also known as life insurance or life cover. It's an insured amount which is paid on top of your account balance to your dependants or beneficiaries if you were to die. (Make sure you nominate your beneficiaries on the *Member Application Form*). All eligible Club Super members automatically receive Death cover.

**Total and Permanent Disablement (TPD) cover** – TPD insurance may be paid to you if the Insurer determines that you meet the definition of TPD, it is a one off lump sum payment. All eligible Club Super members automatically receive TPD cover.

**SalarySafe** – SalarySafe is Club Super's Income Protection (IP) insurance product. We pay a benefit of up to 90% of your income, for the first 26 weeks of your claim (tapering applies thereafter), if you are unable to work in your usual occupation due to sickness or injury. On top of that, a 10% Superannuation Guarantee contribution on the IP benefit is paid into your super account. SalarySafe cover kicks in 28 days (the "Waiting Period") after you are injured or sick and cannot work for a period of time. Variable waiting periods are also available. See page 20 for more information.

**Units of cover** – You can choose how many units of insurance cover you wish to have, although you may be asked to provide medical evidence if you ask for more than a certain number of units. The fee for each Death and TPD unit is \$3.55 per week. The insured amount reduces with age and the fee remains fixed. You can apply for cover of up to \$5 million for Death and \$2.5 million for TPD insurance.

**Active Employment** – means that you:

- (a) are employed to carry out identifiable duties;
- (b) are actively performing those duties;
- (c) in the Insurer's opinion, you are not restricted by injury or illness from being capable of actively performing those identifiable duties and any other duties of your Usual Occupation on a full time basis (even if not then working on a full time basis); and
- (d) are not receiving or entitled to receive Income Support Benefits.

For the purposes of the definition of "Active Employment", full time basis means at least 35 hours per week.

For further definitions relating to Active Employment refer to page 7.

**Terminal Medical Condition** – an illness or injury which, despite medical treatment, is likely to lead to your death within 24 months.

**Limited cover** – means you are only covered for Death, Terminal Illness and Total and Permanent Disablement arising from:

- (a) an illness that first becomes apparent; or
- (b) an injury that first occurs;

on or after the date cover last started, restarted or increased for you under the policy.

**Beneficiary** – the person(s) to whom your benefit will be paid in the event of your death.

**Fixed insurance cover** – If you wish, you can elect the amount of insurance cover you want. Then, your insured amount remains fixed and insurance fees increase as you get older. Also, as you age, TPD insurance levels taper off.

**Key Life Events** – You can apply for additional Death and TPD insurance cover when certain events happen in your life. Conditions must be met prior to approval including the completion of a *Key Life Events Form*. Please see page 11 of this document for more information.

**Cooling off period** – This is basically how much time you have to review your insurance arrangements after you receive your new insurance cover details. So when you apply for more cover and you're accepted, we send you a letter of confirmation of insurance cover. You'll then have 14 days from when you received the letter to cancel it if you wish.

## Club Super insurance

Club Super provides 24 hours a day insurance cover for Death, Total and Permanent Disablement (TPD) and Income Protection (SalarySafe) benefits for members that are eligible.

## Insurance basics (cont.)

The following definitions relate to the definition of Active Employment on page 6:

### Active Employment

**Usual Occupation** means:

- (a) for a member who is employed by an employer, the role you are performing for your employer.  
  
If, however, there has been a change to that role due to illness or injury within the 12 months before the date cover starts or recommences with the result that your position description is changed or your duties and/or hours were reduced in that period, the usual occupation is the role you were performing for the employer before such illness or injury occurred;
- (b) for a member who is self-employed, the role in which you are engaged in your business which generates the greatest amount of income for the business;
- (c) for a member who is neither employed with an employer nor self-employed but who is performing Normal Physical Domestic Household Duties on a full-time basis your normal domestic duties; or
- (d) for a member who is unemployed, the main occupation engaged in immediately prior to being unemployed.

**Normal Physical Domestic Household Duties** means:

- cleaning the family home;
- shopping for food and household items;
- meal preparation and laundry services;
- leaving the house without the assistance of another person;
- looking after dependent child/children under 16 years of age or in full time secondary education, where applicable; or
- providing full time care for a disabled person(s) who is a member of their immediate family, where applicable.

**Income Support Benefits** means:

Monetary benefits which are paid or entitled to be paid to replace a member's loss of income or income earning capacity as result of illness or injury and include, but are not limited to, the following categories of benefits:

- (a) benefits payable under Commonwealth or State legislation to replace loss of income or income earning capacity due to disability;
- (b) benefits payable under an insurance policy to replace loss of income due to disability, whether or not those benefits are payable directly to member;
- (c) benefits payable under a superannuation fund in respect of the member's temporary incapacity.

# Death and TPD Insurance


On joining Club Super, eligible members, employed by a Club Super employer, will automatically receive Death and TPD insurance, and Income Protection cover. This is provided that an up to date Superannuation Guarantee contribution is received by Club Super on your behalf.

Our insurance provides you with:

- ▶ Peace of mind, knowing you're covered 24 hours a day, 7 days week, worldwide;
- ▶ Automatic Death and TPD cover;
- ▶ Automatic Income Protection (SalarySafe) cover which covers you for up to 90% of your income, for the first 26 weeks of your claim (tapering applies thereafter), plus a 10% Superannuation Guarantee contribution;
- ▶ Death and TPD insurance coverage after you cease employment;
- ▶ The choice of unit based or fixed cover for Death and TPD insurance;
- ▶ The option of transferring your existing insurance from another fund into Club Super; and
- ▶ The option for one additional unit of Death and TPD insurance cover based on Key Life Events (e.g. marriage, divorce, birth of a child or new mortgage).

## Still confused about insurance?

Club Super can refer you to a qualified financial planner for help. They may also be able to help you with investment advice, planning for retirement and ways to achieve your financial goals.

 1300 369 330

 [clubsuper.com.au/members/what-we-offer/advice/financial-planning](https://clubsuper.com.au/members/what-we-offer/advice/financial-planning)

## Death and TPD insurance cover

When you join Club Super you will automatically be provided with the following cover, provided an up to date employer contribution is received on your behalf within 6 months of commencing employment.

### Up to age 24:

1 unit Death cover and 2 units TPD cover at a total fee of \$5.09 per week.

You will automatically be provided with 2 units of Death cover on your 25th birthday.

### Ages 25 to 69:

2 units Death cover and 2 units TPD cover at a total fee of \$7.10 per week.

This level of cover is known as the default level of insurance cover. This is provided an up to date Superannuation Guarantee contribution is received by Club Super on your behalf within 6 months of commencement of employment.

All members of Club Super are eligible to apply for up to a maximum of \$5 million Death insurance cover. TPD insurance is limited to \$2.5 million.

A Terminal Medical Condition benefit may be payable for members with Death Insurance Cover and is limited to \$2 million.

You have two options with your cover:

- ▶ **Unit based insurance cover** – You elect the number of units of cover you would like. Your insured amount reduces with your age and your fee remains fixed; or
- ▶ **Fixed amount insurance cover** – You elect the amount of insurance cover you would like. Your insured amount generally remains fixed and your insurance fee increases each year. At older ages, TPD insurance tapers off.

If you don't make a choice on your *Member Application Form*, you will receive the default level of insurance cover.

Insurance fees are deducted directly from your account at the end of each month whilst you have insurance cover.

If Club Super is unable to confirm your date of birth, you will be provided with unit based cover at the default level applicable to age 25.

You will not be eligible for automatic cover if you have previously received, or are eligible to receive, a terminal illness payment, or a payment made in similar circumstances, from a superannuation fund or insurance policy whether that policy be owned by you or another person (including Club Super or another superannuation scheme).



# Death and TPD Insurance

## Who is eligible for automatic insurance cover?

### Death & TPD Insurance

You're eligible if:

- ▶ You are employed with a Club Super employer, and are in "Active Employment" (refer to definition on page 6) on the date you commence employment with a Club Super employer. You will receive "Limited Cover" (refer to the definition on page 6) until you have been in Active Employment for at least 14 consecutive days after the date your cover starts;
- ▶ Your employer makes SG contributions into Club Super on your behalf within 6 months of commencement of employment;
- ▶ You are at least 15 years of age and less than 70 years of age;
- ▶ You are not a member of any armed forces of any country; and
- ▶ You are not a Club Income Stream or Spouse member of the Fund.

If you join Club Super outside 6 months of starting work with a participating Club Super employer, and where the other conditions relating to commencement have been met, you will still receive cover but it will be Limited Cover for 2 years. Following the end of that 2 year period, Limited Cover will apply until:

- you are first in Active Employment for at least 14 consecutive days; or
- for members who have had continuous cover for five years with Club Super - you were first "At Work" for at least 14 consecutive days.

At Work means that you:

- (a) are actively performing the duties of your "Usual Occupation" (refer to definition on page 7) or, if not actively performing the duties of your Usual Occupation, capable of doing so; and
- (b) are not in receipt of, or entitled to claim, "Income Support Benefits" (refer to definition on page 7) from any source

## Previous Total and Permanent Disablement

The automatic cover you receive will be Death only cover and will not include TPD cover if any of the following applies when cover starts:

- (a) a total and permanent disablement or similar benefit has been paid or is payable or can be claimed in respect of the member under any insurance policy, whether that policy be owned by the member or another person (including Club Super or another superannuation scheme);

(b) the member has received, or is eligible to receive, a benefit or has a claim for a benefit admitted from Club Super or another superannuation scheme;

on the basis that the fund or scheme has found the member to suffer from 'permanent incapacity' under the Superannuation Industry (Supervision) legislation or any legislation which replaces it.

## What evidence of health do you need to provide to receive insurance cover?

You are not required to provide any evidence of health to receive the default level of Death and TPD insurance cover at the time of first becoming eligible.

You can also apply for up to 3 additional units of Death and TPD cover within 6 months of commencing employment. If you request this additional cover, you will need to complete a *Short form underwriting Form*.

The *Short form underwriting Form* will consist of five (5) short form underwriting questions. If eligible, these additional units will be applied to your account. We will send you the form required when we receive your completed *Member Application Form*.

This form can also be downloaded from our website at [clubsuper.com.au](http://clubsuper.com.au)

## How much Death and TPD insurance cover do you get per unit?

The amount of Death and TPD insurance cover you get per unit is dependent on your age, as outlined in Table 1.

The fee for each unit of Death and TPD insurance cover is \$3.55 per unit per week.

**Table 1: Insurance amount per unit**

Age	Insurance amount per unit
Up to 39	\$150,000
40 to 44	\$110,000
45 to 49	\$80,000
50 to 54	\$50,000
55 to 59	\$20,000
60 to 64	\$15,000
65 to 69	\$5,000

**Definitions for Active Employment and Limited Cover can be found on page 6 of this document.**

For further clarification, please contact our Customer Contact Centre on **1300 369 330** or email [info@clubsuper.com.au](mailto:info@clubsuper.com.au)



# Death and TPD Insurance

## When does automatic insurance cover start?

You are effectively covered from the date you start work with a Club Super contributing employer, provided your employer makes a contribution on your behalf within 6 months of the date you commenced employment. You will receive Limited Cover from the time your cover starts until you have been in Active Employment for 14 consecutive days, at which time full cover will apply. Limited Cover means you will only be covered for claims arising from an illness that first became apparent, or an injury which first occurred, on or after the date your cover last started, restarted or increased under this policy.

If you request additional units of insurance cover or you don't take out insurance when you first join Club Super, and you apply for insurance cover at a later date, your cover will commence when the required evidence of health has been received, and your application for cover has been accepted by the Insurer.

## Can you cancel your automatic insurance cover?

Club Super provides insurance cover to assist members in protecting against the unforeseen. However, we understand that you may have your own Death and TPD insurance cover in place already.

If you wish to cancel your Death and TPD insurance or SalarySafe cover please advise us in writing or complete a *Request to Cancel Insurance Cover Form* located at [clubsuper.com.au/members/forms-and-resources/forms](https://clubsuper.com.au/members/forms-and-resources/forms). Please note that if you cancel your death cover, you will also cancel your TPD cover. Your insurance cover will be cancelled from the date we receive your written request. You can opt out of insurance by completing the relevant section when filling out the *Member Application Form*.

## Can you apply for additional cover?

Club Super will send you an *Insurance Cover Form* if:

- ▶ You would like to apply for additional insurance cover;
- ▶ You request insurance cover after you have joined Club Super after initially declining cover;
- ▶ You request more than the default level of Death and TPD cover on your *Member Application Form*;
- ▶ You request more than the three additional units of cover available through the *Short form underwriting Form* or you are unable to satisfactorily complete the *Short form underwriting Form*; or
- ▶ You apply for full cover after initially being provided with Limited Cover due to not receiving a contribution within 6 months of joining.

The *Insurance Cover Form* can be downloaded at [clubsuper.com.au/members/forms-and-resources/forms](https://clubsuper.com.au/members/forms-and-resources/forms).

Sufficient funds to cover the deduction of fees must be provided no later than 15 days from the commencement of cover.

Insurance fee loadings and exclusions, where applicable, will apply to additional Death and TPD insurance cover. These loadings and/or exclusions will be determined during the underwriting process and any additional fees (if applicable) will be deducted from your Club Super account.

## When does additional insurance cover start?

The Insurer may request more information from you or ask for a medical examination. Any additional Death and TPD insurance cover will only be provided once your application and additional information (if required) has been lodged, assessed and accepted by the Fund's Insurer. We will advise you in writing once your application has been assessed by the Fund's Insurer. Any additional cover accepted by the Fund's Insurer will be effective from the date the Insurer accepts the cover.

## Individual Transfer of Cover

If you are rolling over your super from another fund where you also have Death and TPD insurance cover, you may be able to transfer that cover to Club Super if you roll over the entire balance of your former superannuation fund into Club Super.

Individual transfers of cover will have the following terms:

- ▶ The cover in place (in the former fund) can be either an employer sponsored superannuation group insurance policy arrangement or an individual policy linked to superannuation;
- ▶ You must complete the short form underwriting questions located on the *Insurance Transfer Form* when applying to transfer cover;
- ▶ Within 60 days, you must cancel and not continue the cover under any other insurance arrangement. The Insurer reserves the right to seek confirmation of this at claim time. If satisfactory evidence is not provided, the transfer will be considered invalid from the outset.
- ▶ You must provide a copy of an up to date statement, or certificate of currency, as evidence of cover held. This statement must be received within 6 months from date of issue.
- ▶ You must complete the *Insurance Transfer Form* to the Insurer's satisfaction.
- ▶ Your total account balance in the former fund must be transferred to Club Super.



## Death and TPD Insurance

- ▶ The Insurer will not accept transfers of cover for retail policies (where not linked to superannuation), policies held by a third party, or where the policy covers multiple lives.
- ▶ Cover can only be transferred if you are less than 55 years old.
- ▶ Any exclusion, including but not limited to pre-existing condition exclusions or restrictions, or fee loadings that apply to the cover being transferred will continue to apply to your transferred cover under our policy.

The maximum amount of Death or Death and TPD cover that can be in place following a transfer is \$1.5 million (inclusive of any existing cover). This means that the total amount of cover you have plus any transferred cover cannot exceed \$1.5 million without underwriting.

The *Insurance Transfer* Form can be found on our website at [clubsuper.com.au/members/forms-and-resources/forms](http://clubsuper.com.au/members/forms-and-resources/forms).

### Key Life Events - Extra insurance when you need it

Club Super offers members the option to take up one additional unit of Death and TPD cover within 90 days of one of the following Key Life Events:

- ▶ marriage;
- ▶ divorce;
- ▶ the birth of your child;
- ▶ the adoption of a child by you;
- ▶ your child commencing their first day at primary or secondary school;
- ▶ death of your spouse;
- ▶ effecting a mortgage on the initial purchase of a primary residence (not including refinancing or effecting a mortgage on an investment property); or
- ▶ you first becoming eligible for carer allowance from Centrelink.
- ▶ You can apply for an additional unit of Death and TPD insurance cover at any of the Key Life Events providing the below conditions are met:
- ▶ You must complete a *Key Life Events* Form. This form will consist of five (5) short form underwriting questions;
- ▶ You will be limited to four (4) occasions throughout your life where you can increase your Death and TPD insurance cover through "Key Life Events";
- ▶ There will be a maximum of one (1) "Key Life Event" increase per 12 month period;

- ▶ Your application must be made within 90 days of the "Key Life Event" taking place;
- ▶ You must provide suitable proof that the "Key Life Event" has taken place (See Table 2);
- ▶ You must not previously have had an application for cover, or an increase in cover, declined by the Insurer;
- ▶ The application must relate to a type of cover you already have with Club Super; and
- ▶ If you have previously opted out of a type of cover, you cannot reinstate this cover under the "Key Life Events" option.

The following limits on increasing your Death and TPD cover due to "Key Life Events" will also apply:

- ▶ Any additional cover from a "Key Life Event" will be subject to the same individual conditions, restrictions, exclusions and premiums loadings that apply to your existing cover, if any.
- ▶ Each "Key Life Event" will be limited to one unit of cover.
- ▶ Each "Key Life Event" will be subject to a 12 month Suicide exclusion.

**Table 2: Outlines the information required to apply for this cover.**

Event	Supporting Documents*
Marriage or divorce	Marriage certificate; or Divorce papers (Decree Absolute).
Birth/adoption of a child	Birth certificate; or adoption papers.
First mortgage on principal place of residence	Loan documentation from the mortgage lender including the amount of the drawdown (not just approved).
Death of a spouse	Death certificate.
Becoming a carer for the first time	Documentation from the Department of Human Services (DHS).
Dependent child starting primary or secondary school	Enrolment confirmation from primary or secondary school.

\* These documents must be certified. The cover is subject to Insurer approval.

# Death and TPD Insurance

## How much does unit based Death and TPD insurance cost?

The fee for one unit of Death and TPD insurance cover is \$3.55 per week. This is split between Death (\$2.01) and TPD (\$1.54). Default levels of cover are:

### Up to age 24:

1 unit of Death cover and 2 units TPD cover at a total fee of \$5.09 per week. You will automatically be provided with 2 units of Death cover on your 25th birthday.

### Ages 25 to 69:

2 units of Death cover and 2 units TPD cover at a total fee of \$7.10 per week.

The fee is deducted directly from your superannuation account at the end of each month whilst you have insurance cover.

## How much does Fixed amount insurance cover cost?

You can choose how much cover you would like to apply for, as long as the amount of cover you choose is greater than the equivalent amount of one unit of unit based insurance cover for your age, and less than the maximum insurance cover allowed. The amount of insurance cover you have does not generally change; however, your insurance fee will increase as you get older (as shown in Table 3).

**Table 3: Annual fee amounts for the fixed cover option for Death and TPD insurance cover.**

Annual fees (\$) per \$1,000 insured – Fixed Amount cover		
Age	Death only	TPD only
Up to 39	0.698	0.536
40 to 44	0.952	0.731
45 to 49	1.309	1.005
50 to 54	2.094	1.608
55 to 59	5.235	4.020
60 to 64	6.981	5.359
65 to 69	20.942	16.078

For example, if you are 35 years of age with \$315,000 of fixed amount Death and TPD insurance cover, your annual fee would be \$315,000 divided by \$1,000, multiplied by fee amount for your age:

$$\$315,000 / \$1,000 = 315$$

$$315 \times (0.698 + 0.536) = \$388.71/\text{year}.$$

Please note that for members aged 61 or more, tapering on the TPD insured amount applies. The TPD benefit will reduce each year on your birthday, by the percentage shown in Table 4.

**Table 4: Tapering percentage on Fixed TPD insurance.**

Age	Tapering %	Age	Tapering %
61	10	66	60
62	20	67	70
63	30	68	80
64	40	69	90
65	50		

## How do you apply for Fixed amount insurance cover?

You can apply to convert your existing unit based Death and TPD insurance cover to fixed amount insurance cover by writing to us or advising us on your *Member Application Form* when you join Club Super.

If you wish to convert to an equivalent or lesser amount of fixed amount insurance cover than you currently have, your request will be processed on receipt of your application.

If you wish to apply for fixed amount insurance cover, or reduce your existing cover, you must have an amount equal to at least one unit of unit based insurance cover for your age.

If you have fixed amount insurance cover, and you wish to apply for a higher level of insurance cover you will need to complete a personal statement to apply to the Insurer for the additional fixed amount insurance cover.

The Insurer may request more information from you or ask for a medical examination. The additional cover requested will only be provided once your application and additional information (if required) has been lodged, assessed and accepted by the Fund's Insurer. We will advise you in writing once your application has been assessed by the Fund's Insurer. Any additional cover accepted will be effective from the date the Insurer accepts the cover.

You cannot have a combination of fixed amount insurance cover and unit based insurance cover.



## Death and TPD Insurance

### Interim Accident cover

If you decide to apply for additional insurance cover, the Insurer will provide you with the equivalent amount of additional Death and TPD insurance cover that you have applied for as Interim Accident cover while your insurance application is being assessed. Interim accident cover is limited to a maximum of \$1 million.

The Interim Accident insurance will start when the Insurer has received a fully completed personal statement and declaration of health from you.

This means that if you die (or become totally and permanently disabled while applying for TPD insurance cover) as a result of an accident during this time, an insurance benefit may still be payable. This cover will exist while the Insurer is assessing your application, or up to a maximum of 90 days.

No fee is payable for this cover, however, any conditions that are in place for your existing insurance cover will also apply to this cover. Interim accident cover starts on the date the Insurer receives your application for additional insurance cover and ceases on the earlier of:

- ▶ The date your application is finalised by the Insurer;
- ▶ 90 days from the date your application is received; or
- ▶ The date you cancel your application for additional cover.

### When does cover cease?

Death and TPD insurance cover will continue after you cease employment with your Club Super employer (subject to certain conditions as listed below).

Your Death and TPD insurance cover will cease on the earliest of the following:

- ▶ The date you reach age 70;
- ▶ The date your account balance is insufficient to cover the insurance fee;
- ▶ The day before you commence service with the armed forces of any country;
- ▶ You die;
- ▶ The date any insurance benefit becomes payable for you under this policy\*;
- ▶ You are paid a Terminal Illness Benefit, which is not less than the amount of your Death and TPD Benefit;
- ▶ A fraudulent claim is made by you under the Policy;
- ▶ You advise Club Super in writing that you no longer wish to have insurance cover;
- ▶ The date you transfer your Death Cover to a Club Income Stream with Club Super; or
- ▶ The date you cease to be a member of the Fund.

If your Death and TPD cover ceases because there are insufficient funds in your account to meet insurance fee payments and your cover first commenced within 180 days, your cover can be reinstated if your employer makes a contribution within 180 days from the date the cover ended. The employer contribution should be sufficient to cover the full insurance fees payable. Otherwise, cover can only be reinstated by providing evidence of health which is assessed and accepted by the Fund's Insurer.

Any cover reinstated will be Limited Cover until:

- (a) you have been in Active Employment for at least 14 consecutive days from the date cover was reinstated; or
- (b) you have been continuously covered by Club Super for 5 years prior to any reinstatement and were At Work for at least 14 consecutive days from the date cover was reinstated.

However, if you have satisfied the above requirements you will be treated as having had full cover from the date cover was reinstated.

Refer to the definitions of Limited Cover and Active Employment on page 6 and At Work on page 9.

### Does cover continue if you cease work or take unpaid or parental leave?

If you leave your employer or take unpaid or parental leave your Death and TPD insurance cover will continue in Club Super, subject to fees continuing to be paid.

### Total and Permanent Disablement (TPD) Insurance

Eligible Club Super members may also have Total and Permanent Disablement (TPD) insurance. The benefit is a one-off payment in addition to your account balance, and depends upon your age as set out in Table 5.

**Table 5: TPD unit based insurance cover amounts (per unit).**  
(TPD insurance is limited to \$2.5 million.)

Age	Insurance amount per unit
Up to 39	\$150,000
40 to 44	\$110,000
45 to 49	\$80,000
50 to 54	\$50,000
55 to 59	\$20,000
60 to 64	\$15,000
65 to 69	\$5,000

\*Members with more Death cover than TPD cover can retain their additional Death cover once a TPD benefit has been paid. Insurance fees will remain payable for the remaining Death cover.

## Death and TPD Insurance

You must be off work for six consecutive months, and have two doctors complete forms provided by the Fund's Insurer. You need to satisfy the Fund's insurance policy definition of TPD outlined in the table below.

An Insured Member is Totally and Permanently Disabled if:

- their date of disablement occurs while they have cover in force under the Fund's insurance policy;
- they have reached maximum medical improvement related to the illness or injury that is the principal cause of Total and Permanent Disablement for which a claim is made;
- they have undertaken any rehabilitation plan or program that is deemed reasonable; and
- they satisfy the Fund's insurance policy definition of TPD which is as follows:

Status of member immediately prior to the date of disablement	Relevant TPD Definitions which apply		
	A	B	C
Member is aged less than 65 years and has in the preceding three (3) months been continuously working for 15 hours or more per week	✓	✓	
Member is aged 65 years or more or has not in the preceding three (3) months been continuously working for 15 or more hours per week		✓	
Member with an occupation classified as "Home Duties"		✓	✓

**(A)** An Insured Member having been absent from his or her Occupation solely through injury or Illness for a period of six consecutive months and is incapacitated to such an extent that, in our opinion, after consideration of medical and other relevant evidence, the Insured Member was, at the end of the period of six consecutive months absence from employment, unlikely to ever engage in or work for reward in any occupation for which he or she is or may become reasonably suited by education, training or experience and will never be able to do so again. In making the determination as to whether an Insured Member is unlikely ever to engage in or work for reward in any occupation we will have regard to any possible reasonable retraining and any rehabilitation that could reasonably be undertaken by the Insured Member.

**(B)** An Insured Member having been absent from his or her Occupation solely through injury or Illness for a period of six consecutive months and is incapacitated to such an extent that, in our opinion, after consideration of medical and other relevant evidence, the Insured Member was, at the end of the six consecutive months absence from employment, unlikely to ever be able to perform at least two Activities of Daily Living without the physical help of someone else.

Activities of Daily Living means:

- ▶ Dressing – the ability to put on and take off clothing;
- ▶ Bathing – the ability to wash or shower;
- ▶ Toileting – the ability to use the toilet, including getting on and off;
- ▶ Mobility – the ability to get in and out of bed or a chair; or
- ▶ Feeding – the ability to get food from a plate into the mouth.

**(C)** Where an Insured Member's Occupation is classified as 'Home Duties', an Insured Member having been absent from his or her Occupation solely through injury or Illness for a period of six (6) consecutive months and is incapacitated to such an extent that, in our opinion, after consideration of medical and other relevant evidence, the Insured Member was, at the end of the period of six (6) consecutive months absence from employment, unlikely to ever again attend to at least two (2) normal physical domestic household duties.

For the purposes of this definition, 'normal physical domestic household duties' means:

- ▶ Cleaning the family home; or
- ▶ Shopping for food and household items; or
- ▶ Meal preparation and laundry services; or
- ▶ Leaving the house without the assistance of another person; or
- ▶ Looking after dependent child/children under 16 years of age or in full time secondary education, where applicable; or
- ▶ Providing full time care for a disabled person(s) who is a member of their immediate family, where applicable.

If the Insured Member is able to perform the normal physical domestic household duties with the assistance of another person or with the use of assistive devices, they are deemed to be able to perform these duties. The Insured Member must be under the regular care and attention and following the advice of a Doctor for that injury or Illness.

Evidence that the Insured Member carried out the duties on a daily basis prior to their period of disability will be required. In forming an opinion in relation to Definitions A, B or C above, the Insurer will have regard to all evidence available to them for the period up to the time they form an opinion.

In addition to meeting the Fund's insurance policy definition of TPD, you must meet a legislated condition of release in order to receive an insured TPD benefit from the Fund.

For members under the preservation age this will require you to meet the definition of permanent incapacity under the *Superannuation Industry (Supervision) Act 1993*.

Under this definition your benefit may be cashed if you cease gainful employment and are unlikely, due to ill health, to engage in gainful employment for which you are reasonably qualified for by education, training or experience.

For further information about conditions of release refer to the *Additional Information - Claiming a benefit* document available at [clubsuper.com.au/members/forms-and-resources/publications](http://clubsuper.com.au/members/forms-and-resources/publications).



## Death and TPD Insurance

### Terminal Medical Condition

If you find out you have a terminal medical condition you may be eligible to claim your benefit. A terminal illness exists in relation to a member at a particular time if the following circumstances exist:

- a) two medical practitioners have certified jointly or separately, that the member suffers from an illness or has incurred an injury that is likely to result in the death of the person within a period (the "certification period") that ends not more than 24 months after the date of the certification;
- b) at least one of the medical practitioners is a specialist practising in an area related to the illness or injury suffered by the insured member;
- c) for each of the certificates the certification period has not ended; and
- d) we are satisfied, on medical or other evidence, that despite reasonable medical treatment, the member's illness or injury is likely to result in the member's death within the certification period.

The injury or illness from which the member suffers must be diagnosed, and the date of the certification referred to in paragraph (a) must take place, while the member is covered under this policy.

If you would like more information about making a claim for a terminal medical condition benefit please contact Club Super.

### Cover for Spouse and Club Income Stream Members

Death only insurance cover is available to Club Income Stream and Spouse members. This cover is subject to the satisfactory completion and assessment of a Personal Statement by the Fund's insurer.

TPD cover is also available to Spouse members. This cover is subject to the satisfactory completion and assessment of a Personal Statement by the Fund's insurer.

Income Protection cover is not available to Club Income Stream and Spouse members.

Sufficient funds to cover the deduction of fees must be provided no later than 15 days from the commencement of cover.

For additional information regarding Death cover for Club Income Stream members, please refer to our *Club Income Stream Product Disclosure Statement* located on our website at [clubsuper.com.au/members/forms-and-resources/publications](http://clubsuper.com.au/members/forms-and-resources/publications).

### Cooling Off Period

If you apply for additional units of Death and TPD insurance cover, and if you are accepted for the additional units, you will receive details of the policy terms and conditions from Club Super. From the time you receive those details, you have 14 days to review the policy terms and conditions to ensure they meet your needs. This is known as the "cooling off period". If you find that the cover is not appropriate during the cooling off period, you may write to Club Super and cancel the cover. Once this is done any fee paid will be refunded to your superannuation account.

### Exclusions

#### Suicide exclusion:

A 12 month suicide exclusion will apply to any additional cover (excluding individual transfers of cover) if:

- (a) you have been accepted for additional cover, either through the *Short form underwriting Form* or via the "Key Life Events" option; or
- (b) you have "Limited Cover" as a result of receiving your first employer contribution more than six (6) months after the date you commenced employment with your participating employer.

If the 12 month suicide exclusion applies, no benefit will be payable upon:

- (a) death, terminal illness or total and permanent disablement, if in the Insurer's opinion it arises, directly or indirectly, as a result of:
  - (i) suicide or attempt at suicide; or
  - (ii) self-inflicted injury or action;

and it occurs within 12 months of the cover commencing, recommencing or increasing (as applicable).

# Death and TPD Insurance

## Pandemic Illness exclusion:

Club Super's Death and TPD insurance cover will be subject to a Pandemic Illness exclusion. This means that no benefit will be payable if:

- a) death or terminal illness is caused directly or indirectly by a pandemic illness or any other condition which is directly or indirectly caused by, or related to, the pandemic illness; and
- b) death or terminal illness occurs within 30 days of your cover starting, recommencing, or increasing with the Insurer's written acceptance (in this case, only the increased benefit will not be payable).

**"Pandemic Illness"** means an illness in respect of which a pandemic (including epidemic) alert, advisory, notification, declaration or other similar publication issued by:



- a) the Australian Government (including a relevant Australian Government department, authority, minister or officer); or
- b) the World Health Organisation.

## War exclusion:

No benefit will be payable if death, terminal illness or total and permanent disablement is caused directly or indirectly by an act of war.

## How much is your total Death or TPD benefit?

If you die or become totally and permanently disabled whilst a member of Club Super, the benefit payable from the Fund is made up of your account balance plus any insurance benefit payable. In the event of Death the benefit is payable to your dependants or Legal Personal Representative (see Nominating a beneficiary).

## Who can be paid a death benefit?

Death benefits can generally only be paid to your dependants or Legal Personal Representative. The definition of dependant includes same sex partners and children of same sex partners. For this purpose, these terms mean:

A dependant includes:

- ▶ A spouse (including de facto spouse or same sex partner – see full explanation below);
- ▶ Children; and
- ▶ Any person with whom you have an interdependency relationship.

**Spouse** of a person includes:

- (a) another person (whether of the same or a different sex) with whom the person is in a relationship that is registered under a law of a State or Territory; and

- (b) another person who, although not legally married to the person, lives with the person on a genuine domestic basis in a relationship as a couple.

**Child**, in relation to a person, includes:

- (a) an adopted child, step-child, or an ex-nuptial child of the person;
- (b) a child of the person's spouse; and
- (c) someone who is a child of the person within the meaning of the *Family Law Act 1975*.

An **interdependency relationship** is one in which two people:

- ▶ Have a close personal relationship;
- ▶ Live together;
- ▶ One or each of them provides the other with financial support; and
- ▶ One or each of them provides the other with domestic support and personal care

Interdependency can also arise between two people if they have a close personal relationship but are unable to satisfy the other requirements because either or both of them suffer from a physical, intellectual or psychiatric disability.

**Legal Personal Representative** means:

An executor or administrator of your estate, the Trustee of your estate if you are under legal disability, or a person who holds a general power of attorney granted by you.

## Nominating a beneficiary

Superannuation in Australia is intended to provide income in your retirement, or in the event of your death, for your dependants. It is important that you consider who you would like to nominate as a beneficiary of your superannuation in the event of your death.

You are encouraged to revise your nomination and advise the Fund in writing each time your circumstances change, e.g. on marriage, divorce or bereavement.

Your nomination of beneficiary can either be a preferred nomination, a binding nomination or a non-lapsing binding nomination.

A preferred, binding or non-lapsing binding nomination will only apply to the specific account you list on the nomination form, unless you indicate on the form that the nomination is to be applied to all of your superannuation and/or Income Stream accounts within the Fund. In this case, you will need to nominate all relevant account numbers on the form. Please note that a preferred, binding or non-lapsing binding nomination will not override any existing reversionary nomination you may have in place in relation to an Income Stream account.

A **preferred beneficiary** is NOT BINDING upon the Trustee of the Fund. However, the Trustee will refer to your nomination of beneficiary and your Will in determining to whom your benefits will be paid in the event of your death.



## Death and TPD Insurance

You may change your preferred beneficiary at any time by completing a *Change of Details Form*. The form can be downloaded from our website [clubsuper.com.au/forms-and-resources/forms](https://clubsuper.com.au/forms-and-resources/forms).

A **binding nomination of beneficiary** is binding on the Trustee of the Fund provided the binding nomination is valid. For a binding nomination to be valid the beneficiary must be your Legal Personal Representative or a Dependant.

The nomination must be signed by 2 witnesses who are at least 18 years of age and are not nominated as beneficiaries. The nomination must have been made or affirmed within the past 3 years.

If your binding nomination expires, being more than 3 years since you made the nomination, the Trustee will use your nomination of beneficiary as guide when determining to whom your benefit will be paid in the event of your death, however, it will no longer be binding on the Trustee.

You may choose to confirm, amend or revoke the notice at any time. Nominations, amendments or cancellations can only be accepted on a form which is approved by the Trustee.

A *Binding Nomination of Beneficiaries Form* can be downloaded from our website [clubsuper.com.au/forms-and-resources/forms](https://clubsuper.com.au/forms-and-resources/forms).

Your binding nomination is invalid if any of the following scenarios apply:

- ▶ The form is not correctly signed and witnessed;
- ▶ Your nomination was made more than 3 years ago;
- ▶ Anyone nominated on the form dies before you;
- ▶ Anyone nominated on the form does not qualify as a dependant at the time of completing the form;
- ▶ Anyone nominated on the form no longer qualifies as a dependant at the time of your death.

A **non-lapsing binding nomination** is binding on the Trustee of the Fund provided the nomination is valid. For a non-lapsing binding nomination to be valid the beneficiary must be your Legal Personal Representative or a Dependant.

The nomination must be signed by 2 witnesses who are at least 18 years of age and are not nominated as beneficiaries. Unlike a binding nomination of beneficiaries, a non-lapsing binding nomination doesn't expire after 3 years and will remain in place unless it is amended or revoked.

You may choose to confirm, amend or revoke the notice at any time. Nominations, amendments or cancellations can only be accepted on a form which is approved by the Trustee.

A *Non-lapsing Binding Nomination Form* can be downloaded from our website [clubsuper.com.au/forms-and-resources/forms](https://clubsuper.com.au/forms-and-resources/forms).

Your non lapsing binding nomination is invalid if any of the following scenarios apply:

- ▶ The form is not correctly signed and witnessed;

- ▶ Anyone nominated on the form dies before you;
- ▶ Anyone nominated on the form does not qualify as a dependant at the time of completing the form;
- ▶ Anyone nominated on the form no longer qualifies as a dependant at the time of your death.

### Reversionary beneficiary

Club Super members commencing a Club Income Stream also have the option of nominating a reversionary beneficiary.

A reversionary beneficiary will continue to receive your Club Income Stream payments after your death or they can commute the income stream and be paid a lump sum benefit. A reversionary beneficiary must be a dependant.

Please note that if you nominate a child as a reversionary beneficiary, the child must be less than 18, or financially dependent and less than 25, or disabled.

If you want to change your reversionary beneficiary you can do this at any time by contacting Club Super on 1300 369 330. However, your nomination will lapse on divorce or death of the reversionary beneficiary.

#### Definition of a dependant for tax purposes

Please note that the Australian Taxation Office (ATO) uses a different "dependant" definition to determine whether or not the beneficiary is a tax dependant. Anyone not seen as a tax dependant may be liable to pay tax on the benefit.

### Taxation in relation to insurance benefits

#### Tax on Death Benefits

A death benefit paid as a lump sum is tax free if it is paid to a person who is a dependant for tax purposes – that is:

- ▶ A spouse or former spouse (including defacto spouse and same-sex partner);
- ▶ A child less than 18 years of age;
- ▶ A person with whom the deceased had an interdependency relationship;
- ▶ Any other person who was financially dependent on the deceased just before death; or
- ▶ Over 18, but living at home and receiving Youth Allowance.

If the benefit is paid to a non-dependant, the taxable component is taxed at 15% plus Medicare Levy, except where the beneficiary has not supplied their Tax File Number. The taxable component in this case is taxed at the top marginal rate plus Medicare Levy.

#### Tax on Disability Benefits

A person receives a disability superannuation benefit if they have suffered a physical or mental illness and two legally qualified medical practitioners certify that the person is

# Death and TPD Insurance

unlikely to be gainfully employed again in a position for which they are reasonably qualified, due to their education, experience or training. Where a person receives a disability benefit as a lump sum, the tax free component of the benefit is increased to reflect the period where they would have expected to have been gainfully employed until normal retirement age (generally age 65).

## Tax on Terminal Medical Condition

If a person receives a benefit on the basis of a terminal medical condition, the benefit is tax free.

## How much Death and TPD insurance do you need?

The amount of your benefit is determined by the number of units held and your age or the fixed amount cover held at the time you become eligible for a benefit. So it's important to review your level of insurance cover as you get older or your circumstances change.

Members can apply for cover up to a maximum of \$5 million Death cover and \$2.5 million TPD cover.

## Calculating your level of cover & the cost of the fee

5 easy steps		Example
Step 1	What Death and TPD insurance cover do you need? <b>A</b> <input type="text"/>	John is a 28 year old permanent employee with a mortgage and a child and has an insured benefit requirement of <b>\$400,000 for Death and TPD.</b>
Step 2	For unit based cover, using your age, look up Table 1 on page 9, to determine the amount of cover per unit. <b>B</b> <input type="text"/>	Looking at Table 1 on page 9, one unit for a 28 year old provides an insured benefit of \$150,000. John has been automatically provided with the default level of 2 units of Death and TPD cover of \$300,000.
Step 3	Divide your requirement by the insured amount per unit on the appropriate scale to work out the number of units you need. Calculate the number of units required to reach your desired level of cover as follows: <b>A</b> <input type="text"/> ÷ <b>B</b> <input type="text"/> = <b>C</b> <input type="text"/> unit(s)  Round your result up or down depending on whether you want an insured benefit to fall above or below your requirement.	<b>\$400,000 ÷ \$150,000 = 2.67 units</b>  As only whole units can be purchased, John rounds this up to three units to achieve his goal. This gives him an actual insured benefit of \$450,000 (\$150,000 x 3 units).
Step 4	Calculate how much your Death and TPD insurance will cost. <b>C</b> <input type="text"/> units @ <b>\$3.55 per unit</b> = <input type="text"/> <b>fee p/wk</b>	John's level of Death and TPD Insurance Cover will be at a fee of \$3.55 per week (3 units x \$3.55 per unit per week = <b>\$10.65 per week or \$553.80 per year).</b>
Step 5	Alternatively, calculate how much Death and TPD insurance will cost for fixed amount cover  Amount you required <input type="text"/> ÷ <input type="text"/> \$1,000 x <input type="text"/> Rate for age <input type="text"/> = <input type="text"/> <b>cost/year</b>	John decides on \$400,000 fixed amount cover at a cost of \$395.60 per year (400,000 ÷ \$1,000 x 1.234 (0.698 + 0.536) = <b>\$493.60 per year).</b> Fees are displayed on page 12 of this document.



## Income Protection Insurance (SalarySafe)

SalarySafe provides you with 24 hours, 7 days a week income protection cover. It pays a benefit of up to 90% of your income, for the first 26 weeks of your claim (tapering applies thereafter), if you are unable to work in your usual occupation due to sickness or injury.

SalarySafe also pays 10% Superannuation Guarantee contributions into Club Super on your behalf. The Superannuation Guarantee contribution paid is calculated on the amount of benefit you receive if you are on claim.

All eligible members automatically receive Income Protection cover. You are not required to provide any evidence of health to receive this insurance cover.

### How is your fee calculated?

SalarySafe fees are based on your employer SG contribution, multiplied by 10.16%<sup>1</sup>.

### When does SalarySafe cover start?

#### Existing members of Club Super prior to 1 August 2017

Cover will commence from the start of the first month for which a valid employer contribution is received on your behalf, provided you are actively at work.

If you are not actively at work, cover will commence when you recommence employment and are actively at work, provided an employer superannuation contribution is received from a Club Super participating employer after they recommence employment by the quarterly deadlines outlined in the superannuation guarantee legislation.

For those members where the payment is not received by the first quarterly deadline, cover shall commence from the date that the first Club Super employer superannuation contribution represents, but will be limited to New Events cover only.

#### New members of Club Super from 1 August 2017

Cover for new members of Club Super will commence from the first date that the first employer superannuation contribution represents, provided that this payment is made by the first quarterly deadline outlined in the superannuation guarantee (SG) legislation and:

- i) the member has instructed their employer to have Club Super as their superannuation fund for receiving SG payments on the commencement of new employment and the member is Actively At Work; or

- ii) the employer has nominated Club Super as the default Fund for the purpose of complying with the SG legislation and for receiving SG payments on the commencement of new employment and the member is Actively At Work.

Where all the above conditions in section (ii) are not met, cover will commence from the first date that the first employer superannuation contribution payment made by a Club Super participating employer represents, but will be limited to New Events cover only.

#### Reinstatement of Cover

For those members of Club Super where cover has ceased due to the member no longer being employed by a Club Super employer and the member later recommences employment with a Club Super employer, cover will recommence from the first date that the first employer superannuation payment made by the most recent Club Super employer represents provided that this payment is made by the first quarterly deadline outlined in the SG legislation and the member is Actively At Work on their first day of employment.

For those members where the payment was not received by the first quarterly deadline, cover will recommence from the first date that the first employer superannuation contribution payment made by a Club Super employer represents, but will be limited to New Events cover only.

'New Events' means an injury that first occurs or a sickness that first becomes apparent on or after the date that Club Super receives the superannuation contribution paid on behalf of the member.

'Actively At Work' means you are employed by a Club Super employer and, in the Insurer's opinion, are genuinely performing all the duties of your usual occupation and capable of working your usual hours without restriction. A member who is on paid leave (including annual leave, sick leave, long service leave, parental leave) and all employer-approved unpaid leave shall also be considered to be actively at work provided:

- that leave is not in connection with an injury or a sickness; and
- they were Actively At Work for their usual hours without restriction the week prior to that leave.

A member who has a permanent impairment / disablement prior to being an insured member will not be considered Actively At Work for that condition.

<sup>1</sup> You automatically receive a 28 day waiting period unless you elect another waiting period.

# Income Protection Insurance (SalarySafe)

## How much will my benefit be?

The maximum benefit payable is up to 90% of your income, for the first 26 weeks of your claim (tapering applies thereafter), plus a Superannuation Guarantee contribution of 10%. Benefit amounts will taper over the maximum 104 week period. You are only covered for the income earned from your Club Super employer (that is, any employer who normally contributes to Club Super on your behalf).

Please refer to "Can the SalarySafe benefit be reduced?" and "Tapering" on pages 21 - 22 for further information about your benefit.

## How are SalarySafe benefits paid?

SalarySafe benefits are calculated weekly and paid fortnightly in arrears. You will receive one seventh (1/7th) of the weekly benefit for each day that you are unable to work due to sickness or injury.

Superannuation Guarantee contributions, received as part of your SalarySafe benefit, are paid to your Club Super account quarterly.

## When are SalarySafe benefits paid?

SalarySafe benefits are payable if you suffer disablement which means that, as a result of injury or sickness, you are wholly and continuously prevented from engaging in your usual occupation. You need to be under the regular care of, and acting in accordance with, the instructions or professional advice of a registered and legally qualified medical practitioner other than yourself.

### Important definitions

The following terms are important. The Policy defines them as follows:

**Sickness** means a state of being ill, including a degenerative condition resulting in disablement, which is first contracted or which the insured member first becomes aware of while continuous cover is in force and which continues for a period of not less than the waiting period and excludes any pre-existing sickness and any injury.

**Pre-Existing Sickness** means any pre-existing sickness that an insured person is having or has had treatment for, or advice for treatment for in the 6 calendar months prior to the commencement of your income protection cover under the policy. However, such a condition will be covered provided that:

(a) You have, with the agreement of a legally qualified medical practitioner, ceased all treatment or advice for at least 6 months during continuous cover; or

(b) You have had 2 years of continuous cover under SalarySafe prior to the time of your disablement and have been actively at work prior to the disablement which leads to the claim.

**Injury** means a physical injury which occurs fortuitously whilst continuous cover is in force and which results in disablement, within 12 calendar months from the date of its occurrence, and which continues for a period of not less than the waiting period but does not include any condition which is also a sickness.

If a member suffers disablement through an aggravation of an injury which occurred prior to cover, a benefit will only be payable for the duration of the aggravation and not for the underlying injury.

**Income** means your average weekly income before personal deductions and income tax for the number of weeks you are employed during the 52 week period immediately preceding injury or sickness resulting in any events insured under this policy. "Income" includes all overtime and all allowances actually paid to you that have been earned from personal exertion at your usual employment from which you are a member of Club Super.

**Degenerative Condition** means any condition that has gradually developed over time affecting your musculoskeletal system (muscles, bones, ligaments and joints, including vertebral discs and cartilage).

## What is the Waiting Period?

The waiting period is the period of time (in consecutive days) that you have to be temporarily totally disabled before a fortnightly income benefit is payable. The waiting period commences from the date a medical practitioner certifies that you are temporarily totally disabled. Club Super's default waiting period is 28 days if you do not make a choice. Variable waiting periods are available (Table 6) and the longer the waiting period, the lower the fee.

**Table 6: Fee for Variable Waiting Periods**

Waiting Period	Fee <sup>^</sup>
28 days	10.16%*
30 days	9.15%
60 days	7.62%
90 days	6.09%

<sup>^</sup>The fee is based on your compulsory employer superannuation contribution.

\*You automatically receive a 28 days waiting period unless you elect another waiting period.

## Loyalty Bonus

After 5 years continuous cover with no claims, your benefit will be backdated to commence 7 days earlier (i.e. to 21 days for default waiting period). The maximum benefit payment period of 104 weeks still applies.



## Income Protection Insurance (SalarySafe)

### Tapering

Club Super has introduced tapering to its Income Protection cover. While the duration of cover remains the same, the benefit amount will taper over the benefit period. This ensures you have the funds available when you need it most.

- (i) up to 90%<sup>1</sup> of your income for the first 26 weeks of claim;
- (ii) up to 75%<sup>1</sup> of your income for weeks 27 to 52; and
- (iii) up to 65%<sup>1</sup> of your income for weeks 53 to 104.

<sup>1</sup> Plus 10% SG Contributions into your superannuation

### What is the maximum benefit period?

SalarySafe benefits are payable for a maximum period of two years or to the date you turn 65 years (subject to comments below), whichever occurs first, commencing after the 28 day default waiting period. The waiting period starts on the date your legally qualified medical practitioner certifies you unfit to work for the condition.

If you turn age 65 while in receipt of a SalarySafe benefit, the remaining payment period depends on whether you are off work due to sickness or injury.

- ▶ If you are on claim due to sickness, you can receive an additional 12 weeks, to a maximum of 104 weeks total benefit payment period.
- ▶ If you are on claim due to injury, you can receive an additional 52 weeks, to a maximum of 104 weeks total benefit.

### What if you are aged 65 or over when you make a claim?

The maximum benefit period in this case depends on whether your claim is due to sickness or injury:

- ▶ If your claim is due to sickness, your maximum benefit period is 12 weeks, or to the date you turn 70, whichever occurs first; or
- ▶ If your claim is due to injury, your maximum benefit period is 52 weeks, or to the date you turn 70, whichever occurs first.

### What if you become self employed?

As a self employed member you would no longer be eligible for SalarySafe insurance cover. As a result:

- ▶ Your SalarySafe insurance cover will be cancelled;
- ▶ You will not be eligible to claim on any SalarySafe insurance cover from Club Super; and
- ▶ If, at a future date, you are in receipt of valid employer contributions and wish to reinstate SalarySafe insurance cover you will be required to notify Club Super in writing.

### Can you cancel your SalarySafe cover?

If you wish to cancel your SalarySafe insurance cover please advise us in writing. Your insurance cover will be cancelled from the date we receive your written request.

### Can the SalarySafe benefit be reduced?

A reduced benefit may be payable if you suffer temporary but only partial disablement which prevents you from carrying out a substantial part of your usual occupation with your Club Super employer in Australia. You must be Actively At Work at the time your injury or sickness occurs and must be under the regular care of, medically certified and acting in accordance with the instructions or professional advice of a medical practitioner other than the member.

SalarySafe benefits are reduced by the amount of any statutory income benefit (e.g. Workers' Compensation), sick leave payments or other not at work related payments from your Club Super employer (that is, the employer who normally contributes to Club Super on your behalf) that you receive. If you are in receipt of these benefits, your SalarySafe benefit will be adjusted accordingly.

If you are entitled to a benefit under SalarySafe through being unable to follow your usual occupation with your Club Super participating employer and you continue to earn an income from another source or employer then that income from that other employer will not affect the payment of a benefit under this Policy unless the total of the payment under this Policy and the income derived from the other employment exceeds the total income as at the date of occurrence of the sickness or injury. Should the total figure exceed the income then the excess portion of that income will be deducted from payments under this Policy.

Full details of any offsets which may reduce your SalarySafe are outlined in the Policy document.

Please contact Club Super if you have any enquiries concerning these terms and conditions or if you need a copy of the Insurance Policy document.

### Statutory Benefits

If you are in receipt of statutory benefits, you will be paid the difference between the statutory benefits and your SalarySafe benefit for as long as you are entitled to receive the statutory benefits or the end of the Maximum Benefit Period, whichever occurs first.

If your statutory benefit payments cease and you are medically able to return to work, your SalarySafe benefit will cease.

# Income Protection Insurance (SalarySafe)

If your statutory benefit payments cease but you are medically unable to return to work, your SalarySafe benefit will continue up to the maximum benefit period in respect to the injury or sickness for which you were receiving the statutory benefit. The payment will be 75% of the benefit, provided you are assessed as unable to return to work by an Independent Medical Officer (arranged by the Insurer) who then confirms that you are medically unable to return to work.

If you reach an agreement with the relevant Workers Compensation Insurer or Authority to cease weekly statutory benefits and receive a lump sum in lieu of those benefits, the Insurer will pay you a lump sum in lieu of future weekly benefits under SalarySafe, calculated as follows:

- The lesser of, the Maximum Benefit Period, less any period of payments already made under SalarySafe cover, or the number of weeks used in the calculation of the lump sum payment by the Workers Compensation Insurer or Authority.

Once determined, the benefit payable will be that number of weeks multiplied by the last payment made under SalarySafe.

## When does SalarySafe cover cease?

SalarySafe cover will cease:

- ▶ When your employment ceases;
- ▶ On your 70th birthday;
- ▶ On your death;
- ▶ When we receive written advice from you that your SalarySafe cover is to be cancelled;
- ▶ When you cease to be a member of Club Super;
- ▶ When you become self employed and are no longer in receipt of valid employer contributions;
- ▶ When you are employed as a casual employee with a Club Super participating employer and your last day at work was greater than 90 consecutive days; or
- ▶ When all cover for every member under this Policy ceases, subject to Financial Services Council Guidance Note No. 11 – Group Insurance Takeover Terms.

## When will a benefit not be payable?

A benefit shall not be payable:

- a) For the waiting period;
- b) In excess of the maximum benefit period in respect of any one injury or sickness;
- c) Beyond the date of the member's death;
- d) If the member fails to provide the requested medical information;

e) If the member fails to follow medical treatment or advice. Any number of days where the member fails to follow medical treatment or advice will be deducted off the maximum benefit period;

f) If a fraudulent claim is made in respect of the member;

g) If the member is serving a prison sentence. Any number of days where the member is incarcerated will be deducted off the maximum benefit period;

h) If the member agrees to commute their claim;

i) If the member has previously accepted a TPD settlement for the same or related condition;

j) If at the time of disablement, the member is not employed by Club Super participating employer (subject to **Continuation of cover upon cessation of employment** terms below);

k) Under more than one of the Benefits in respect of the same period of time;

l) Once the member is deemed fit to return to work by a medical practitioner;

m) For an injury that first occurs or a sickness that first becomes apparent prior to the date the member of the Club Super participating employer provided an instruction to their employer to have Club Super as their chosen superannuation fund; or

n) If the member suffers a work related injury/sickness by another employer who is not a Club Super participating employer.

## Continuation of cover upon cessation of employment

If you are leaving your employer to join another employer that participates in Club Super, extended cover may be available. In this case, SalarySafe cover continues for no longer than 30 days from the date you cease employment with your current employer, provided you have accepted a position with another employer that contributes to Club Super within those 30 days.

Cover may also continue for up to 7 days where a member has had medical treatment and advice within 30 days prior to ceasing employment with a Club Super participating employer. The member will be covered for an injury or sickness whilst continuous cover was in place and suffers a disablement for that condition within that 7 day period.



## Income Protection Insurance (SalarySafe)

### Continuation of cover for employed members subject to ongoing SG contributions

In practice, your cover will show as current on your Club Super Member Online account and annual member statement for up to 90 days after the period for which your last employer SG contribution relates to.

However, please note, you will only be actually covered for any period for which your employer makes an SG contribution to your Club Super account.

### Are there any Exclusions?

This Policy shall not apply to any injury/sickness directly caused by or resulting from:

- ▶ Any consequence of war, invasion or civil war;
- ▶ Intentional self-inflicted injury or sickness, including any attempt at suicide;
- ▶ Pregnancy, childbirth or miscarriage other than a complication arising from any of those conditions, which requires hospitalisation in the first thirty-three (33) weeks of pregnancy. No benefit shall be payable during any period of maternity leave or for any complications arising after the thirty third week of pregnancy;
- ▶ Any pre-existing sickness - (as detailed below);
- ▶ Any criminal act committed by an insured member;
- ▶ An insured member being a pilot or crew member of any aircraft; or engaging in any aerial activity except as a passenger in a properly licensed aircraft;
- ▶ Any professional sporting activities where you earn more than 50% of your annual gross income from that activity; or
- ▶ An insured member suffering from:
  - Any psychological conditions; and/or
  - Stress related conditions; and/or
  - Stress related physical fatigue conditions;

including but not limited to depression, neurosis, psychosis, mental or emotional stress or anxiety conditions, chronic fatigue or mental disease and associated disorders, unless the insured member is in receipt of Workers' Compensation benefits for that condition.

### Pre-existing sickness

No cover is available in respect of any pre-existing sickness that you have or have had treatment for, or advice for treatment for in the 6 calendar months prior to the commencement of your income protection cover under the policy. However, such a condition will still be covered provided that:

- (1) You have, with the agreement of a legally qualified medical practitioner, ceased all treatment or advice for at least 6 months during continuous cover; or
- (2) You have had 2 years of continuous cover under SalarySafe prior to the time of your disablement and have been actively at work prior to the disablement which leads to the claim.

For full terms and conditions, refer to the policy document.

### Partial Disablement

If, during the period of disablement, you are able to return to work in a reduced capacity, the SalarySafe benefit will be calculated as the difference between the weekly SalarySafe benefit and the weekly earnings received from the reduced work capacity.

If an insured member is able to return to work in a reduced capacity, and work is available but the member declines to do so or the member is no longer employed by a Club Super participating employer, then the SalarySafe benefit will be reduced to 25% of the SalarySafe benefit for total disablement.

### Recurrence of Total or Partial Disablement

If you suffer a recurrence of disablement from the same or related cause, the subsequent period of disablement will be deemed a continuation of the prior period and the waiting period shall be waived.

The Insurer will not liable to pay a benefit relating to any further disablement caused by the same or related injury or sickness once the Maximum Benefit Period expires.

### Rehabilitation Benefit

If you have been receiving a SalarySafe benefit, Club Super may improve your ability to return to work by a course of rehabilitation. The Insurer may pay the cost of the program. Before the Insurer would make such a payment, both they and your treating doctor must first approve the course.

### Taxation

The SalarySafe benefit payable to you is regarded as taxable income and attracts Pay-As-You-Go (PAYG) tax, the same as your wages or salary. PAYG tax will be deducted from the benefit before it is paid to you. You cannot claim a tax deduction for the fees because SalarySafe cover is offered through a superannuation fund.

If you receive a SalarySafe benefit, you will be asked to provide your Tax File Number (TFN). If you do not provide your TFN, the Insurer will have to deduct tax from your benefit at the maximum marginal tax rate.

These statements in relation to taxation are based on interpretation of present Australian tax law, which may be changed at any time. For advice on your own circumstances, you should always seek professional taxation advice.

## Income Protection Insurance (SalarySafe)

### Terms and Conditions

Full terms and conditions are outlined in the Policy documents. Please contact Club Super if you have any enquiries concerning these terms and conditions or if you need a copy of the Insurance Policy documents.



## Client Services Managers


It's always good to have face to face contact. That's why Club Super has Client Service Managers (CSMs) based in Brisbane, who travel throughout Queensland to service the needs of our members and employers. Their focus is on assisting members in getting the most out of their super, keeping employers up to date with changes in superannuation legislation and assisting them with any issues relating to superannuation they may have.


All Club Super CSMs are authorised to provide general financial advice about superannuation.

Our CSMs regularly visit clubs and provide member educational sessions specifically designed to answer questions concerning Club Super and superannuation in general.



TANJA PRELL


 (07) 3238 1261

 0429 472 091

 [tanja.prell@clubsuper.com.au](mailto:tanja.prell@clubsuper.com.au)



BRENDA GORMLEY


 (07) 3238 1265

 0408 873 520

 [brenda.gormley@clubsuper.com.au](mailto:brenda.gormley@clubsuper.com.au)



PHIL TOMA

 (07) 3238 1483

 0409 485 476

 [phil.toma@clubsuper.com.au](mailto:phil.toma@clubsuper.com.au)

## Insurance Cover Form

When you join Club Super, you are automatically given units of Death and Total & Permanent Disablement (TPD) cover, depending on your age, as shown in the table below. This is provided you join Club Super within 6 months of commencing employment with your current employer.

### Default Units

Age	Number of Units	
	Death	TPD
Up to 24	1	2
25 - 69	2	2

New members joining Club Super may apply to receive up to 3 units in addition to the above table. To check eligibility members must complete a *Short form underwriting* Form.

The *Short form underwriting* Form will consist of five (5) short form underwriting questions. If eligible, these additional units will be applied to your account. This is provided application for additional units is made within 6 months of commencing employment with your current employer.

### Guide to completing this application:

1. Read the current *Club Super Product Disclosure Statement*.
2. Complete the *Insurance cover* Form if you:
  - a) are joining Club Super and wish to apply for more than 3 additional units of cover on top of the "default" units - see the table above;
  - b) are currently a member of Club Super and wish to increase your cover; or
  - c) wish to convert from unit based to fixed insurance cover.

### Conditions for increasing your level of cover:

You may increase your level of cover with Club Super to a maximum of \$5 million for Death cover and \$2.5 million for TPD cover, at a fee of \$3.55 per unit per week provided:

- a) you provide satisfactory health evidence;
- b) your completed application for increased insurance cover is accepted by the Insurer;
- c) you are employed by a participating employer and/or a member of the Fund; and
- d) you are at least 15 and less than 70 years of age.

Please read the duty of disclosure and declarations contained within the *Insurance Cover* Form, and sign and date the form.

The application should then be mailed to:

Club Super  
PO Box 10726  
Brisbane Adelaide Street  
QLD 4000

Please complete  
on page 27



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# Insurance Cover Form

ALL SECTIONS MUST BE COMPLETED

PLEASE ☒ NOT ☒

PLEASE USE BLOCK LETTERS



## ABOUT THIS FORM

Complete this form if you wish to apply for Death and TPD insurance cover or increase your existing Death and TPD cover with Club Super. Return your completed form to Club Super.

If you would like to reinstate your Income Protection insurance (SalarySafe) or nominate a waiting period for your Income Protection insurance then download the *Application to change Income Protection Insurance (SalarySafe)* Form available at [clubsuper.com.au/forms-and-resources/forms](https://clubsuper.com.au/forms-and-resources/forms).

If you would like to cancel your Death, TPD or Income Protection insurance then download the *Request to Cancel Insurance Cover Form* available at [clubsuper.com.au/forms-and-resources/forms](https://clubsuper.com.au/forms-and-resources/forms).

## PERSONAL DETAILS

ARE YOU A MEMBER OF CLUB SUPER?

☐ YES ☐ NO If YES, Member No:

**Note:** if you have changed your name since first becoming a member please attach a certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

DATE OF BIRTH

/  /

GENDER

☐ MALE ☐ FEMALE

TITLE

☐ MR ☐ MRS ☐ MISS ☐ OTHER

SPECIFY IF OTHER

FIRST NAME

MIDDLE NAME

FAMILY NAME

EMAIL ADDRESS

PHONE NUMBER

MOBILE NUMBER

## RESIDENTIAL ADDRESS

STREET NUMBER

STREET NAME

SUBURB/TOWN

STATE POSTCODE

POSTCODE

## POSTAL ADDRESS (If same as above, write "as above")

PO BOX

SUBURB/TOWN

STATE POSTCODE

POSTCODE

## SECTION A: PERSONAL DETAILS (continued)

Club Super automatically provides you with Income Protection insurance for up to 90% of your salary, for the first 26 weeks of your claim (tapering applies thereafter). If you're aged 24 or under, you automatically receive 1 unit of Death cover and 2 units of Total Permanent Disablement (TPD) cover. If you're aged 25 or over you automatically receive 2 units of Death cover and 2 units of TPD cover. This is the 'default' number of units.

If eligible, you can elect to have up to 3 additional units of Death and TPD cover. To receive up to 3 additional units of Death and TPD cover, please complete the *Short Form Underwriting Form* available at [clubsuper.com.au/forms-and-resources/forms](https://clubsuper.com.au/forms-and-resources/forms).

If you require more than 3 additional units, please complete this *Insurance Cover Form*, including the Personal Statement section.

The value of unit based cover decreases as you get older. As an alternative, you may apply for fixed cover (with premiums then increasing as you get older). However, the minimum amount of 'fixed' cover you must have is equivalent to the value of 1 unit (based on your current age).

NOTE: Fixed TPD cover tapers at older ages.

Please refer to the *Club Super Additional Information - Insurance in your super* available at [clubsuper.com.au](https://clubsuper.com.au)

The maximum amount of Death insurance cover available is \$5,000,000. The maximum amount of TPD insurance cover available is \$2,500,000. If you require more than \$2,500,000 in Death insurance cover, your TPD insurance cover will be limited to \$2,500,000, subject to approval by the insurer.

**WORK STATUS** Are you currently working and actively performing your normal duties?

☐ YES ☐ NO

## DEATH AND TPD INSURANCE

### UNIT BASED COVER

#### Death and TPD cover

I would like the following units of Death and TPD cover:

Total number of Death units required

Total number of TPD units required

OR

### FIXED AMOUNT COVER

(must be at least the value of 1 unit based on your current age)

#### Death and TPD cover

I would like to fix my Death cover at an amount of

\$  .00

I would like to fix my TPD cover at an amount of

\$  .00

## PLEASE COMPLETE RELEVANT SECTIONS



## YOUR PRIVACY IS IMPORTANT TO US

We only collect information that is essential for the administration of your superannuation benefits, including providing you with insurance cover. The information we ask for is for the purpose of identifying you, and in order to properly administer your superannuation benefits. If you do not provide all of the information we may be unable to action your request.

Information we hold about members may be provided to third parties including our insurers, your employer/s, advisers and other service providers, where the information needs to be shared in relation to your active or potential insurance claims. Personal information collected will not be used or disclosed for any other purpose without your consent, except where required by superannuation, taxation or other relevant law. You are entitled to access information that Club Super holds about you – contact us by telephone on 1300 369 330 or in writing.

Club Super's full Privacy Policy, is available on the website - [clubsuper.com.au](http://clubsuper.com.au) or by calling us on 1300 369 330. You may also wish to read a copy of the insurer's Privacy Policy in conjunction with our Privacy Policy. The insurer's Privacy Policy can be found at [www.commbank.com.au](http://www.commbank.com.au) or by calling 13 10 56.

## DECLARATION

In signing this application, I:

- acknowledge I have read and understood the terms of the current Club Super Product Disclosure Statement; including the section on Insurance, and acknowledge it does not constitute personal advice;
- agree to be bound by the terms and conditions contained in the trust deed and current Product Disclosure Statement;
- declare that the information in this form is true and correct to the best of my knowledge and belief;

SIGNATURE

DATE





## PERSONAL STATEMENT

You are applying to enter into a contract of insurance.

As such, you have a duty to disclose all relevant information. Failing to provide the insurer with full and accurate information could result in your insurance cover being cancelled and any claim for benefits could be denied, so it is vital you answer all questions fully and accurately.

Although we ask you specific questions via a personal statement, you should also tell us about any other information that will impact on the insurer's decision to offer you insurance cover, regardless of whether you deem it to be material or important. This includes current medical issues that require investigation, medication or treatment, even if a diagnosis has not been made.

This obligation applies to all insurance cover relating to this application, including amounts transferred from another fund or insurance arrangement. This means you could be placed in a position where you have no insurance cover if we later find you have not answered all questions fully and accurately.

Your Duty of Disclosure continues until you receive written confirmation your application has been accepted. You must contact the insurer if there is any change in your health or circumstances that are relevant to the insurer's decision on your application.

The full Duty of Disclosure is contained within this document and it is important you read it carefully. Having read the above, I declare the information I am about to provide is honest, true and complete.

SIGNATURE

DATE

 /  / 

## SECTION A: YOUR DETAILS

EMPLOYER

OCCUPATION

SALARY (or remuneration earned in the last 12 months)

1) What is your:

Height:  cm or  ft/inWeight  kg or  st/lb

2) Have you smoked tobacco, e-cigarettes or any other substance in the last 12 months?

No ☐ Yes ☐

If 'yes', please indicate what you smoked:

What is your average?

per day  per week  or per year 

3) Do you drink alcohol?

No ☐ Yes ☐

If 'yes', please provide the average number of standard drinks consumed:

per day  per week  or per year 

PLEASE COMPLETE RELEVANT SECTIONS

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## SECTION B: PERSONAL STATEMENT

1. Do you engage in any hazardous pastimes or pursuits such as, but not limited to, football (other than touch or Oztag), motorised sports, parachuting, hang-gliding, abseiling, mountaineering activities, aviation (other than a fare paying passenger), scuba diving or any sport(s) in a professional capacity?	No <input type="checkbox"/> Yes <input type="checkbox"/>	A
2. Have you:		
a) Recently applied for or do you have a policy for life, total and permanent disability, trauma or salary continuance (excluding this application)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	B
b) Ever had an application for life, disability, trauma, accident or sickness insurance on your life declined, deferred or accepted with a loading, exclusion or special terms?	No <input type="checkbox"/> Yes <input type="checkbox"/>	B
c) Ever claimed a lump sum or accident or sickness benefit from any insurance policy, including but not limited to superannuation, workers' compensation, disability pension or Veterans Affairs?	No <input type="checkbox"/> Yes <input type="checkbox"/>	B
3. Have you ever experienced symptoms, received medical advice, been treated for or diagnosed with any back, neck, hip, shoulder, knee or elbow complaints, sciatica, disc or spine complaints, or an injury, complaint or disorder of any joint, bones or muscle, including arthritis, gout or repetitive strain injury (RSI)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	C
4. Have you ever received medical advice, been treated for or diagnosed with depression or a mental illness, including but not limited to stress, anxiety, chronic tiredness or lethargy, panic attacks, post traumatic stress, behavioural or nervous disorder, attention deficit disorder or aspergers syndrome, myalgia or fibromyalgia or Chronic Fatigue Syndrome?	No <input type="checkbox"/> Yes <input type="checkbox"/>	D
5. Have you received medical advice, undergone any treatment, investigation or operation for, or had:		
a) High blood pressure or raised cholesterol?	No <input type="checkbox"/> Yes <input type="checkbox"/>	E
b) Cyst, mole, sunspots, skin lesions, skin cancer or melanoma?	No <input type="checkbox"/> Yes <input type="checkbox"/>	F
c) Asthma (other than childhood), chronic bronchitis, emphysema, recurrent pneumonia or any other lung complaint requiring hospitalisation?	No <input type="checkbox"/> Yes <input type="checkbox"/>	G
d) Chest pain, heart complaint, cardiomyopathy, stroke, neurological disorder, multiple sclerosis, muscular dystrophy or blood disorder?	No <input type="checkbox"/> Yes <input type="checkbox"/>	G
e) Cancer, leukaemia, diabetes or chronic kidney complaint?	No <input type="checkbox"/> Yes <input type="checkbox"/>	G
6. Have you:		
a) Taken any illegal or non prescribed drugs (other than over the counter medications) in the last ten years?	No <input type="checkbox"/> Yes* <input type="checkbox"/>	
b) Ever been advised to cease drinking alcohol or received counselling or treatment for alcohol or substance abuse?	No <input type="checkbox"/> Yes* <input type="checkbox"/>	
c) Ever been infected with or tested positive for HIV/AIDS, Hepatitis B and/or C or are you awaiting the results of such a test?	No <input type="checkbox"/> Yes* <input type="checkbox"/>	
d) In the last five years, ever engaged in unprotected anal intercourse (except in a relationship between you and one other person only where that person is not known or suspected to be HIV positive and/or injects non-prescribed drugs) or worked as or engaged the services of a prostitute?	No <input type="checkbox"/> Yes* <input type="checkbox"/>	
7. Apart from anything already stated:		
a) Are you considering seeking medical advice, treatment, tests or surgery in the future?	No <input type="checkbox"/> Yes <input type="checkbox"/>	G
b) Have you, in the last five years, received any medical advice, any medical treatment, investigation or had any operation not mentioned above (apart from colds, flu, contraceptive advice)?	No <input type="checkbox"/> Yes <input type="checkbox"/>	G
8. To the best of your knowledge, have any of your natural parents, brothers or sisters suffered from or been diagnosed with:		
a) Heart or circulatory problems, stroke, high blood pressure, diabetes?	No <input type="checkbox"/> Yes <input type="checkbox"/>	H
b) Depression or any other mental illness?	No <input type="checkbox"/> Yes <input type="checkbox"/>	H
c) Cancer of any type?	No <input type="checkbox"/> Yes <input type="checkbox"/>	H
d) Huntington's disease, muscular dystrophy, multiple sclerosis, polycystic kidney disease or any other hereditary disease?	No <input type="checkbox"/> Yes <input type="checkbox"/>	H
9. a) In the next twelve months do you plan to travel to another country?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
b) In the last six months have you been in another country?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
If yes to either or both question(s), please provide details below:		
Country/Destination	Date of Departure from Australia (if applicable)	Date of return/ arrival in Australia

## Have you answered 'yes' to any questions (1 to 5) or (7 and 8) in Section B?

No ☐ Go straight to Section E on page 13. Do not complete Section C or D.Yes ☐ For each 'yes' answer you must complete a corresponding questionnaire, as noted in the column beside your 'yes' answer above. Proceed to relevant questionnaire in Section C.

\*If you have answered 'yes' to question 6, a confidential questionnaire will be sent to you.

## PLEASE COMPLETE RELEVANT SECTIONS

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## SECTION C: QUESTIONNAIRE A - PASTIMES QUESTIONNAIRE

Only complete if you answered 'yes' to Question 1 of Section B – Personal statement

1. Do you engage in any of the following hazardous pastimes or pursuits?	No <input type="checkbox"/> Yes <input type="checkbox"/>
a) Flying? (other than as a fare paying passenger on a commercial airline)	No <input type="checkbox"/> Yes <input type="checkbox"/>
b) Underwater diving (scuba)	No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'yes' (i) do you dive more than 40 metres in depth?	No <input type="checkbox"/> Yes <input type="checkbox"/>
(ii) do you dive alone?	No <input type="checkbox"/> Yes <input type="checkbox"/>
c) Football of any code (other than touch or Oztag)	No <input type="checkbox"/> Yes <input type="checkbox"/>
d) Motorised sports of any kind, e.g. motor cross, rally driving, ocean racing, motor car or bike racing	No <input type="checkbox"/> Yes <input type="checkbox"/>
e) Trail bike or quad bike riding (including off road and dirt bike)	No <input type="checkbox"/> Yes <input type="checkbox"/>
f) Any other sport or hazardous activity, e.g. parachuting, hang-gliding, body contact sports, para-gliding, competitive water sports, horse riding or recreations involving heights?	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you have answered 'yes' to any of the above questions, please answer the following questions:

What are the activity(ies) you engage in?

At what level do you participate? (tick (X) the appropriate box)

Recreational only (non competition) ☐Recreational with competition ☐Semi-professional/professional ☐

Number of times you participate on average in this activity(ies) per annum, e.g. hours flown, number of dives, events?

Do you receive income from participating in this activity(ies)? No ☐ Yes ☐

## QUESTIONNAIRE B - INSURANCE HISTORY QUESTIONNAIRE

Only complete if you answered 'yes' to any part of Question 2 of Section B – Personal statement

1. Other than this application, do you have or have you recently applied for life, total and permanent disability, trauma, or salary continuance on your life with CommInsure, or any other insurance company? No ☐ Yes ☐

If 'yes', please provide details below:

Insurance company	Type of cover	Insurance benefit	To be replaced?	Date commenced
		\$	No <input type="checkbox"/> Yes <input type="checkbox"/>	/ /
		\$	No <input type="checkbox"/> Yes <input type="checkbox"/>	/ /
		\$	No <input type="checkbox"/> Yes <input type="checkbox"/>	/ /

2. Has an application for life, total and permanent disability, trauma, or salary continuance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? No ☐ Yes ☐

If 'yes', please provide details below:

Insurance company	When was the decision made on the application?	Terms offered and reason

3. Are you claiming or have you ever claimed a benefit from any source, e.g. TPD benefit, from any superannuation fund, Workers' Compensation, Disability Pension, Veterans' Affairs or any other insurance policy providing accident or sickness benefits? No ☐ Yes ☐

If 'yes', please provide details below:

Benefit type/source/reason for claim	Date commenced	Claim amount	Date finalised
	/ /	\$	/ /
	/ /	\$	/ /
	/ /	\$	/ /

PLEASE COMPLETE RELEVANT SECTIONS

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## QUESTIONNAIRE C – JOINT/MUSCULOSKELETAL QUESTIONNAIRE

Only complete if you answered 'yes' to Question 3 of Section B – Personal statement

1. Nature of complaint (doctor's diagnosis), e.g. sciatica, back pain, broken bone.

2. Location of complaint, e.g. lower back, right knee, sciatic nerve.

3. When did symptoms first begin?

4. Cause of condition, e.g. lifting, car accident, fall in workplace, unknown.

5. Was an x-ray or scan taken? No ☐ Yes ☐ If 'yes', please complete the details below:

Date of most recent test  /  /  Details of results of tests taken:

6. Is the nature of the condition degenerative or a disc problem? No ☐ Yes ☐

7. Are you still undergoing treatment or experiencing symptoms? No ☐ Yes ☐ If 'no', please complete the details below:

Date symptoms ceased  /  /  Date treatment ceased  /  /

8. Have you been off work as a result of this complaint or been unable to perform your normal day to day activities?

No ☐ Yes ☐ If 'yes', please indicate period(s) off work:

9. Do you have any residual, ongoing effects or restrictions as a result of this condition?

No ☐ Yes ☐ If 'yes', please provide dates and details:


10. Is your treating doctor different from your usual doctor? No ☐ Yes ☐ If 'yes', please complete the details below:

Name of doctor

Doctor's address


State  Postcode  Phone number  (  ) Fax number  (  )

**PLEASE COMPLETE RELEVANT SECTIONS**



## QUESTIONNAIRE D – MENTAL HEALTH QUESTIONNAIRE

Only complete if you answered 'yes' to Question 4 of Section B – Personal statement

1. Please provide details of the condition (doctor's diagnosis):


2. Please indicate the reason or cause by ticking the appropriate box(es):

- ☐ Bereavement/family illness
- ☐ Marital problems
- ☐ Post natal
- ☐ Work related
- ☐ Other (please specify)

3. Date symptoms first commenced:  /  / 4. Have the symptoms ceased? No ☐ Yes ☐ If 'yes', please provide the date symptoms ceased:  /  / 5. Have you taken or are you taking medication? No ☐ Yes ☐ If 'yes', please provide details

Type of medication	Dosage	Date ceased (if not ongoing)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

6. Have you attempted suicide or had suicidal thoughts? No ☐ Yes ☐7. Have you ever been hospitalised? No ☐ Yes ☐ If 'yes', please indicate period(s) hospitalised:
8. Did the condition ever cause you to take time off work? No ☐ Yes ☐ If 'yes', please indicate period(s) off work
9. Has your ability to perform daily activities been restricted in any way? No ☐ Yes ☐ If 'yes', please provide dates and details:
10. Is your treating doctor different from your usual doctor? No ☐ Yes ☐ If 'yes', please complete the details below:

Name of doctor

Doctor's address

State  Postcode  Phone number  Fax number 

PLEASE COMPLETE RELEVANT SECTIONS

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## QUESTIONNAIRE E – HIGH BLOOD PRESSURE/RAISED CHOLESTEROL QUESTIONNAIRE

Only complete if you answered 'yes' to Question 5a of Section B – Personal statement

1. Name of condition

☐ High blood pressure ☐ Raised cholesterol

2. When were you first diagnosed with this condition?


3. Do you have any problems or complications resulting from this condition? e.g. heart disease, chest pain?

No ☐ Yes ☐ If 'yes', please provide details:


4. Are you taking regular medication for this condition? No ☐ Yes ☐

If 'yes', please provide details, including dosage:


5. Blood pressure

When was your last blood pressure reading?  /  /

Was it considered to be well controlled, e.g. less than 140/90?

☐ No  
☐ Yes  
☐ Don't Know

Cholesterol

When was your last cholesterol reading?  /  /

What was the result of your last cholesterol reading?

☐ 2.0 to 5.9 mmol  
☐ 6.0 to 6.9 mmol  
☐ 7.0 or above  
☐ Don't know

6. Is your treating doctor different from your usual doctor? No ☐ Yes ☐ If 'yes', please complete the details below:

Name of doctor

Doctor's address


State  Postcode  Phone number (  )  Fax number (  )





## QUESTIONNAIRE F – CYSTS, MOLES, SUNSPOTS OR SKIN LESION QUESTIONNAIRE

Only complete if you answered 'yes' to Question 5b of Section B – Personal statement

1. Please provide type:

- ☐ Cyst  
☐ Mole  
☐ Sunspot  
☐ Skin lesion  
☐ Melanoma  
☐ Basal cell carcinoma  
☐ Other, please specify:


2. Location of growth(s)

- ☐ Face/head   ☐ Back/shoulder   ☐ Chest/front   ☐ Arm/leg

3. What date did you first notice this growth?


4. Was/were the growth(s) removed? No ☐ Yes ☐ If 'yes', please complete below:

When was it removed?

 /  / 

Number of growths removed:

- One ☐ Two ☐ Three ☐ More ☐

Method of removal:

- Frozen/burnt off ☐ Surgical/cut out ☐

5. Was/were the growth(s) reported as cancerous (malignant)?

- No ☐ Yes ☐ If 'yes', were any further tests, investigations, treatments, follow up or re-excision required?

If 'yes', please provide dates and details of further tests, investigations, treatments, follow up or re-excision:


6. Is your treating doctor different from your usual doctor? No ☐ Yes ☐ If 'yes', please complete the details below:

Name of doctor

Doctor's address


State  Postcode  Phone number (  ) Fax number (  )

**PLEASE COMPLETE RELEVANT SECTIONS**

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## QUESTIONNAIRE G – PERSONAL AND MEDICAL DETAILS QUESTIONNAIRE

Only complete if you answered 'yes' to any part of Question 5 C, D & E and/or 7 of Section B – Personal statement

1. When did you last consult a doctor?

Within the last month ☐ 1 to 3 months ago ☐ 3 to 6 months ago ☐  
6 to 12 months ago ☐ 12 months to 2 years ago ☐ Over 2 years ago ☐

a) What was the reason for this consultation?


b) What was the result/outcome from your last consultation?

☐ Referral to specialist/health professional ☐ Tests conducted – results pending  
☐ Ongoing treatment e.g. Ventolin inhaler ☐ Routine tests conducted – results all clear/normal  
☐ All clear/normal/full recovery – no tests or prescribed treatment required (other than contraceptive and cold/flu medication)  
☐ Not fully recovered yet

c) Was the doctor/medical centre consulted, your usual doctor/medical centre? No ☐ Yes ☐

If you have been a patient of this doctor for less than 12 months, please provide details of your previous doctor/medical centres:

Name of doctor

Doctor's address

State  Postcode  Phone number (  )  Fax number (  )

2. This question is for females only, otherwise please continue to question 3.

a) Are you currently pregnant?

No ☐ Yes ☐ If 'yes', what is the due date for your baby?  /  /

b) Will you be returning to work in the same capacity as your current occupation, eg: back to the same or greater hours within or at the end of your 12 month maximum maternity leave?

No ☐ Yes ☐

c) Have you ever had any complications with pregnancy or childbirth? (e.g. diabetes, ectopic pregnancy, pre-eclampsia & excluding elective caesarian or miscarriage in the first 15 weeks)

No ☐ Yes ☐ If 'yes', please provide details and dates below

d) Have you ever had an abnormal result for any of the following tests?

i) Pap smear No ☐ Yes ☐  
 ii) Breast ultrasound No ☐ Yes ☐  
 iii) Mammogram No ☐ Yes ☐

If 'yes', please provide details and dates below

e) Have you ever had a breast lump or breast cyst or any other type of breast abnormality (even if you have not consulted a doctor)?

No ☐ Yes ☐ If 'yes', please provide details including dates and results of treatments.

f) Have you ever sought treatment for any condition of the ovary, uterus, endometrium or perineum?

No ☐ Yes ☐ If 'yes', please provide details including dates and results of treatments.

**PLEASE COMPLETE RELEVANT SECTIONS**

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**QUESTIONNAIRE G – PERSONAL AND MEDICAL DETAILS QUESTIONNAIRE (CONTINUED)**

3. Have you ever had, or sought advice or treatment, experienced symptoms or suffered from any of the following:

a)	Asthma (other than childhood), chronic bronchitis, emphysema, recurrent pneumonia or any other lung complaint requiring hospitalisation	No <input type="checkbox"/> Yes <input type="checkbox"/>
b)	Chest pains, heart complaint, cardiomyopathy, heart murmur, palpitations or rheumatic fever	No <input type="checkbox"/> Yes <input type="checkbox"/>
c)	Stroke, paralysis, neurological disorder, multiple sclerosis, muscular dystrophy or blood vessel disorder	No <input type="checkbox"/> Yes <input type="checkbox"/>
d)	Alzheimer's, Parkinson's dementia or any other disorder of the brain	No <input type="checkbox"/> Yes <input type="checkbox"/>
e)	Cancer, tumour or melanoma	No <input type="checkbox"/> Yes <input type="checkbox"/>
f)	Thyroid, glandular, pituitary or pancreatic disorder	No <input type="checkbox"/> Yes <input type="checkbox"/>
g)	Gastric or duodenal ulcer, persistent indigestion, gastro oesophageal reflux disease, Barrett's oesophagitis, irritable bowel or other bowel disorder (eg: polyps, ulcerative colitis and Crohn's disease)	No <input type="checkbox"/> Yes <input type="checkbox"/>
h)	Diabetes, gestational diabetes, insulin resistance or abnormal blood sugar	No <input type="checkbox"/> Yes <input type="checkbox"/>
i)	Any disorder of the gall bladder or liver, including hepatitis B, C or fatty liver/raised liver function	No <input type="checkbox"/> Yes <input type="checkbox"/>
j)	Varicose veins, haemorrhoids or hernia	No <input type="checkbox"/> Yes <input type="checkbox"/>
k)	Disorder of the kidney, bladder or prostate (including raised PSA), blood in urine or kidney stones	No <input type="checkbox"/> Yes <input type="checkbox"/>
l)	Epilepsy, fits of any kind, fainting episodes, dizziness or vertigo or recurring headaches or migraines	No <input type="checkbox"/> Yes <input type="checkbox"/>
m)	Chronic fatigue syndrome, lethargy, sleep apnoea or any sleeping disorder including insomnia	No <input type="checkbox"/> Yes <input type="checkbox"/>
n)	Arthritis, gout, osteoporosis, fibromyalgia, Repetitive Strain Injury (RSI) or any chronic pain syndrome	No <input type="checkbox"/> Yes <input type="checkbox"/>
o)	Eczema, dermatitis, psoriasis or any other skin disorder	No <input type="checkbox"/> Yes <input type="checkbox"/>
p)	Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder, embolism, thrombosis (DVT) or Factor V Leiden	No <input type="checkbox"/> Yes <input type="checkbox"/>
q)	Any impairment of sight (other than corrected by glasses or lenses) or blurred vision	No <input type="checkbox"/> Yes <input type="checkbox"/>
r)	Any impairment of hearing (including tinnitus, deafness, high frequency hearing loss) or speech	No <input type="checkbox"/> Yes <input type="checkbox"/>
s)	Any sexually transmitted diseases	No <input type="checkbox"/> Yes <input type="checkbox"/>
t)	Any other illness, injury, disease or disorder not mentioned above	No <input type="checkbox"/> Yes <input type="checkbox"/>
u)	Other than those conditions mentioned above, are you taking any regular prescribed medication	No <input type="checkbox"/> Yes <input type="checkbox"/>
v)	Have you undergone screening for diseases or conditions such as, but not limited to, bowel cancer or have you had a genetic test?	No <input type="checkbox"/> Yes <input type="checkbox"/>
w)	Within the last three years, have you had an ECG, X-ray (excluding broken bones or joint strains), any abnormal blood test results or an ultrasound (other than for pregnancy)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
x)	Are you considering seeking medical advice, treatment, tests or surgery in the future?	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you have answered 'yes' to any of the above questions, please provide full details of each 'yes' answer in Section D – General health questionnaire on page 12.

**QUESTIONNAIRE H - FAMILY HISTORY QUESTIONNAIRE**

Only complete if you answered 'yes' to any part of Question 8 of Section B – Personal statement

1. Please complete the table below:

Family member	Condition – if cancer please state type	Age diagnosed

2. Have you had or do you intend on having a genetic test?

 No ☐ Yes ☐

3. If 'yes', what was the result of the genetic test? (please mark the appropriate box)

☐ Have not been tested yet ☐ Positive (I have the gene) ☐ Negative (I do not have the gene) ☐ Unsure

**PLEASE COMPLETE RELEVANT SECTIONS**





## SECTION D: GENERAL HEALTH QUESTIONNAIRE

If you have answered 'yes' to any part of Question 3 a to x in Questionnaire G, please complete the table below:

Details for question number:	Question ( )	Question ( )	Question ( )
1. Name of injury, illness, condition or tests?			
2. Date symptoms first started?			
3. Date symptoms ceased (if applicable)?			
4. Are these symptoms singular, recurrent or ongoing?			
5. How often do/did you have symptoms? Please choose one of the following: daily, weekly, monthly, quarterly, half yearly, one off, other (please specify).			
6. Severity of symptoms? Please choose one of the following: mild, moderate, severe, never had symptoms, symptoms ceased.			
7. Did you take medication or have any other treatment for this condition?  If 'yes' please give details of the medication/treatment.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
8. Are you still on treatment, including medication?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
9. Have you ever been off work as a result of this condition?  If 'yes', please indicate the total time off work.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
10. Do you have or have you had any residual, ongoing effects or restrictions as a result of this condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
11. Have you ever had an x-ray, scan or blood test for this condition?	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
12. Is your treating doctor different from your usual doctor? If 'yes', please provide the doctor's name and contact details.	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

PLEASE COMPLETE RELEVANT SECTIONS

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## SECTION E: DUTY OF DISCLOSURE

### Duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

### If the person entering into the contract does 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 the insurer does, it may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they 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 of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## SECTION F: PRIVACY OF YOUR PERSONAL INFORMATION

### How we handle your personal information

Personal information we collect about you can include information such as your identity, contact details, gender, marital status, medical, life style and financial information. We collect information directly from you and from others such as, trustees, employers, service providers, family members or anyone that holds information relevant to your application or claim. We may be required by law to identify you or people who act on your behalf and we may verify the information provided. When we do so we may disclose your personal information. This collection and verification helps us to protect against fraud and other illegal activities. It's important you provide us with accurate and complete information. If you don't, we may not be able to provide you with the product or service that you are seeking such as processing your application or claim.

We collect, use and exchange your information so that we can:

- establish and verify your identity and assess applications for products and services
- price and design our products and services
- administer our products and services, including managing your application, cover and claims
- manage our relationship with you and to contact you, including by electronic means
- manage our risks (including by reinsurance) and help identify and investigate illegal activity, such as fraud
- conduct and improve our businesses and improve the customer experience
- comply with our legal obligations and assist government and law enforcement agencies or regulators
- identify and tell you about other products or services that we think may be of interest to you.

We may also collect, use and exchange your information in other ways permitted by law.

We may exchange your information with other members of the Commonwealth Bank group (CBA), so that the group may adopt an integrated approach to its customers. CBA members may use this information in the same way we use your information. We may exchange your information with third parties where this is permitted by law or for any of the purposes we use your information. Third parties include:

- trustees of superannuation funds and their administrators, your employer and former employers
- brokers, agents, advisers, attorneys and persons acting on your behalf,
- medical and healthcare practitioners, claims-related providers such as assessors and investigators, insurance reference agencies, reinsurers, auditors and other insurers
- organisations to whom we may outsource certain functions eg IT
- any one that we reasonably believe may hold information relevant to your application, cover or claim.

Where we exchange your personal information with our service providers or agents confidentiality arrangements apply and they can use this personal information in the same way as we do. We may be required to disclose information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to illegal activities, fraud, sanctions, anti-money laundering or counter terrorism financing.

We may send your information overseas. Overseas parties can include CBA companies or other parties who operate or hold data outside Australia. Where we send it to these parties, we make sure that appropriate data handling and security arrangements are in place. Information may be sent overseas to complete assessment or to manage your application or claim (such as when we are required to send information under reinsurance arrangements) or where this is required by law and regulation of Australia or another country. As well as reinsurers, overseas parties can include medical or rehabilitation practitioners or other parties. Australian law may not apply to some of these overseas parties. Information about what countries your information may be sent to by us is included in our Privacy Policy.

The law generally allows you to access your personal information and to have any inaccurate information corrected. Our information handling practices, information on how to make a complaint and how we deal with your complaint is described in our Privacy Policy which is available at [www.commbank.com.au](http://www.commbank.com.au) or upon request at any CBA branch.

### PLEASE COMPLETE RELEVANT SECTIONS

# Insurance Cover Form



## SECTION G: TELEPHONE UNDERWRITING

The telephone underwriting facility reduces the need for follow-up information and medical reports, resulting in faster completion.

I permit the insurer (CommInsure) to call me (the life to be insured) to clarify or gain further information regarding any matter pertaining to the assessment and processing of this application. I understand that the call will form part of my duty of disclosure as described in Section E.

No ☐ Yes ☐ If 'yes', I am contactable on the following number   
between the hours of  am ☐ pm ☐ AND  am ☐ pm ☐  
(note they must be usual business hours eastern standard time)

## SECTION H: DOCTOR'S DETAILS

In the event that we require further medical information, we require the contact details of your usual GP/doctor.

Name of doctor

Doctor's address

State  Postcode  Phone number (  ) Fax number (  )

## SECTION I: DECLARATION

I have read the duty of disclosure in this Personal statement and I am aware of the consequences of non-disclosure.

I understand that the duty of disclosure continues after I have completed this statement until my application for cover has been accepted by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA) in writing.

I authorise:

- the insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers).
- the insurer and any person appointed by the insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me.
- any hospital, doctor or other person who has treated or examined me to give to CMLA any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

I agree to provide further medical authorities if requested.

I declare that:

- the answers to all the questions and the declarations in this Personal Statement are true and correct (including those not in my own handwriting).
- I have not withheld any information which may affect CMLA's decision to provide insurance.
- I acknowledge that the answers I have provided, together with any special conditions, will form the basis of the contract of insurance.
- I have read and understood "Privacy of your personal information" in Section F. I acknowledge and consent to the collection, use and disclosure of my personal information as outlined in that section.
- I have read and understand the obligations outlined in the "Duty of disclosure" in Section E.

I agree that a photocopy or electronically transmitted image of this authorisation is as effective and valid as the original signed authorisation.

FULL NAME

SIGNATURE OF LIFE TO BE INSURED

DATE

PLEASE ENSURE THAT YOU INITIAL ANY AMENDMENTS OR CHANGES MADE THROUGHOUT THIS FORM.  
RETURN THE COMPLETED FORM, WITH ATTACHMENTS, TO CLUB SUPER PO BOX 10726 BRISBANE ADELAIDE STREET QLD 4000

**RETURN COMPLETED FORM TO: CLUB SUPER PO BOX 10726 BRISBANE ADELAIDE STREET QLD 4000**  
**OR EMAIL A SCANNED COPY OF THE COMPLETED FORM TO: [info@clubsuper.com.au](mailto:info@clubsuper.com.au)**