

Life events cover application



This application is made under an insurance policy issued to the trustee of Aware Super by TAL Life Limited, ABN 70 050 109 450 (the insurer) and will be assessed by the insurer.

To apply for cover due to a life event

Complete this form to apply for death only, death and total permanent disablement (TPD), and income protection (IP) cover if one of the following life events occurs:

- you marry or commence a de facto relationship (incl. same sex relationships), or you reach the first anniversary of these events with the same person;
- the birth or adoption of your child;
- you divorce or separate from a de facto relationship (incl. same sex relationships), or you reach the first anniversary of these events with the same person;
- the death of your spouse or de facto;
- you take out a mortgage on the purchase of your primary place of residence (either alone or jointly with another person);
- you increase your existing mortgage on primary residence for renovations/extension;
- you wish to increase your existing IP cover due to an increase in your salary by your employer (non self-employed);
- your child turns 12 years of age or commences secondary school for the first time.

Important information

Increasing your cover due to a life event is available to you without having to provide any further evidence of good health following a life event. Refer to the *Insurance Handbook* for definitions of life events and for eligibility requirements. The application including relevant supporting documentation, must be submitted **within 90 days** of the life event occurring. You can apply for cover if you meet **ALL** the following criteria at time of application:

- you have not had an increase in cover due to a life event in the 12 months preceding the date of your last application.
- you are under the age of 60 on the date of event.
- you must hold IP if you are applying for increase in IP cover.
- you must have a positive account balance before you can apply for Life Events cover.

Your application is subject to insurer's acceptance and may be subject to individual restrictions, conditions, exclusions or premium loadings. Any exclusions or premium loadings on your existing cover may apply to the Life Event cover.

All cover is subject to the terms and conditions of the group life and income protection policies issued by the insurer. You should read the *Insurance Handbook* before completing this form to ensure that you understand the type of cover you have and the conditions which apply.

Members are not eligible for life events cover applications in a Police category, Police Blue Ribbon Insurance, or Ambulance Officers Insurance account.

Privacy

Your privacy with Aware Super

Aware Super is authorised under superannuation law to collect your personal and sensitive information for the purpose of administering your superannuation, including insurance held through super.

The personal information you provide in this form is collected and held by us to administer your insurance within your Aware Super account and assess the claim. If you do not provide the requested information, we may be unable to process your insurance application, assess the claim or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, TAL Life Limited and/or our legal or other professional advisors if reasonably necessary.

You should read the 'Our privacy information' section in the *Insurance Handbook* which outlines how your sensitive information is collected, used and disclosed by us. You can access our Privacy Policy at aware.com.au/privacy, or we can send you a copy upon request or you can contact us on **1300 650 873** for further information. Our privacy policy contains detailed information about how we manage your personal and sensitive information. It also contains information about how to make a complaint in relation to how we have managed your personal and sensitive information.

Your privacy with the insurer – TAL Life Limited

The privacy of TAL's customers is important and TAL are bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses information relating to their customers is set out in the privacy policy available at tal.com.au/Privacy-Policy or available on request.

Collection and use of personal information

The insurer collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer products and services to you. In certain circumstances, such as applications for life insurance products and claims, the insurer may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, the insurer may not be able to provide products and services to you or pay the claim.

The insurer may take steps to verify the information they collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or they may verify with an employer regarding remuneration information provided in a claim for IP to ensure that it is accurate.

Disclosure of personal information

The insurer discloses relevant personal information to external organisations that help to provide their services and may also disclose some of your personal information to other parties, when required to do so to provide their products and services to you, such as the following:

- claims assessors and investigators, claims managers and reinsurers;
- medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- other insurers;
- for members of super funds where TAL is the insurer, to the trustee, and
- other organisations to whom the insurer outsources certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where the insurer may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Taxation Office), and
- authorised by law (e.g. under court orders or statutory notices).

Your duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the insurer. They are intended to put the insurer in the position it would have been in if the duty had been met.

For example, the insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the insurer.

When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.
- Note that there may be circumstances where the insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

Life events cover application



Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. If you have any questions, please contact our Member Support Team on **1300 650 873**.



* Indicates that providing this information is mandatory or else it may delay your application.

Step 1: Personal details

Account number*

Member number

Title

Date of birth*

First name*

Middle name

Last name*

Home address* (must not be a PO Box)

Suburb*

State*

Postcode*

Mobile number*

Daytime contact number

Email (Providing a personal email address rather than a work email address ensures we can contact you even if you change employers.)

By providing my email address I'm consenting to receive communications from Aware Super digitally as appropriate and in accordance with Aware Super's Privacy Policy. I understand I can change my communication preferences at any time by logging into Member Online or calling Aware Super on **1300 650 873**.

Step 2: Occupation statement

If you joined through your employer and have not previously changed your insurance with us, your insurance category will be the category that we have assigned to your employer. Please complete this section so that we can review and update your insurance category to best match your occupation. You will be notified if we update your insurance category. The cost of your cover will depend on a number of factors including your cover amount and your insurance category.

Are you in paid employment?

Yes ☐ No ☐

Name of current employer

Employment status*

☐ Self-employed

☐ Employee (full time)

☐ Home duties

☐ Unemployed

☐ Casual hours per week

☐ Employee (part-time) hours per week

Your main occupation (job title)

Industry of your main occupation

Brief description of your occupational duties including % of time in each (e.g. office work, sales, manual duties)

Do you belong to a professional association, have a university degree relevant to your profession or are a senior manager or executive in a company with at least 10 employees?

Yes ☐ No ☐

Income^ per ☐ week ☐ fortnight ☐ monthly ☐ year

\$

^ Income excluding packaged items like superannuation, bonus/commissions, investment income and any business expenses.

Step 3: Your eligibility for life events cover

This completed application form must be submitted with your relevant supporting documentation. We must receive the application **within 90 days** of the life event occurring.

At the date of this application:

Please indicate with **X**

- | | | | |
|-----|---|------------------------------|-----------------------------|
| 3.1 | Are you currently restricted from performing all of your normal and usual duties due to illness or injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.2 | Have you been told by a medical practitioner that your life expectancy could be less than 24 months due to illness or injury? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.3 | Have you been told by a medical practitioner that an illness or injury you suffer from, may cause you a permanent inability to work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.4 | In the last 12 months, due to illness or injury, have you been unable to perform your usual occupational duties for 14 or more consecutive days? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.5 | Have you ever had an application for Life, Total and Permanent Disablement, Trauma, Income Protection or Salary Continuance insurance declined, or have you been accepted with varied terms from what you had applied for, such as loadings (extra costs) or exclusions (events or circumstances that you will not be covered for) or a restriction (an amount less than what you applied for)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.6 | Due to illness or injury, have you ever claimed or are you receiving or claiming a benefit through a superannuation fund, life insurance policy, workers' compensation, or government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.7 | Due to illness or injury, are you in the process of making a claim or are you eligible to make a claim under a superannuation fund, life insurance policy, workers' compensation, or government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3.8 | Have you ever received medical advice, or had any investigations, or treatment (including surgery) for any of the following conditions?
a. Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any behavioural, mental or nervous condition
b. Circulatory or heart disorder (for example, high blood pressure or high cholesterol)
c. Diabetes
d. Cancer, including skin cancer and leukemia
e. Hepatitis or any liver disease or blood disorder
f. Paralysis or multiple sclerosis
g. Impairment of sight (not corrected by glasses, contact lenses or laser surgery), or impaired hearing (including tinnitus) or impaired speech
h. Bone, muscle, cartilage, tendon, ligament, joint or connective tissue complaint (including back, neck, knee, shoulder or hip pain)
i. The Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered 'Yes' to any of the above questions you will not be eligible to apply using this form. However, you can still apply for insurance or increase your existing cover by completing the *Application for Insurance or Increase in Cover* form. Alternatively, log in to your account online at **aware.com.au**.

Step 4: Detail of life event

Choose the relevant life event from the options below to apply for additional cover. Choose only one by placing (X). Then provide the appropriate certified evidence as indicated for each life event.

Event and date of life event	Certified copy# of the document/s as evidence required
<input type="checkbox"/> Marriage/registration of a de facto relationship, or you reach the first anniversary of these events with the same person <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">D</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">D</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> </div>	<ul style="list-style-type: none"> • Australian marriage certificate issued by a register of birth, deaths and marriages OR • An equivalent overseas marriage certificate recognised in Australia OR • A statutory declaration form (in the case of commencing a de facto relationship).
<input type="checkbox"/> Birth or adoption of a child <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">D</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">D</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">M</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> <div style="border: 1px solid black; padding: 2px; display: inline-block;">Y</div> </div>	<ul style="list-style-type: none"> • Child's birth certificate OR • Adoption certificate with your name appearing as mother or father.

Step 4: Detail of life event (continued)

Event and date of life event

Certified copy# of the document/s as evidence required

- ☐ Divorce/registration of separation from a marriage or defacto relationship, or you reach the first anniversary of these events with the same person

D	D	M	M	Y	Y	Y	Y
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- Divorce order (marriage certificate **and** Decree Nisi (Divorce papers))
OR
- A statutory declaration form (in the case of terminating a de facto relationship).

- ☐ Death of your spouse or de facto

D	D	M	M	Y	Y	Y	Y
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- Death certificate

- ☐ New mortgage for the purchase of your home (primary residence)

D	D	M	M	Y	Y	Y	Y
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- Mortgage statement/Official statement from the lender stating:
 - Name of borrower
 - Date and amount of drawdown and address of security**AND**
- Proof of settlement letter from your lawyer.

- ☐ Increasing existing mortgage on primary residence for renovations/extension to the primary residence.

D	D	M	M	Y	Y	Y	Y
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- Letter from lender showing the identity of the lender and confirming:
 - The amount of the increase in the loan to extend or renovate your principal place of residence; and
 - The loan has been drawn down (not just approved)**AND**
- A statutory declaration declaring that the mortgaged property is your principal place of residence and that the increase is for renovations/extension.

- ☐ Increase your income protection when your salary has increased from your employer (non self-employed). *You must have existing income protection cover.*

D	D	M	M	Y	Y	Y	Y
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- Certified copy of a letter from your employer confirming your salary increase, and this must be submitted within 90 days of the increase in your monthly income.

- ☐ Child turns 12 years of age or commences secondary school for the 1st time

D	D	M	M	Y	Y	Y	Y
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- Child's birth certificate
OR
- Adoption certificate with your name appearing as mother or father
OR
- Enrolment details or the acceptance letter from the secondary school.

* The copy must be an original "certified copy". A "certified copy" is a true copy of an original document that has been sighted and certified by an "acceptable person" and noted as follows: "Certified to be a true copy of the original seen by me". This certification must have the certifier's full name, title, registration number (where applicable) and be signed and dated. An "acceptable person" includes any of the following: legal practitioner; justice of the peace; magistrate; police officer; dentist; Veterinary surgeon; pharmacist; nurse; chiropractor; optometrist; and medical practitioner. For more information on certifying documents see the fact sheet *People who can certify your documents* at aware.com.au.



Not sure of your existing cover? You can find this information on your most recent statement, or log in to Member Online at login.aware.com.au

Step 5: Apply for additional cover

Please note:

- The cover amount you apply for in this application **cannot exceed** \$200,000 for death only or death and TPD.
- The maximum total level of death only cover after the increase is \$3,000,000.
- The maximum total level of death and TPD cover after the increase is \$3,000,000.
- Your TPD cover cannot exceed your death cover.
- The maximum total level of IP cover after the increase is \$25,000 per month or 87% of your income (if lower).
- The IP cover amount you apply for in this application **cannot exceed** \$2,500 per month.

Death and TPD cover

Complete this section to apply for or increase your death and/or TPD cover. Additional death and TPD cover will be added on top of your existing cover. For more details, please refer to the *Insurance Handbook* available at aware.com.au/pds.

Additional Death and TPD cover

Select one (X)

Death only \$

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- ☐ Fixed Cover
☐ Age-based

Death and TPD \$

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- ☐ Fixed Cover
☐ Age-based

Income Protection cover

You can only apply for additional IP cover through life events if you have existing IP cover.

Additional IP cover

IP \$

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 a month

Step 6: Keep your cover

There are laws in place which aim to protect inactive accounts from being eroded by insurance premiums. Under these rules, you are required to make an election if you want to keep any current and future insurance cover with us even if there has been no contributions or rollovers received in to your account for a continuous period of 16 months.

To keep your insurance cover including death, TPD and IP cover, place (X) in the box below.

- ☐ I elect to keep my current and future insurance cover through Aware Super, even if my account becomes inactive. I understand that my insurance cover will continue subject to the terms and conditions of the insurance policy even if my account is inactive, (which includes receiving no contributions or rollovers) for a continuous period of 16 months, unless and until I notify the Trustee otherwise.

Step 7: Declaration and sign

I declare that:

- I have read and understand my duty to take reasonable care and confirm that my answers to the questions are true, complete and correct.
- I agree to be bound by the terms and conditions attached to this cover as set out in the life insurance policy issued to the Trustee by the insurer.
- I consent to the collection, use and disclosure of personal information by the insurer and its service providers in order to assess my application and any claim under the policy.
- I understand if the insurer requires any medical information to be collected from a medical practitioner that I have consulted, it will ask me to complete a separate medical authority form before collecting any such medical information.
- I understand any premium loading(s) and/or exclusion(s) applied to my existing death and TPD cover will also apply to the increased Life Events cover.
- I understand if this application is approved, I will not be able to apply for any further life event increase in the following 12 months, regardless of any other life events occurring.
- I understand the insurer will assess my insurance category for all of my existing and new insurance based on the Information provided in this application. I understand if my application is accepted, my new insurance category may either be an improvement, remain the same, or be less favourable compared to my existing insurance category.
- I understand if the insurer rejects my application, my existing insurance category will not be changed.
- I understand my right to receive benefits under the insurance policies is dependent on meeting the conditions of the policies, meeting a condition of release under the *Superannuation Industry (Supervision) Act 1993* (Cwlth) and the insurer approving my claim.
- I understand any cover approved by the insurer will only be provided if there are sufficient funds in my account at all times to pay for the premium.
- I have read and understood the privacy statements and agree to the collection, use and disclosure of personal and sensitive information as described in those statements.
- I understand the cover I have applied for under this form does not begin until acceptance by the insurer of which I will be notified in writing.
- I have read the insurance section of the current *Aware Super Product Disclosure Statement* and the *Insurance Handbook* available at aware.com.au/pds.

Signature*

Date signed* (DD-MM-YYYY)

D	D	M	M	Y	Y	Y	Y
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Please sign and date form here.



Post the form to this address.

Step 8: Where to post your completed form

Please post the completed form to:

Aware Super
GPO Box 89
MELBOURNE VIC 3001

In case you need any further assistance, please contact our Member Support Team on **1300 650 873**.