

# Start-up bonus cover for new employer sponsored members



This application is made by you under a life insurance policy issued to the trustee of First State Super by TAL Life Limited, ABN 70 050 109 450 (the insurer). It will be used by the insurer to assess your application.

Subject to your occupation, you can use this form if you are an employer-sponsored member and wish to apply for:

- Start-up bonus cover for death and total and permanent disablement (TPD) cover of up to 3 units over and above the 3 units of automatic cover you receive upon joining as an employer sponsored member. To apply for bonus cover units, complete **Section 1, 2, 3, 4 and 9**.
- Additional start-up bonus cover for death and TPD or death only cover, subject to your maximum total cover (including the 3 automatic and 3 start-up bonus units) not exceeding 10 times your salary or \$1,000,000, whichever is lower. To apply for additional start up bonus cover, complete **Sections 1, 2, 3, 5 and 9**.
- Start-up bonus cover for income protection. Complete **Sections 1, 2, 3, 6 and 9**.

To see how your occupation affects your application for start-up bonus cover, please refer to the Member Booklet Supplement applicable to your membership.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at [firststatesuper.com.au/forms](http://firststatesuper.com.au/forms).

If you have any questions, please call us on **1300 650 873**.

## 1. Are you eligible?

### Start-up bonus cover and start-up bonus cover (income protection)

Subject to your occupation you are eligible to apply for the **start-up bonus cover** and **start-up bonus cover (income protection)** if:

- You have automatic cover and have not reduced it
- We receive the first SG contribution made for you by your First State Super participating employer within 6 months after you started work with that employer
- We receive your application within 180 days after we receive the first SG contribution and
- **You can answer No to the following question:**

Are you, at the date of your application, due to injury or illness, off work or restricted from being capable of actively performing all of the duties and work hours (for at least 30 hours per week) of your usual occupation, even though your actual employment can be on a full-time, part-time or casual basis?

Yes  No

If you answered **Yes** to this question you cannot use this form to apply for additional insurance. Please use the *Application for insurance form*.

### Additional start-up bonus cover

Subject to your occupation, at the same time that you apply for the start-up bonus cover units you may also apply for additional start-up bonus cover for death and TPD cover, subject to your total cover (including the 3 automatic and 3 start-up bonus units of cover) not exceeding 10 times your salary or \$1,000,000, whichever is lower.

The eligibility conditions for start-up bonus cover (up to 3 units) also apply to additional start-up bonus cover. In addition, you must also be able to answer '**No**' to the following questions:

- a) Have you had death or TPD type cover from any fund (including First State Super) or insurer declined, loaded or excluded in the past or made a claim for any such benefit (whether successful or not)? Yes  No
- b) Have you been diagnosed with an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application? Yes  No

If you answered **Yes** to these questions you cannot use this form to apply for additional insurance. Please use the *Application for insurance form*.

## 2. Your current membership details

Member number	Account number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Title	Last name
<input type="text"/>	<input type="text"/>

Given name(s)
<input type="text"/>

Postal address
<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime contact number	Mobile number	M F
<input type="text"/>	<input type="text"/>	<input type="text"/>

Can the insurer contact you directly to clarify or gather information in relation to this application? Yes  No

Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as `employee_title@company.com.au`)



**i** If your application is accepted, your cover will be assigned an occupational rating which will apply to all insurance on your account.

### 3. Your occupation

Are you employed? If not, you may only apply for additional death and TPD cover Yes  No

Are you employed as a casual worker? Yes  No

Are you in paid employment for more than 30 hours per week? Yes  No

What is your occupation?

Name of employer or government department where you work

What duties do you perform, including percentage of time performing each duty and the environment the duty is performed in (e.g. office, warehouse, building site, underground), at work?



### 4. Start-up bonus cover (up to 3 units)

I wish to apply for  1 unit  2 units  3 units

### 5. Additional start-up bonus cover

My current annual salary, including packaged items but not bonuses/commissions, is \$  ,  ,

Please note that the following limits apply:

- If 10 times your salary is less than the total 6 units of cover, you cannot apply for any additional start-up bonus cover
- If 10 times your salary is greater than the total of 6 units of cover, but less than \$1,000,000 you can apply for the difference between 10 times you salary and 6 units of cover
- If 10 times your salary is greater than \$1,000,000, you can apply for the difference between \$1,000,000 and 6 units of cover

Please put a cross **X** in the appropriate box:

- I would like to apply for additional units of death and TPD cover **OR**
- I would like to apply for additional units of death only cover
- I would like the following dollar level of cover, which I know is subject to the maximum limits described above. \$  ,  ,

### 6. Start-up bonus cover income protection

Subject to your occupation, if you are eligible, you may apply for start-up bonus income protection cover. The monthly benefit limit for income protection varies depending on your employer/occupation category. If you are unsure of your employer/occupation category, please check your *Member Booklet* or call customer service on **1300 650 873**.

For details of the monthly benefit limits for each employer/occupation category see **Maximum start-up bonus cover per month** in the **Notes**.

I would like to apply for a benefit of  75% **OR**  50% of my monthly income<sup>#</sup>

<sup>#</sup> If the percentage of income you have chosen to cover is above the monthly benefit limits (See **Maximum start-up bonus cover per month** in the **Notes**), you will receive a benefit equal to but not over the relevant limit. If you wish to apply for more cover you must complete the *Application for insurance* form.

**i** At the same time that you apply for start-up bonus cover units, you may also apply for additional start up bonus units for death and TPD, subject to your total cover (including the 3 automatic and 3 start-up bonus units of cover) not exceeding 10 times your salary or \$1,000,000 whichever is lower. See **Definition of 'salary'** in the **Notes**.

## 6. Start-up bonus cover income protection (continued)

In addition to the % of monthly income indicated, I would like a 10% superannuation contribution benefit paid to my First State Super account

Yes  No

I would like a benefit period of  2 years  5 year  to age 65

My current gross monthly income is

\$   ,    .

The effective date of my current gross monthly income is (DD-MM-YYYY)

-   -

I would like a waiting period of  14 days\*  30 days  60 days  90 days

\* only available for a two-year benefit period

If you have selected a benefit period of 5 years or to age 65, you must also be able to answer **No** to the following questions:

Have you ever had, been told you had, or received advice or treatment for any of the following:

Any circulatory disorder (e.g. high blood pressure)

Yes  No

Hepatitis or any liver disease or blood disorder

Yes  No

Paralysis or multiple sclerosis

Yes  No

Any mental or nervous condition

Yes  No

Diabetes or sugar in urine

Yes  No

Any form of cancer, including skin cancer and leukaemia

Yes  No

Impairment of sight, hearing or speech

Yes  No

Have you ever had a test for HIV/AIDS that had a positive result or do you/have you engaged in any activity reasonably accepted as having an increased risk of exposure to the virus?

Yes  No

**You will be advised of the outcome of your application.**

In the event of a claim, your disability monthly benefit will be the lowest of:

- 50% or 75% as you selected multiplied by your prior monthly income (plus 10% superannuation contributions benefit paid to your account if applied for and accepted)
- the sum insured you have applied for in your application the monthly benefit limit.

## 7. Your duty of disclosure to the insurer – TAL Life Limited

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

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

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

You do not need to tell the insurer anything that:

- reduces the risk that the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

### **If you do not tell the insurer something**

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

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

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

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

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

## 8. Privacy

### Your privacy with the insurer – TAL Life Limited

The privacy of TAL's customers is important and they 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 [www.tal.com.au/Privacy-Policy](http://www.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 income protection 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 superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; 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 Tax Office), and
- authorised by law (e.g. under court orders or statutory notices).

### Your privacy with First State Super

The personal information you provide on this form is collected by and held for First State Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering your account and providing you with services associated with your fund membership. For further information about how your personal information is handled, please phone us on 1300 650 873 or visit [firststatesuper.com.au/privacy](http://firststatesuper.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

## 9. Declaration

I declare that:

- I have read and understand my duty of disclosure and that this duty applies until formal notification of acceptance.
- The answers to the questions are true, and I have not deliberately withheld any information material to the proposed insurance.
- I agree to be bound by the terms and conditions 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 have read and understood the above privacy statements and agree to the collection, use and disclosure of personal information as described in those statements.
- I consent to the insurer seeking medical information from any doctor who at any time I have consulted

prior to the date hereof. A photocopy of this authority is as valid as the original to the extent that all professional confidence and privilege is waived.

- I understand that cover under any policy accepted does not begin until acceptance by the insurer of which I will be notified in writing.
- I have read and understand the insurance section of the current First State Super *Member Booklet* relevant to my Division, including (for employer-sponsored, Police Blue Ribbon and Ambulance Officers' Super members) the *Member Booklet Supplement: Insurance*.

#### Medical authority

I agree that any Medical Practitioner or any other person who has been or may hereafter be consulted by me whether named by me or not, will be hereby authorised and directed by me to divulge to TAL Life Limited or any legal tribunal all medical or surgical information he/she may have acquired with regard to myself. A copy of this authorisation shall be considered as effective and valid as the original.

Signature

Date (DD-MM-YYYY)

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Please sign and date form here.



Send the form to this address.

## 10. Where to send your completed form

Return the completed form to **First State Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.

# Notes for completing the start-up bonus cover application



All of our forms are located on our website at [firststatesuper.com.au/forms](http://firststatesuper.com.au/forms). You can type data directly into these forms, print them and send them to us. If you prefer to write on the forms, please use a dark pen and print clearly.

Any cover you apply for on this application form is subject to acceptance by the Insurer. You will be notified of the Insurer's decision and, if your application is successful, the date from which your cover will apply. If your application for start-up bonus cover is successful, it will be in addition to the 3 units of automatic cover you receive upon joining as an employer-sponsored member. Note that you can apply for the Basic Plus insurance category on the *Application to change insurance category rating* form; and you can apply to reduce your cover to death only on the *Application to reduce or cancel your insurance cover* form.

**Important:** This form must be returned within 180 days of us receiving your first SG contribution made by your First State Super participating employer.

## Definition of 'salary'

Salary means:

- if you are employed – your annual remuneration received from personal exertion, including base salary, bonuses, fees, regular overtime, commission and fringe benefits, but not including investment income, income received from deferred compensation plans, disability income policies or retirement plans; and
- income not derived from personal exertion; employer superannuation contributions made for you are also not included; and
- if you are self-employed, the amount earned by the business directly due to your own work, less your share of business expenses for the business, but before the deduction of income tax for the business (or the relevant portion for part of a financial year).

## Monthly benefit limits

The maximum monthly benefit limits for each employer category/occupation category are as follows:

Employer/occupation insurance category	Maximum start-up bonus cover per month
Basic Plus	\$10,000
Public Service + White Collar	\$6,000
Education	\$6,000
Health	\$6,000
Government Trading Enterprise + Light Manual	\$6,000
Emergency Services / Manual	\$5,000
Emergency Services / Heavy Manual	\$3,000
Police	Not applicable
Hazardous	Not applicable

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