Change my insurance: Corporate Super

Use this form to apply for, change or cancel insurance cover, or to change your occupation category.
Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.

The duty to take reasonable care
Before you sign an insurance contract, you must tell us honestly and completely anything you know that could affect the decision to insure you. If you don't, you may get less cover or none at all if you need to make a claim. Please read the important details about your duty to take reasonable care at the end of this form, and consider the answers you've given before you sign and submit this application to us.

Read your insurance guide to understand your cover
Some words used in this application (such as **senior manager or executive** and **annual taxable income**) have specific meanings. To understand them, check your insurance guide at **cbussuper.com.au/cs-cover**.

Get the right advice
Questions about your cover? Call our Advice team on **1300 361 784** and we'll help you sort it.

Step 1: Provide your personal details

Cbus Super member number

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Date of birth D D / M M / Y Y Y Y

Gender ☐ Male ☐ Female

Given name(s)

Family name

Home phone ( )

Mobile

Email address (providing your email means you give us permission to use it)

Residential address

Suburb/town State Postcode

Postal address (complete if different from your residential address)

Suburb/town State Postcode

Step 2: How do you want to change your cover?

☐ **Change your occupation category**	> Complete **steps 3 and 7**
☐ **Get new or more cover** (including increasing your IP payment period or reducing your waiting period)	> Complete **all steps**
☐ **Get less cover** (including reducing your IP payment period or increasing your waiting period)	> Complete **steps 3, 5 and 7**
☐ **Cancel your cover** (or you can call us to cancel your cover)	> Complete **steps 5 and 7**

Step 3: Choose your occupation category

Choose the occupation category below that describes your current work. You need to fit into one of these categories to be eligible for Corporate Super insurance. We'll check your occupation category if you make a claim, so contact us if you're not sure which category applies to you.

☐ **Professional**

- You do only administrative, managerial or professional work (and no manual work)
- At least 80% of your work is in an office
- Your annual taxable income from your primary occupation is over $100,000 (pro-rated if part time), and
- You're a senior manager or executive, or have a university degree or higher qualification

☐ **Non-manual**

- You do only administrative, managerial or professional work (and no manual work)
- At least 80% of your work is in an office, and
- You don't qualify for the professional category

☐ **Light manual**

- Less than 20% of your job involves manual or physical work
- You don't work in an underground mine, underwater, offshore or in an aeroplane or helicopter, and
- You don't qualify for the non-manual or professional categories

Next steps

Just changing your **occupation category**?	> Go to **step 7**
Applying for or increasing your cover?	> Go to **step 4**
Reducing or cancelling your cover only?	> Go to **step 5**

Step 4: Check if you can get more cover

Complete this step if you're applying for new or more cover (including increasing your IP payment period or decreasing your waiting period).

All cover	Are you entitled to, applying for or have you received a total and permanent disablement or terminal illness payment from a super fund or insurance policy?	☐ Yes ☐ No	If you answered **yes** to any of these questions, you can't get any or more death, TPD or IP cover
	Do you have a terminal illness with a life expectancy of 24 months or less from when it was diagnosed?	☐ Yes ☐ No	
	Are you under 15 or over 70?	☐ Yes ☐ No	
IP cover	Are you an Australian resident? This means an Australian citizen or permanent resident (under section 30 of the *Migration Act 1958*), or someone living in Australia on an approved working visa.	☐ Yes ☐ No	If you answered **no** to this question, you can't get any or more IP cover
	Are you working less than 15 hours a week?	☐ Yes ☐ No	If you answered **yes** to any of these questions, you can't get any or more IP cover
	Are you over 65?	☐ Yes ☐ No	

Step 5: Choose your cover

Complete this step to:

- **apply for more or less cover**
- **cancel some or all of your cover**
- **change your IP waiting period or payment period**

Not sure what's right for you?

Use our *Insurance needs calculator* at **cbussuper.com.au/calculators** to help work it out, and check your insurance guide to see how much your cover will cost.

If you cancel your cover and change your mind later, you'll need to apply and provide detailed health and other information for our insurer to consider (see **step 6**) – and you may not qualify for cover. Call us or get financial advice before you make any changes. And to read more about what happens at claim time please go to the *Corporate Super Insurance Guide* at **cbussuper.com.au/forms**.

Part A: Select your death and TPD cover

Write down the total amount of cover you'd like, or mark the relevant box(es) to cancel your death or TPD cover (or both).

I want the following cover			I want to cancel this cover
Death cover	$, , , , , , Up to $5 million	OR	☐
TPD cover	$, , , , , , Up to $3 million (including cover with any other super fund or insurer)	OR	☐

Part B: Select your IP cover

Choose IP options below or mark the box to cancel your IP cover.

I want the following cover			I want to cancel this cover
IP cover	☐ 85% of your monthly salary or $30,000 a month (whichever is less)	OR	☐
	Waiting period ☐ 30 days **OR** ☐ 90 days This is how long you're willing to wait to receive IP payments if you can't work because of an accident or illness. Payments will start after your waiting period ends, and be paid monthly in arrears.		
	Payment period ☐ 2 years **OR** ☐ 5 years This is how long your IP payments can continue for if you make a claim.		

If your application is approved, the cover you've requested will replace the cover that you currently have with us, as long as you have enough money in your account to pay for it. Any cover you don't change will continue until you cancel it or it stops for another reason outlined in your insurance guide.

Any extra death or TPD cover you receive above the maximum for your insurance design will be fixed cover. If you reduce either your death or TPD cover, any remaining salary-based death and TPD cover you have will also become fixed cover. Unlike salary-based cover, fixed cover won't be affected by changes to your salary.

We'll write to you to confirm any changes to your cover (including any exclusions) and the cost.

For details of your insurance design, see the *Corporate Super insurance* fact sheet included in your welcome pack or contact us for a copy.

Under 25 or have less than $6,000, and don't already have cover?

By law, you will be given automatic cover (if you're eligible for it) when your account balance reaches $6,000 and you've turned 25.

Check your insurance guide at **cbussuper.com.au/cs-cover** to see what automatic cover you could get based on your age and occupation category, in addition to the cover you've selected on this form.

You should consider electing to receive automatic cover before completing this form (but your cover may be limited depending on when you tell us you want it). Simply visit **cbussuper.com.au/want-cover** to make your election.

Next steps

Applying for or increasing your cover? Go to **step 6**

Reducing or cancelling your cover only? Go to **step 7**

Step 6: Tell us about your health and work

Complete this step if you're:

- **applying for new or more cover**
- **increasing your IP payment period**
- **decreasing your IP waiting period**

Please complete this section in full and give more information where requested.

Need some help? Call us on 1300 361 784
If you have any questions or aren't sure about what information to include, call us and we'll be happy to help.

General information and habits

How tall are you? ☐☐☐ cm How much do you weigh? ☐☐☐ kg

Do you drink alcohol? ☐ Yes ☐ No

> If yes, state type and daily quantity.

Have you smoked, vaped, used tobacco or nicotine replacement products in the last 12 months? ☐ Yes ☐ No

> If yes, state type (cigarettes, cigars, pipe, e-cigarettes/vapes, etc.) and daily quantity.

In the last 5 years, have you smoked or vaped any substance other than tobacco or nicotine products? ☐ Yes ☐ No

> If yes, state substances used, how often, date first used and when last used.

Your medical history

If you answer **yes** to any of these questions, please give more information in the table on page 5.

Please note that if we need further medical information from your health providers, we'll seek your consent and ask you to complete a form.

1. Have you ever had or received medical advice or treatment (including surgery) for, any of the following?
   - (a) Chest pain, high blood pressure, raised cholesterol or any heart or circulatory disorder ☐ Yes ☐ No
   - (b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition ☐ Yes ☐ No
   - (c) Diabetes, hepatitis or any condition of the thyroid, liver, kidney, prostate or urinary bladder condition ☐ Yes ☐ No
   - (d) Asthma, sleep apnoea, silicosis, or any respiratory or other lung condition (other than a cold) ☐ Yes ☐ No
   - (e) Any injury, disease or disorder of the back, neck, shoulder or any other joint, bone, muscle, tendon or ligament condition, including arthritis or gout ☐ Yes ☐ No
   - (f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition ☐ Yes ☐ No
   - (g) Cancer, tumour, melanoma, sunspot, mole or malignant growth of any kind ☐ Yes ☐ No
   - (h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse ☐ Yes ☐ No
   - (i) Hernia, gall bladder, bowel or stomach condition (other than an upset stomach, constipation, diarrhoea or gastro, where these were short, isolated episodes from which you've fully recovered) ☐ Yes ☐ No
   - (j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery), or impaired hearing or tinnitus ☐ Yes ☐ No
2. Apart from any condition you have already disclosed, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis? ☐ Yes ☐ No
3. Have you been infected with the human immunodeficiency virus (HIV) or tested positive for acquired immunodeficiency syndrome (AIDS)? ☐ Yes ☐ No
4. Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms? ☐ Yes ☐ No
5. Have you undergone or are you about to undergo any health screening for silicosis relating to either a pre-employment assessment or your employment, in view of past, current, or future work with engineered stone? ☐ Yes ☐ No
6. Apart from treating any condition already disclosed, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives and treatment for hay fever, hair loss and acne)? ☐ Yes ☐ No
7. Apart from any condition you have already disclosed, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last three years? ☐ Yes ☐ No

Step 6: Tell us about your health and work (continued)

More information

Complete this section if you answered yes to any of questions 1 to 7 on the previous page. If you need more room, please complete on a separate page and include with your application.

	Question number	Question number	Question number
Medical condition			
What symptoms did you have?			
When did they start?	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Which part of your body was affected?			
What was the medical diagnosis (including results of any x-rays and investigations)?			
How often did symptoms occur (daily, weekly etc.)?			
How severe were they (mild, moderate, severe)?			
How long did they last?			
How long couldn't you work or do your normal duties or activities?			
If you had to go to hospital, please give details of when and for how long			
What advice, treatment or medication did you receive?			
If you're still getting treatment, give details of what sort and how often			
If you've stopped your treatment/ medication, when did it stop?	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
When did you last have any symptoms?	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Degree of recovery	%	%	%

Health screening

What have you been screened for and when did this occur?			
What tests did you have as part of the screening and what were the results?			
Is follow up required and when will this occur?			
Name and address of medical practitioner who treated you for this condition			

Step 6: Tell us about your health and work (continued)

Your family history

8. Has anyone in your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before age 65?

Heart disease (for example, angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

☐ Yes > Give details below
☐ No

Relationship to you	Medical condition	Age when diagnosed	Age at death (if applicable)

Your work and income

9. What's your job?

10. What are your main work duties (for example, office work, sales, supervision, manual work) and what proportion of your work time do you spend on each one?

	%
	%
	%

Employer name

Street number | Street name

Suburb/town | State | Postcode

11. What was your annual taxable income last financial year?

$, ,

Activities and pastimes

12. Do you currently engage in or intend to engage in any pastime and / or sport that may increase the likelihood of injury or illness compared to others not involved in such activity(ies)? ☐ Yes ☐ No
    - Underwater diving
    - Football, rugby, soccer
    - Horse / equestrian sports
    - Martial arts, combat sports
    - Competitive road cycling, mountain bike riding
    - Mountaineering, outdoor rock climbing or abseiling
    - Hang gliding, paragliding, skydiving, parachuting
    - Competitive surfing, water or snow skiing / boarding
    - Motor sports (excluding using motorcycle / vehicle for commuting purpose)
    - Flying as a pilot, crew or passenger in an aircraft / vessel (other than travel with a major commercial airline).

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

> If yes, give details of where, when, why and for how long. ☐ Yes ☐ No

Step 6: Tell us about your health and work (continued)

Your insurance history

14. Are you claiming or have you ever claimed an insurance payment from any source (e.g. a total and permanent disability benefit) from any super fund, workers' compensation, disability pension, Veteran's Affairs or any other insurance policy providing accident or illness benefits?
☐ Yes > Give details below
☐ No

15. Have you ever had an application for death, disability, trauma, accident or illness insurance declined, deferred or accepted with a loading, exclusion or special terms?
☐ Yes > Give details below
☐ No

16. Apart from this application, do you have or are you applying for any other death, TPD or IP insurance? (Please include cover held and/or applied for through TAL or under superannuation).
☐ Yes > Give details below
☐ No

Name of company			
Cover type			
Sum insured	$, , , , , ,	$, , , , , ,	$, , , , , ,
Application date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Decision			
Reason for decision or claim			
Duration of claim			
Degree of recovery	%	%	%

Your doctor

Name of your usual doctor or medical centre

Street number | Street name

Suburb/town | State | Postcode

When did you last visit this doctor or medical centre? D D / M M / Y Y Y Y

What was the reason for your last visit?

What was the outcome/results?

If you've been seeing this doctor or medical centre for less than 12 months, please give details of your previous doctor.

Name of your previous doctor or medical centre

Street number | Street name

Suburb/town | State | Postcode

Step 7: Sign and date this form

Insurance is issued under a group policy with our insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848.

The 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.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes that occur between when you complete this application and when your cover starts 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.

Your privacy is important

Cbus Super must comply with a set of principles known as the Australian Privacy Principles when collecting, using, disclosing, storing, and securing personal information.

We will only share the information collected on this form with our insurer, administrator and others mentioned in the declaration section below to allow us to assess and process your application or any insurance claim you make (or someone else makes for you). We won't pass your personal information on to anyone else without your permission, unless required by law.

For full details of how we collect and disclose your personal information (and how you can access it) see the *Privacy Policy* and *Personal Information Collection Statement* at **cbussuper.com.au/privacy** or call us on **1300 361 784** for a copy.

If you need information on how our insurer collects, handles, secures and discloses information, the TAL Privacy Policy is available at **tal.com.au/privacy-policy** or on request to TAL.

Declaration

I've completed this application truthfully and correctly to the best of my knowledge and I understand that:

- Cbus Super and its insurer will review the information on this application to assess if I'm eligible for the cover I've applied for and may carry out appropriate checks to verify my answers. My insurance may be affected and I may not be entitled to claim an insurance payment if my answers on this form are shown to be inaccurate or false. This may not occur until claim time.
- Cbus Super and its insurer may need more information about me to assess this application or any insurance claim I make (or someone else makes for me). To allow them to do this, I consent to Cbus Super or the insurer obtaining information about me from legal practitioners, tribunals, courts, investigators, consultants, other insurance or reinsurance companies, and my past and present employers and interpreters (if any). I may also be asked to provide medical consent.
- By signing this application, I also consent to Cbus Super or the insurer disclosing information about me to any of the people or organisations mentioned above if it's required to assess my application or insurance claim or to perform any of their functions.
- By submitting this application I consent to my personal information being used to action my insurance request.

If I'm applying for new or more cover

- I've read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance.
- My application will be reviewed by the insurer and Cbus Super will write to me to confirm if it's approved, when my new cover starts and any exclusions or other restrictions that apply.

If I'm reducing or cancelling my cover

- I wish to decrease or cancel my insurance cover under my Cbus Super membership in accordance with my nomination on this application.
- I've considered how my nomination may affect my financial security and that of my dependants.
- Once my application is accepted, I will no longer be insured for any type of cover that I cancelled. This means insurance premiums for this cover will stop being deducted from my account and I won't be able to make an insurance claim for events or conditions that arise after my cover was cancelled.
- If I want more cover in future, I'll need to apply for it and provide health and other information for the insurer to consider, and I may not be able to get cover.

Sign here:

Date D D / M M / 2 0 Y Y

Send this form to: **Cbus Super, Locked Bag 5056, PARRAMATTA NSW 2124**. Or you can email it to us at **cbusenq@cbussuper.com.au**.
If you're applying for more cover, we must receive your accurately completed form within 31 days from when you signed and dated it.

Cbus Super
Locked Bag 5056
PARRAMATTA NSW 2124

1300 361 784
8am to 8pm (AEST/AEDT)
Monday to Friday

cbusenq@cbussuper.com.au
cbussuper.com.au
Log in to chat to us online

Visit us in person in Adelaide, Brisbane, Melbourne, Perth and Sydney.
Details: **cbussuper.com.au/contact**

This information is about Cbus Super. It doesn't account for your specific needs. Please consider your financial position, objectives and requirements before making financial decisions.
Read the relevant Product Disclosure Statement (PDS) and Target Market Determination (TMD) to decide if Cbus Super is right for you. Call **1300 361 784** or visit **cbussuper.com.au**.