Change my insurance
Personal Super

July 2026

Update your cover to suit your life

Before you apply, take some time to read the latest *Insurance guide (Personal Super).* This will help you understand your options and how cover works. Find it at **cbussuper.com.au/pcover** or call us on **1300 361 784** for a copy.

Apply online and skip the paperwork

Just log in at **cbussuper.com.au/login**, go to insurance and follow the prompts.

Who this form is for

If you're a Personal Super member, you can use this form to:

	Apply for new insurance cover
	Increase or reduce your current cover
	Cancel some or all of your cover (or you can do this by calling us)

What cover can you apply for?

You can apply for:

- death cover (including cover for terminal illness)
- total and permanent disablement (TPD) cover

Your cover is provided in units. How much cover you get per unit, and what it costs, depends on your age and your occupation category.

See the following pages for details.

Questions about your cover?

Give us a call on **1300 361 784** and we'll help you work through your options.

This information is about CBUS. 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 to decide if CBUS is right for you. Call **1300 361 784** or visit **cbussuper.com.au**.

United Super Pty Ltd ABN 46 006 261 623 AFSL 233792 as Trustee for the Construction and Building Unions Superannuation Fund ABN 75 493 363 262 (CBUS and/or CBUS Super).

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

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How much cover can you get?

You can apply for cover up to the limits below, as long as you meet the basic conditions for the type of cover you want. Check step 4 of the form to see if you're eligible.

Death cover	TPD cover
$5 million	$3 million

You'll be covered if your application is approved by our insurer and you meet the policy requirements when you claim. To learn more about what happens if you make a claim, see your insurance guide at **cbussuper.com.au/pcover**.

If you're applying for more cover, we must receive your completed form within 31 days of the date you signed it.

You also need to have at least $250 in your super account within 31 days from when your application is approved.

Choosing the right cover for you

To work out your cover, think about the financial support you or your family might need if you had to stop working because you were sick or injured.

Consider your:

- **income** – what you earn now and what you might earn in the future
- **savings** – how much you have and how long it could last
- **debts** – mortgages, loans and other expenses
- **assets** – property, shares or other investments.

Use the table on the next page to work out how much cover you need and what it would cost, based on your age and occupation category.

Because insurance costs are paid from your super, it's also important to think about how higher levels of cover could affect your retirement savings over time.

Make sure there's enough money in your super account to pay the cost of the cover you're applying for, as well as any other cover you have with us. If there isn't, your cover won't change and you'll need to reapply.

Get a quick snapshot

Use our simple *Insurance needs calculator* to see how much cover you might need.

Get started at **cbussuper.com.au/calculators**.

Reducing or cancelling your cover

Insurance can help protect you and your family if something goes wrong. Before you reduce or cancel your cover, take some time to think about what losing your income could mean for you and those who depend on you.

If you decide that you want cover again later, you'll need to give our insurer detailed health and other information to review, and you may not qualify for cover. If you'd like help before making changes, give us a call or consider getting financial advice.

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, read the *Insurance guide (Personal Super)* at **cbussuper.com.au/pcover**.

Death and TPD cover – Manual, Non-manual and Professional members

Amount and cost per unit												
	Manual				Non-manual				Professional			
Age	Death	Weekly cost	TPD	Weekly cost	Death	Weekly cost	TPD	Weekly cost	Death	Weekly cost	TPD	Weekly cost
15–20	$52,000	$1.16	$52,000	$0.92	$122,500	$0.67	$122,500	$0.39	$153,125	$0.67	$153,125	$0.39
21–24	$52,000	$1.16	$39,000	$0.92	$122,500	$0.67	$122,500	$0.39	$153,125	$0.67	$153,125	$0.39
25–29	$52,000	$1.30	$39,000	$2.82	$122,500	$0.74	$122,500	$1.25	$153,125	$0.74	$153,125	$1.25
30	$52,000	$1.30	$36,400	$2.82	$119,400	$0.74	$119,400	$1.25	$149,250	$0.74	$149,250	$1.25
31	$52,000	$1.30	$36,400	$2.82	$116,100	$0.74	$116,100	$1.25	$145,125	$0.74	$145,125	$1.25
32	$52,000	$1.30	$36,400	$2.82	$112,900	$0.74	$112,900	$1.25	$141,125	$0.74	$141,125	$1.25
33	$52,000	$1.30	$36,400	$2.82	$109,400	$0.74	$109,400	$1.25	$136,750	$0.74	$136,750	$1.25
34	$52,000	$1.30	$36,400	$2.82	$105,700	$0.74	$105,700	$1.25	$132,125	$0.74	$132,125	$1.25
35	$52,000	$1.96	$33,800	$4.19	$102,000	$1.41	$102,000	$2.56	$127,500	$1.41	$127,500	$2.56
36	$52,000	$1.96	$33,800	$4.19	$96,700	$1.41	$96,700	$2.56	$120,875	$1.41	$120,875	$2.56
37	$52,000	$1.96	$33,800	$4.19	$91,500	$1.41	$91,500	$2.56	$114,375	$1.41	$114,375	$2.56
38	$52,000	$1.96	$33,800	$4.19	$86,200	$1.41	$86,200	$2.56	$107,750	$1.41	$107,750	$2.56
39	$52,000	$1.96	$33,800	$4.19	$81,000	$1.41	$81,000	$2.56	$101,250	$1.41	$101,250	$2.56
40	$52,000	$1.96	$31,200	$4.19	$75,500	$1.41	$75,500	$2.56	$94,375	$1.41	$94,375	$2.56
41	$52,000	$1.96	$31,200	$4.19	$72,400	$1.41	$72,400	$2.56	$90,500	$1.41	$90,500	$2.56
42	$52,000	$1.96	$31,200	$4.19	$69,300	$1.41	$69,300	$2.56	$86,625	$1.41	$86,625	$2.56
43	$52,000	$1.96	$31,200	$4.19	$66,200	$1.41	$66,200	$2.56	$82,750	$1.41	$82,750	$2.56
44	$52,000	$1.96	$31,200	$4.19	$63,200	$1.41	$63,200	$2.56	$79,000	$1.41	$79,000	$2.56
45	$52,000	$1.96	$26,000	$4.19	$61,500	$1.41	$61,500	$2.56	$76,875	$1.41	$76,875	$2.56
46	$52,000	$1.96	$26,000	$4.19	$61,000	$1.41	$61,000	$2.56	$76,250	$1.41	$76,250	$2.56
47	$52,000	$1.96	$26,000	$4.19	$60,400	$1.41	$60,400	$2.56	$75,500	$1.41	$75,500	$2.56
48	$52,000	$1.96	$26,000	$4.19	$60,200	$1.41	$60,200	$2.56	$75,250	$1.41	$75,250	$2.56
49	$52,000	$1.96	$26,000	$4.19	$60,100	$1.41	$60,100	$2.56	$75,125	$1.41	$75,125	$2.56
50	$52,000	$2.84	$26,000	$4.96	$59,800	$2.35	$47,300	$3.11	$74,750	$2.35	$59,125	$3.11
51	$48,000	$2.84	$25,000	$4.96	$55,300	$2.35	$43,500	$3.11	$69,125	$2.35	$54,375	$3.11
52	$44,000	$2.84	$25,000	$4.96	$50,800	$2.35	$39,700	$3.11	$63,500	$2.35	$49,625	$3.11
53	$39,500	$2.84	$25,000	$4.96	$45,700	$2.35	$33,900	$3.11	$57,125	$2.35	$42,375	$3.11
54	$35,000	$2.84	$25,000	$4.96	$42,200	$2.35	$26,500	$3.11	$52,750	$2.35	$33,125	$3.11
55	$33,000	$2.84	$23,000	$4.96	$39,600	$2.35	$26,500	$3.11	$49,500	$2.35	$33,125	$3.11
56	$31,000	$2.84	$21,000	$4.96	$37,000	$2.35	$23,800	$3.11	$46,250	$2.35	$29,750	$3.11
57	$29,000	$2.84	$18,750	$4.96	$34,400	$2.35	$21,100	$3.11	$43,000	$2.35	$26,375	$3.11
58	$27,000	$2.84	$16,500	$4.96	$31,600	$2.35	$18,500	$3.11	$39,500	$2.35	$23,125	$3.11
59	$25,000	$2.84	$14,250	$4.96	$29,000	$2.35	$15,800	$3.11	$36,250	$2.35	$19,750	$3.11
60	$25,000	$2.84	$12,000	$4.96	$26,600	$2.35	$13,300	$3.11	$33,250	$2.35	$16,625	$3.11
61	$25,000	$2.84	$10,500	$4.96	$24,200	$2.35	$12,100	$3.11	$30,250	$2.35	$15,125	$3.11
62	$25,000	$2.84	$9,500	$4.96	$22,000	$2.35	$11,000	$3.11	$27,500	$2.35	$13,750	$3.11
63	$25,000	$2.84	$8,500	$4.96	$20,500	$2.35	$10,250	$3.11	$25,625	$2.35	$12,813	$3.11
64	$25,000	$2.84	$7,500	$4.96	$20,500	$2.35	$10,250	$3.11	$25,625	$2.35	$12,813	$3.11
65[1]	$12,500	$2.84	$6,250	$4.96	$14,400	$2.35	$7,200	$3.11	$18,000	$2.35	$9,000	$3.11
66[1]	$10,000	$2.84	$5,000	$4.96	$11,500	$2.35	$5,750	$3.11	$14,375	$2.35	$7,188	$3.11
67[1]	$8,000	$2.84	$4,000	$4.96	$9,400	$2.35	$4,700	$3.11	$11,750	$2.35	$5,875	$3.11
68–69[1]	$6,000	$2.84	$3,000	$4.96	$8,200	$2.35	$4,100	$3.11	$10,250	$2.35	$5,125	$3.11

[1] Your TPD cover will stop when you turn 65 unless you extend it. See your insurance guide for details or complete an *Application to extend TPD cover* form available at **cbussuper.com.au/forms**.

Need a hand?

CBUS
Locked Bag 5056
PARRAMATTA NSW 2124
cbussuper.com.au/message

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

Chat in person in Adelaide, Brisbane, Melbourne, Perth and Sydney. Locations: **cbussuper.com.au/contact**
Log in to chat to us online: **cbussuper.com.au/login**

Change my insurance: Personal Super

Use this form to apply for, change or cancel insurance cover.

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. Read the important information about your duty to take reasonable care at the end of this form, and take a moment to review your answers before you sign and submit your application.

Apply online and skip the paperwork

You can apply for cover, change your cover or cancel it online. Just log in at **cbussuper.com.au/login**, go to insurance and follow the prompts. If you only want to cancel your cover, you can also do this by calling us.

Questions about your cover? Give us a call on **1300 361 784** and we'll help you work through your options.

Step 1: Provide your personal details

CBUS 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?

☐ **Get new cover or more cover**	> Complete **all steps**
☐ **Get less cover**	> Complete **steps 3, 5, 6 and 8**
☐ **Cancel your cover**	> Complete **steps 5 and 8**

Step 3: Choose your occupation category

Choose the occupation category below that describes your current work. We'll check this if you make a claim, so contact us if you're not sure which category applies to you.

☐ **Manual**	• You do manual or physical work, and • You don't qualify for any other category
☐ **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
☐ **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

Step 4: Check if you can get more cover

Complete this step if you're applying for new or more cover.

Have you ever received a total and permanent disablement or terminal illness payment from a super fund or insurance policy, or are you currently applying for or entitled to one?	☐ Yes ☐ No
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

If you answered **yes** to any of these questions, you can't get any or more cover.

Step 5: Choose your cover

Complete this step to:

- **apply for more or less cover**
- **cancel some or all of your cover**

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

Not sure what's right for you?

Use our *Insurance needs calculator* at **cbussuper.com.au/calculators** and the attached guide to help work it out.

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 review (see **step 7**) – and you may not qualify for cover. Call us or get financial advice before you make any changes.

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

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.

If you've chosen a dollar amount, we'll calculate the number of units that will apply, rounded up to the next whole unit.

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

Step 6: Elect to keep your cover, even when life changes (optional)

Do you want to keep your insurance cover if your account becomes inactive? ☐ Yes

If you don't choose to keep your cover, it will stop if your account doesn't receive any contributions or roll-ins for 16 months. See your insurance guide for more details, including other reasons why your cover may stop and when it may restart. You can change your mind and cancel cover at any time.

Please think about what insurance is right for your situation and the impact insurance premiums can have on your super balance.

Next steps

Applying for or increasing your cover?	Go to **step 7**
Reducing or cancelling your cover only?	Go to **step 8**

Step 7: Tell us about your health and work

Complete this step if you're applying for new or more cover. 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 4**.

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? If you're unemployed, this means you're unable to do all your usual household tasks because you're sick or injured. ☐ 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 (or do your usual household tasks if you're unemployed) because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last three years? ☐ Yes ☐ No

Step 7: 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 7: 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, gardening, making deliveries, office work) and what proportion of your work time do you spend on each one?

	%
	%
	%

11. Are you self-employed? ☐ Yes ☐ No > Provide your employer's details below if applicable

Employer name

Street number

Street name

Suburb/town

State

Postcode

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

$

We need this as income-based maximums apply to your TPD cover..

Your insurance history

13. 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, Veterans' Affairs or any other insurance policy providing accident or illness benefits)?

☐ Yes > Give details below
☐ No

Step 8: 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 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 and its insurer will review the information on this application form 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 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 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 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 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 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

Upload your completed form at **cbussuper.com.au/message** or send it to **CBUS, Locked Bag 5056, PARRAMATTA NSW 2124**. If you're applying for more cover, we must receive it within 31 days of the date you signed it.

CBUS, Locked Bag 5056
PARRAMATTA NSW 2124
cbussuper.com.au/message

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

Chat in person in Adelaide, Brisbane, Melbourne, Perth and Sydney. Locations: **cbussuper.com.au/contact**
Log in to chat to us online: **cbussuper.com.au/login**