Application to extend TPD cover

Use this form to extend your total and permanent disablement (TPD) cover to age 70. You can apply once you turn 64 and we must receive your application before you turn 65 for continuous cover. Otherwise, cover will start from the date the insurer accepts your application.

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.

If your application is approved

Industry, Sole Trader and Personal Super members:

You'll get the same units of TPD cover as you had before you turned 65.

This cover will continue until you turn 70, unless it stops earlier for a reason outlined in your insurance guide.

Corporate Super members:

You'll get fixed cover equal to:

- the amount of any salary-based TPD cover you had on your 64th birthday, and
- any fixed TPD cover you had the day before you turn 65.

Your cover will reduce by 20% a year until you turn 70, unless it stops earlier for a reason outlined in your insurance guide

For more details, read the insurance guide for your membership type at **cbussuper.com.au/forms**.

Step 1: Check if you can extend your TPD cover

Have you ever received a payment for total and permanent disablement (TPD) or terminal illness, or are you currently applying for or entitled to one?

☐ **Yes** > You can't extend your cover
☐ **No**

Do you have a terminal illness with a life expectancy of 24 months or less from when it was diagnosed?

☐ **Yes** > You can't extend your cover
☐ **No**

Step 2: 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 permission for us to contact you)

Residential address

Suburb/town State Postcode

Postal address (if different from your residential address)

Suburb/town State Postcode

Step 3: Tell us about your work

What's your job?

What are your main work duties (for example, general labour, traffic management, office work) and what proportion of your work time do you spend on each one?

%

%

%

Employer name

Street number

Street name

Suburb/town

State

Postcode

What was your annual taxable income last financial year?

$, ,

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

Step 4: Tell us about your health

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

General information and habits

How tall are you? cm

How much do you weigh? kg

Have you smoked in the past 12 months? **Yes** **No**

> **If yes, state type (cigarettes, cigars, e-cigarettes, marijuana, etc.) and daily quantity.**

In the past 5 years, have you smoked any substance other than tobacco? **Yes** **No**

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

Do you drink alcohol? **Yes** **No**

> **If yes, state type and daily quantity.**

Your family history

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)

Step 4: Tell us about your health (continued)

Your medical history

Should we require further medical information from your health providers we will seek your consent by requesting you to complete a *Consent for accessing health information* 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 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 drugs), or alcohol dependence or abuse	☐ Yes	☐ No
(i)	Hernia, gall bladder, bowel or stomach condition (other than 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 Immune Deficiency 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 3 years? ☐ Yes ☐ No

> **If you answered yes to the questions above (your medical history), please give additional information in the table on the next page.**

Step 4: Tell us about your health (continued)

Additional 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.

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.

	Question number	Question number	Question number
Medical condition			
What symptoms did you have?			
When did they start?			
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?			
When did you last have any symptoms?			
Degree of recovery (%)			

Step 4: Tell us about your health (continued)

Activities and pastimes

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).

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? ☐ Yes ☐ No

> If yes, give details of where, when, why and for how long.

Your insurance history

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 ☐ No > Give details below

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 ☐ No > Give details below

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

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	%	%	%

Step 5: 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 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 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 our *Privacy policy* and *Personal information collection statement* at **cbussuper.com.au/privacy** or call us on **1300 361 784** for a copy.

The TAL *Privacy Policy* is available at **tal.com.au/privacy-policy** or call **1300 209 088** for a copy.

Declaration

I've completed this application truthfully and correctly to the best of my knowledge and I confirm and 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. This may not occur until claim time.
- 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.
- My insurance may be affected and I may not be entitled to claim an insurance payment if my answers on this application are shown to be inaccurate or false.
- 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.
- 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.
- I'm only eligible to receive insurance cover under one Cbus Super account.

Sign here:

Date D D / M M / 2 0 Y Y

Send this form to: **Cbus Super, Locked Bag 5056, Parramatta NSW 2124** or email it to us – visit **cbussuper.com.au/cs/id** to learn how. We must receive your accurately completed form within 31 days of 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

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