Retirement Scheme

Application for additional benefit cover

Use this form if you're a member of the Cbus Retirement Scheme (the scheme) and want to apply for additional benefit cover for total and permanent incapacity or death. If your application is approved, we'll write to you to confirm your cover details and when cover starts.

Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.

The duty to take reasonable care

As part of your application for additional benefit cover, you must tell us honestly and completely anything you know that could affect the decision to insure you. If you don't, you may not be entitled to claim a benefit. 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 PDS to understand your cover

Before completing this form make sure you read the *Insurance in your super* section of the *Cbus Retirement Scheme Product Disclosure Statement*. You can find it at **cbussuper.com.au/pds** or call us for a copy.

Questions about your cover options?

Call our Advice Services 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 permission for us to use it)

Residential address (compulsory)

Suburb/town State Postcode

Postal address (if different from your residential address)

Suburb/town State Postcode

What was your annual taxable income last financial year? $, ,

Step 2: Check if you can get cover

Have you reached your early retirement age? This is usually 58, but check the *Cbus Retirement Scheme Product Disclosure Statement* or call us if you're not sure what applies to you.	☐ Yes ☐ No	If you answered **yes** to any of these questions, you can't get additional benefit cover.
Have you accrued 180 benefit points?	☐ Yes ☐ No	
Have you deferred your benefits in the scheme?	☐ Yes ☐ No	
Have you had an application for additional benefit cover declined in the past 3 years?	☐ Yes ☐ No	

Step 3: Tell us about your health

Please complete this section in full and give more information where requested. If you need some help, call us on 1300 361 784.

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 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.

Your medical history

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 symptoms of, or received medical advice or treatment (including surgery) for, any of the following conditions?
   - (a) Chest pain, high blood pressure, high 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 thyroid, liver, kidney, prostate or 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 affecting your legs, feet, arms, hands, back, neck, shoulder or any other joint, bone, muscle, tendon or ligament condition, including arthritis, gout or loss of the use of a limb, hand or foot ☐ Yes ☐ No
   - (f) Depression, anxiety, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition ☐ Yes ☐ No
   - (g) Chronic tiredness or fatigue ☐ Yes ☐ No
   - (h) Cancer, tumour, melanoma, sunspot, mole or malignant growth of any kind ☐ Yes ☐ No
   - (i) Alcohol or drug dependence or abuse (whether prescribed or non-prescribed drugs) ☐ Yes ☐ No
   - (j) 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
   - (k) 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. Are you off work or on restricted duties because you are sick or injured? Choose 'yes' if you currently couldn't do all of the duties of your normal job for 30 hours a week, even if you actually work less than this. ☐ Yes ☐ No
3. Have you ever tested positive for HIV/AIDS or are you awaiting the results of such a test? ☐ Yes ☐ No
4. Apart from any condition already disclosed, are you awaiting or planning to seek 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 relating to your employment? ☐ Yes ☐ No

If you answered **yes** to any of these questions, please give more information in the table on page 3.

Your family history

Has anyone in your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before age 60?

Heart disease, (for example angina or heart attack), stroke, familial hypertrophic cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any inherited blood or neurological disorder? ☐ Yes ☐ No > Give details below

Relationship to you	Medical condition (for example, prostate cancer, heart attack, type 1 or type 2 diabetes)	Age when diagnosed	Age at death (if applicable)

Step 3: Tell us about your health (continued)

More information

Complete this section if you answered yes to any of questions 1 to 5 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 4: Sign and date this form

The duty to take reasonable care

When you apply for additional benefit cover, 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 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.

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 us. They are intended to put us in the position we would have been in if the duty had been met. For example, we 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 we 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 we would have done if the duty had been met – for example, whether we 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, we will explain the reasons for our 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 us. 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 we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Changes before your cover starts

Before your cover starts, we 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 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 additional benefit cover 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 third party service providers as required 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.

Declaration

I've completed this application truthfully and correctly to the best of my knowledge, and I've read and understood the *Cbus Retirement Scheme Product Disclosure Statement*.

I understand that:

- Cbus Super 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 I make a claim.
- Cbus Super 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 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 disclosing information about me in accordance with its *Privacy policy*.
- I've read the duty to take reasonable care and understand that if this duty is not met, this could seriously impact my insurance.
- Cbus Super will review my application and write to me to confirm the outcome, and if approved, notify me of when my new cover starts and any exclusions or other restrictions that apply. I can cancel my cover at any time by contacting Cbus Super.
- By submitting this application, I consent to my personal information being used to action my insurance request.

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 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**