

Application to reinstate Income Protection Cover

ARIP - Corporate Offer



right by your side

If you are a Corporate Employee member¹ use this form to apply to reinstate your default Income Protection (IP) cover after leaving your employer.

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 our questions

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.

¹ Corporate members are employees of the Suncorp Group, ConocoPhillips Australia Operations Pty Ltd, Arcadis Australia Pacific Pty Ltd, NRI Australia Limited, Australian Regional Wholesalers P/L, the Perron Group, Rexel Electrical Supplies Pty Ltd, Technology One Limited, RACT Insurance Pty Ltd, LJ Hooker Corporation Ltd, Knight Frank and NTI Limited.

Important information

You should read the *Corporate Offer Insurance guide* and the *Corporate Plan Summary* for your employer plan for a summary of the terms and conditions of the Insurance policy. For a copy visit our website at brightersuper.com.au or call us on **1800 444 396**.

To have your default Income Protection cover reinstated with limited 'underwriting' **you must submit your application to TAL Life Limited (TAL) within six months from the date Brighter Super is notified that you have ceased employment with your corporate employer. If you are employed by Suncorp group you must submit your application within six months of ceasing employment.**

If accepted, your insurance fees will be based on Standard premium rates. Any member-selected (voluntary) Income Protection will continue automatically. If you would like to reduce the amount of your Income Protection cover, you should also complete the *Corporate Offer application to reduce insurance form*.

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you.

If you decide to replace existing cover you hold with another Superannuation Fund or insurer, please do not cancel your existing cover until we have told you that your application has been accepted, and on what terms. This is because there are some risks associated with replacing your existing cover, such as:

- If you have experienced any new health issues you may not be covered for these under your new cover.
- A claim may have been accepted under your existing cover if the health issue did not exist when you first took out the existing cover.
- You may also be subject to waiting periods before you can make a claim on the new cover.

Personal Details Brighter Super respects your privacy. All personal information collected is protected in line with Brighter Super's Privacy policy.

Member number	Title	Given name/s	
Surname	Date of birth / /		Gender
Email*	Phone number		
Residential address			
Suburb/town	State	Postcode	
Postal address (if different to above)	State	Postcode	

* The email address provided may be used to send information of a sensitive and personal nature.

1 Contact preference

TAL may contact you directly to clarify or gather information in relation to this application

Please advise your preferred method of contact: Email Phone

Preferred email address (If different to above) _____

Preferred phone number (If different to above) _____

If you prefer Phone, what is a convenient time and day for TAL to contact you?

Monday Tuesday Wednesday Thursday Friday

From _____ To _____

2 Occupation and Income details

1. Please confirm (✓) your current employment status and complete employment details below:

Casual
 Contract (more than 12 months)
 Self-employed
 Full-time employee
 Part-time employee

Hours worked _____ per week Weeks worked _____ per year

Date employment ceased with previous employer: / /

Date employment commenced with current employer: / /

2. Occupation name:

3. Occupation Category (if known):

Professional
 White Collar
 Blue Collar

Please note: If you're an employee of a Corporate employer, you'll be plan rated and your Corporate employer occupation rating applies to you whilst you're employed by your Corporate employer. Refer to your relevant *Corporate Plan Summary* for the occupation plan rating that applies to you.

Your occupation category won't change whilst you're employed by your Corporate employer.

4. Industry:

5. Annual income before tax or insurable income if you are self employed:

\$, (Please refer to the Corporate Offer Insurance guide for the definition of salary)

6. Duties performed in current position:

Duties (e.g. office, manual, site supervision, selling etc.)	Location (e.g. office, on site, at home, driving etc.)	Percentage of time %

3 Habits and activities

1. Do you drink alcohol? Yes No
If **yes**, please confirm the type of alcohol, number of standard drinks² per day and number of days per week when alcohol is consumed.
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2. Have you smoked in the past 12 months? Yes No
If **yes**, state form and daily quantity.
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3. In the last 5 years have you smoked any substance other than tobacco? Yes No
If **yes**, state substances smoked, frequency of use, date first smoked and date last smoked.
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4. Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare-paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? Yes No
If **yes**, state activity/ies performed, frequency of participation, level of participation (e.g. amateur or professional), maximum depth/speed, equipment used and location (if applicable).
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5. 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**, state where, when, duration and reason
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6. Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa? Yes No
If **yes**, state type of visa you hold, expiry date, plans for applying for permanent residency and nationality/ current citizenship.
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² A standard drink = 1 nip spirits, 1 x 100ml glass of wine, 1 x 10oz/285ml of beer.

4 Claim history

Please confirm if you are eligible to be paid or have you lodged (or intend to lodge) a claim for Income Protection cover under this Policy (or a Policy held by the trustee of the former SPSL Master Trust)?

Yes No

If **Yes**, please provide details:

5 Medical history

Please confirm if you have been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)?

Yes No

If **Yes**, the Insurer may contact you for further information.

6 TAL Privacy Policy

TAL and its related entities are committed to ensuring that your information is handled responsibly in accordance with the Privacy laws, including the *Privacy Act 1988 (Cth)* and the *Australian Privacy Principles*. The way in which TAL collects, uses, secures and discloses your information is set out in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning 1800 666 136.

Collection and use of personal information

TAL collect personal information, including, but not limited to, your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer our products and services to you.

In certain circumstances, such as applications for life insurance products and processing claims, TAL 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, TAL may not be able to provide our products and services to you or pay a claim.

TAL may take steps to verify the information that you provide, for example they may obtain independent medical reports regarding information about your past and current medical conditions, or they may verify with an employer remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of your information

TAL disclose relevant information to external organisations that help them 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. The types of people and organisations to which TAL may disclose information includes, but is not limited to the following:

- 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;
- Reinsurers, other insurers and their administrators;
- The trustee, or administrator of your superannuation fund; and
- Other organisations to whom TAL outsource certain functions during the assessment process of your application process, such as obtaining blood tests.

There are situations where TAL 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).

Useful information regarding privacy rights is available at the website of the Office of the Privacy Commissioner at www.oaic.gov.au.

Please sign on the following page

7 Member Declaration

By submitting this application to reinstate my Income Protection cover, I declare that:

- I have read the duty to take reasonable care and understand that failing to comply with this duty can have serious consequences for my insurance cover.
- I have answered all the questions contained in this application, completely, truthfully and correctly (to the best of my knowledge).
- I have read and understood the insurance information detailed in the *Accumulation Product Disclosure Statement (PDS)*, the *Corporate Offer Insurance guide* and the *Corporate Plan Summary* for my former employer plan.
- I understand if I complete this form and I work in the Energy Industry or Local Government & Associated Industries my request will be invalid and I will need to complete the relevant form for my account.
- I understand that my application will be invalid and will not be processed if I do not complete this form correctly or I do not sign and date this form.
- I understand that Corporate Offer insurance cover through Brighter Super will be provided to me on the terms contained in the insurance policies for Brighter Super Corporate Offer members as changed from time to time.
- I understand that this application for insurance cover is subject to assessment by the Insurer, and the Insurer's decision may be to accept or decline my application. If my application is accepted, the reinstated cover will be subject to any modified terms, loadings and/or exclusions that applied to my Income Protection cover before it was cancelled.
- I understand that the insurance applied for will not become effective until the date the Insurer accepts this application (and provided my member account has adequate funds to meet the insurance fees payable) and if accepted, insurance fees for the cover will be based on Standard premiums rates.
- The Insurer's assessment may result in a change to my occupation category, and this may change the insurance fees I pay for both existing and any reinstated cover.
- I understand that the Income Protection cover excludes any injury or illness caused directly or indirectly by war.
- I consent to the collection, use and disclosure of my personal information in accordance with the Brighter Super *Privacy policy* and the TAL *Privacy Policy*.

Signature

Date signed

/ /

Please sign in blue or black pen - Brighter Super does not accept digital signatures on this form.

Now you have completed this form and signed the declaration, please send it to us by:

Email (scanned copy)
insurance@brightersuper.com.au

Post Brighter Super
GPO Box 264
Brisbane Qld 4001



Contacting TAL:

Email groupriskadmin@tal.com.au **Phone** 1800 666 136 **Fax** +61 (0)2 9465 2065 **Website** tal.com.au