

# Suncorp Employee Superannuation Plan Confirmation of insurance arrangements after leaving employment form



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Suncorp Portfolio Services Limited (Trustee)  
ABN 61 063 427 958 AFSL 237905 RSE L0002059

Please use this form to confirm your insurance arrangements after leaving employment with the Suncorp Group or associated employer.

Complete this form if you would like to:

- Apply to reinstate your Income Protection cover and/or
- Would like to change your existing Death only or Death & Total and Permanent Disability (TPD) cover

You do not need to complete this form if you would like your existing Death only or Death & TPD cover to continue automatically as a fixed amount.

Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use a cross (X) to mark answer boxes
- Complete all sections of the form and sign and date on the last page
- Read the 'Your duty of disclosure' section

**Any questions?** If you'd like help completing this form, or if you have any questions, just call us on 1800 652 489 between 8am and 6pm (Eastern Standard Time) Monday to Friday.

## 1. Personal details

Suncorp Employee Superannuation Plan account number

Title  Single  Married  De-facto  Gender: Male  Female

Last name

Given name(s)

Date of birth  /  /

Daytime phone number           Mobile

Email

## 2. Insurance cover options

Please choose from the insurance cover options below.

Tick box	Current insurance arrangement	Insurance cover options
<input type="checkbox"/>	Death only cover	Death only cover fixed at \$200,000
<input type="checkbox"/>	Death & TPD cover	Death & TPD cover fixed at \$200,000
<input type="checkbox"/>	Death only cover	Death only cover fixed at \$_____ (must be less than your current sum insured)
<input type="checkbox"/>	Death & TPD cover	Death & TPD cover fixed at \$_____ (must be less than your current sum insured)
<input type="checkbox"/>	Income Protection cover	Reinstate my Income Protection cover

If you are applying to reinstate your Income Protection cover, please ensure you submit this application within 6 months of leaving your employer and complete sections 3 to 8 before completing the declaration and signing in section 9. If you are only making changes to your Death only or Death & TPD cover, please proceed straight to section 9.

Please note:

- Any increases to your Death only or Death & TPD cover up to the \$200,000 limit will be provided as 'Limited Cover' only
- If you have applied to have your Income Protection cover reinstated, and your application is accepted, your insurance fees for your Income Protection cover will be based on Suncorp Employee Superannuation Plan 'Individual rates', instead of any 'Standard rates' that may have applied
- If you had any exclusions or loadings on your insurance cover, these will still continue to apply

# Your duty of disclosure

## Please read this before completing the application

Before you enter into a contract of life insurance with an insurer, you've a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty, however, doesn't require disclosure of a matter:

- That diminishes the risk to be undertaken by the insurer
- That's of common knowledge
- That your insurer knows, or in the ordinary course of their business, ought to know
- As to which compliance with your duty is waived by the insurer

**Non-disclosure** – If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the insurance fee that would have been payable if you had disclosed all relevant matters to the insurer.

**This duty continues to apply until the insurer notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.**

### 3. Occupation details (must be completed)

1. Please list your present occupation and industry.

Occupation\*

Industry

\* A list of occupations can be found in the Suncorp Employee Superannuation Plan insurance premium rates guide available on our website

2. a. Describe all duties including the percentage of time spent on each.

Duties (eg, office, manual, site supervision, selling etc)	Percentage of time (%)

Location (eg, office, on site, at home, driving etc)	Percentage of time (%)

b. What date did you cease employment?

c. What date does your new position start?

d. Will you be gainfully employed on a permanent basis for 15 hours or more per week? ..... Yes  No

e. How many hours will you work per week in this occupation?  hrs

f. How many weeks will you work per year?  weeks

g. What is your annual salary?

h. Are you eligible to be paid or have you lodged (or intend to lodge) a claim for Income Protection under this policy? ..... Yes  No   
 If 'yes', please provide details.

### 4. Habits (must be completed)

1. Have you ever smoked tobacco or any other substance in the last 12 months? ..... Yes  No

**5. Residence and travel** (must be completed)

1. Were you born in Australia? ..... Yes  No   
 If 'yes', please go straight to question 3
2. Are you an Australian citizen or do you hold an Australian Permanent resident visa? ..... Yes  No   
 How long have you lived in Australia?  Country of birth  Visa type
3. Do you travel overseas in your job? ..... Yes  No   
 Countries  Purpose   
 Duration  Frequency
4. Do you have definite plans to live or travel overseas in the future? ..... Yes  No   
 If 'yes', please advise Date leaving  /  /  /  /  /  Date returning  /  /  /  /  /   
 Countries to be visited  Reason for trip

**6. HIV** (must be completed)

Office use only 12

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the Human Immunodeficiency Virus (HIV) or are you carrying antibodies to HIV?..... | <b>Yes</b>               | <b>No</b>                |
|  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the last 3 years have you or do you intend to:   | <b>Yes</b>               | <b>No</b>                |
| a. Work as or engage in sexual intercourse with a prostitute? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Engage in male to male anal sexual activity?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have sexual intercourse with an intravenous drug user?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have sexual intercourse with someone you suspect or know to be HIV positive?.....   | <input type="checkbox"/> | <input type="checkbox"/> |

**If you have answered 'yes' to any of the above, our underwriters will contact you for further information.**

**7. Activities** (must be completed)

1. In the last 12 months have you taken part or do you have definite intentions to take part in any organised sport or hazardous activity eg football, parachuting, hang gliding, motor sport of any kind, underwater diving, rock climbing, paragliding, caving, mountaineering, ocean racing, martial arts, rodeo, aviation other than as a fare paying passenger on a licensed public service (eg Qantas)? ..... Yes  No   
 If 'yes', please answer question 2 and complete the Activities questionnaire below.
2. Type of activity

**8. Activities questionnaire** (must be completed if you answered 'yes' to question 1 in Section 7 above)

**Underwater diving**

a. Type (scuba, hookah etc)  b. What are your qualifications for this activity?

c. How long have you been doing this?  d. How often do you do this?

e. Are you professional or amateur?

f. Maximum depth of dives  Metres g. Average depth of dives  Metres

h. Geographical location

i. Do you dive in wrecks, potholes or caves?.....Yes  No

j. Have you ever had a diving accident or diving sickness? (eg, blackout, needed decompression etc).....Yes  No

k. Do you intend to change the scope of your license/participation? .....Yes  No

If 'yes' to i – k, please provide details.

**Motor sports**

a. Type (car, bike etc)  b. Events (speedway, off road etc)

c. How long have you been doing this?  d. How often do you do this? .....

e. Are you professional or amateur?

f.

Category (eg, touring cars)	Class (eg, AA/D)	Vehicle & type of fuel	Engine capacity	No. of vehicles in event	Max speed km/hour
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

g. Do you intend to change the scope of your license/participation? .....Yes  No

If 'yes', please provide details.

**Flying – power-driven aircraft or conventional glider**

a. What type of flying do you do (private, agricultural, ultralight etc)?

b. Total number of hours flown as a pilot?  Hrs Number of hours in the past 12 months? Fixed Wing  Hrs Helicopter

c. Number of hours expected in the next year? Fixed Wing  Hrs Helicopter  Hrs

d. Geographical location

e. What class license do you hold?

f. Do you intend to change the scope of your license?.....

If 'yes', please provide details.

**Abseiling, caving, mountaineering, rock climbing**

a. Activity

b. How long have you been doing this?  c. How often do you do this?

d. Geographical location

e. Maximum altitude/depth  f. Equipment used

g. Maximum grade of climb  h. Type (top roping etc)

**Other activity**

a. Describe activity  b. What are your qualifications for this?

c. How long have you been doing this?  d. How often do you do this?

e. Geographical location  f. Are you professional or amateur?

**9. Declaration and signature** (must be completed)

By completing and signing this form I acknowledge that:

- I've read the Suncorp Employee Superannuation Plan PDS and the Member Booklet and have received and accepted this offer in Australia. If I've received this offer electronically, I've printed all pages of the document
- I've read this application form and confirm that the answers given are my true and complete answers, even if the answers either in this form or any attachment, aren't in my handwriting, I declare that they have been correctly written down at my dictation
- If I've applied for reinstatement of my Income Protection cover, I've read my duty of disclosure and haven't withheld any information material to the Insurer and understand that this duty continues to apply and that the insurance applied for won't become effective until the Trustee advises the risk has been accepted
- Before or at the time I provided any personal information, I read and understood the Trustee's privacy statement in the current Suncorp Employee Superannuation Plan Product Guide, which is also available at [suncorp.com.au/privacy](http://suncorp.com.au/privacy)
- I may request access to my personal information by contacting you, although I may in some circumstances not be granted access to it. Also, I acknowledge that if the personal information requested from me isn't provided to you, then you may not be able to provide services covered in the Trustee's privacy statement.
- All insurance cover under the Suncorp Employee Superannuation Plan has a specific exclusion for disability caused directly or indirectly by war

I consent to the Trustee collecting, using and disclosing my personal information, including sensitive information, in accordance with the privacy statement. This includes:

- The use of personal information about me by the Trustee (if applicable) for the purposes of providing insurance through my membership of the Suncorp Employee Superannuation Plan, including to assess and decide whether to agree to an application and on what terms (if any) or any amendment or increase of any insurance provided; to provide and manage the insurance cover relating to an application that has been accepted; to investigate and, if covered, manage and pay any claims made in relation to any insurance I have with you or other members of the Suncorp Group and
- The disclosure of personal information about me by the Trustee (if applicable) to, and obtaining personal information from, other parties for any of these purposes. These other parties include my adviser, other members of the Suncorp Group, loss assessors and claim investigators, other insurance companies and reinsurers, mailing houses, claims reference providers, research and telephone service providers, hospitals, medical and other health professionals, government departments, other trustees, legal and other professional advisers and other service providers.

If I've disclosed personal information about any other person, I confirm that I'm authorised to disclose personal information about that person and to consent to its use and disclosure to other parties (and obtaining other personal information about that person from other parties) for the purposes above.

Signature of the  
Person to be Insured

Date   /   /

Print full name

Please send the completed form and any required attachments to: **Suncorp Employee Superannuation Plan  
GPO Box 2585 (IPC: LS004)  
Brisbane QLD 4001**

or fax to: **07 3002 3259**