

Suncorp Employee Superannuation Plan

Insurance application form - Life/TPD cover only

(for former members of Promina Corporate Superannuation Fund)

Issued 1 April 2022

Use this form to apply for insurance cover or increase your existing cover if you're a former member of the Promina Corporate Superannuation Fund

Please note:

- you can apply for Life cover only, Life and Total and Permanent Disability (TPD) cover, or an increase by specifying a fixed amount.

Tips to help you complete this form

- Use a blue or black pen and write in CAPITAL letters
- Use an 'X' to mark answer boxes
- Complete all sections of the form and sign and date on the last page

Have any questions?

If you'd like help completing this form, or if you have any questions, please call us on 1800 652 489 between 9am and 5pm (AEST) Monday to Friday.

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.

A. Personal Details

Suncorp Employee Superannuation Plan account number	<input type="text"/>						
Title	<input type="text"/>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De-facto	Gender*	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Last name*	<input type="text"/>						
Given name(s)*	<input type="text"/>						
Date of birth*	<input type="text" value="DD / MM / YYYY"/>						
Daytime phone number	<input type="text"/>	Mobile phone number*	<input type="text"/>				
Email address*	<input type="text"/>						

* mandatory field

B. Insurance details

New or amendment to existing cover

Please tick the appropriate box:

- New application cover
 Amendment to existing cover

Insurance cover (fixed amount only)

Amount of Life cover (in addition to any existing benefit)

\$

Amount of TPD cover^ (in addition to any existing benefit)

\$

^The amount of TPD cover applied for cannot exceed the amount of Life cover.

C. Occupation details (must be completed)

1. Please give details of your current occupation, industry and length of time in this occupation.

Occupation

Industry No. of years

2. What are the principal duties of your occupation? (include % of time spend in each)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. Do you intend to change your occupation or duties, employment status or take extended leave within the next 12 months? Yes No

If 'yes', details of change

Date of change

4. What has been your insurable income over the past 12 months? Insurable income is the income earned by your own personal exertion

(less expenses insured in earning that income) before tax, which will cease if you are unable to work. \$ pa

5. Occupation class quoted by your Adviser (if known)

D. Insurance history (must be completed)

If you have existing insurance providing benefits similar to that being applied for, we will take this existing insurance cover into account when considering whether or not to accept this application.

1. Do you have with us or any other company, or are you currently applying for, any type of life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance? Yes No

If 'yes', please provide:

Name of company	Type of insurance	Insured benefit	Date commenced	Is policy to be discontinued/ replaced?
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes* <input type="checkbox"/> No
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Yes* <input type="checkbox"/> No

***If you have indicated that it is your intention to replace insurance you currently have with the cover you are now applying for, the replacement cover under any policy we issue will only start when the insurance which is to be replaced is cancelled. Additionally, you shouldn't cancel your existing cover until your application has been approved.**

2. Has any application for insurance ever been refused, postponed, accepted with an increased insurance fee or on modified terms? Yes No

If 'yes', please provide details:

3. Are you claiming or have you ever claimed benefits from any source eg, an insurance policy, workers compensation, social security (including unemployment benefits), veterans affairs, sickness benefits, invalid pension, third party, etc? Yes No

If 'yes', please provide:

Date	Source	Reason	Has the claim been settled/benefits ceased?	Date ceased
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<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="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/> / <input type="text"/> / <input type="text"/>

E. 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

F. Medical history (must be completed, except when a medical examination is required)

1. What is your height and weight? Height cm Weight kgs
2. Are you left handed or right handed? Left Right
3. Have you ever had any symptoms of, investigation or treatment for, or received a diagnosis for:
- a. Heart attack, angina, chest pain or stroke? Yes No
 - b. Asthma, bronchitis, emphysema? Yes No
 - c. Depression, anxiety, panic attacks, stress (requiring advice from a doctor or counsellor), psychosis, schizophrenia or any other mental illness or nervous disorder? Yes No
 - d. Epilepsy, fainting attacks or fits of any kind? Yes No
 - e. Recurrent indigestion, ulcer, Hepatitis (A, B, C or D)? Yes No
 - f. Cancer, tumour, lump or growth of any kind or breast lumps (even if you have not seen a doctor)? Yes No
 - g. Any impairment of sight or hearing including symptoms such as tinnitus or blurred vision? (This does not include long or short sightedness corrected by glasses) Yes No
 - h. Back or neck pain or strain, sciatica or any other disorder of the spine or neck or any disorder of the joints, muscles, ligaments, cartilage or limbs? Yes No
 - i. Arthritis, gout, fibromyalgia, tendonitis, tenosynovitis, RSI or any regional pain syndrome or chronic fatigue? Yes No
 - j. Diabetes or abnormal blood sugar? Yes No
 - k. Psoriasis, eczema or any other disorder of the skin, or any allergic or chemical sensitivity reaction? Yes No

If you answered 'yes' to any of the conditions above, please also complete a Special health questionnaire (on page 5) for each condition.

4. Other than those conditions stated in question 3, have you ever had any symptoms of, investigation or treatment for, or received a diagnosis for:
- a. High blood pressure, heart murmur or any other heart or blood vessel disorder? Yes No
 - b. Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder? Yes No
 - c. Tuberculosis or any other lung or respiratory system disorder? Yes No
 - d. Paralysis, Multiple Sclerosis, recurrent headaches or any other disorder of the nervous system? Yes No
 - e. Passage of blood from the bowel, vomiting of blood or any other disorder of the liver, gall bladder, bowel, intestine, stomach or pancreas? Yes No
 - f. Prostate disorder, sexually transmitted disease, renal colic or stone, blood in the urine or any other disorder of the kidneys, bladder or reproductive organs? Yes No
 - g. Sleep apnoea or any sleeping disorder? Yes No
 - h. Thyroid disorder or any other glandular disorder? Yes No
 - i. Any sickness, injury or physical impairment not previously mentioned? Yes No
5. Do you take any prescribed medication on a regular basis (other than the contraceptive pill)? Yes No
6. Have you ever had or are you considering having a genetic test where you received (or are currently awaiting) an individual result? Yes No
7. Are you considering consulting a doctor, health professional, seeking a medical examination, advice, treatment, tests or an operation? Yes No
8. Other than already stated, during the last 3 years have you been examined or treated by or received advice from any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care professional, been in hospital, had any operation or had any tests (eg, x-ray, ECG etc)? Yes No

If you answered 'yes' to 4, 5, 6, 7 or 8 please provide details on the next page.

9. Has your mother or father, or any brother or sister had breast, ovarian, colon or other cancer, diabetes, high blood pressure, heart problems, stroke, mental disorder, haemochromatosis, Huntington's disease, muscular dystrophy, Familial Adenomatous Polyposis, polycystic kidney or any other hereditary disease? Yes No

If 'yes', please provide details in the following table.

Family member (relationship to you)	Condition/Sickness (for cancer/heart disease, specify type)	Age at onset (approx)	Age at death (if applicable)

10. Females only

- a. Have you ever had an abnormal pap smear or breast ultrasound or mammogram? Yes No

If 'yes', please provide details of test(s), result(s) and date(s).

- b. Are you currently pregnant? Yes No

(i) If 'yes', due date / /

- (iii) Have there been or are there expected to be any complications? Yes No

If 'yes', please provide details

If you answered 'yes' to 4, 5, 6, 7 or 8 please provide details.

Question no.	<input type="checkbox"/>	Sickness, injury or tests			
		Test results			
		Date commenced	<input type="text" value="DD / MM / YYYY"/>	Time off work <input type="text"/>	Degree of recovery (%) <input type="text"/>
		Date of last symptoms	<input type="text"/>	Treatment received	<input type="text"/>
		Full name and address of doctor or hospital	<input type="text"/>		
			State	Postcode	

Question no.	<input type="checkbox"/>	Sickness, injury or tests			
		Test results			
		Date commenced	<input type="text" value="DD / MM / YYYY"/>	Time off work <input type="text"/>	Degree of recovery (%) <input type="text"/>
		Date of last symptoms	<input type="text"/>	Treatment received	<input type="text"/>
		Full name and address of doctor or hospital	<input type="text"/>		
			State	Postcode	

Question no.	<input type="checkbox"/>	Sickness, injury or tests			
		Test results			
		Date commenced	<input type="text" value="DD / MM / YYYY"/>	Time off work <input type="text"/>	Degree of recovery (%) <input type="text"/>
		Date of last symptoms	<input type="text"/>	Treatment received	<input type="text"/>
		Full name and address of doctor or hospital	<input type="text"/>		
			State	Postcode	

Question no.	<input type="checkbox"/>	Sickness, injury or tests			
		Test results			
		Date commenced	<input type="text" value="DD / MM / YYYY"/>	Time off work <input type="text"/>	Degree of recovery (%) <input type="text"/>
		Date of last symptoms	<input type="text"/>	Treatment received	<input type="text"/>
		Full name and address of doctor or hospital	<input type="text"/>		
			State	Postcode	

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		Test results			
		Date commenced	<input type="text" value="DD / MM / YYYY"/>	Time off work <input type="text"/>	Degree of recovery (%) <input type="text"/>
		Date of last symptoms	<input type="text"/>	Treatment received	<input type="text"/>
		Full name and address of doctor or hospital	<input type="text"/>		
			State	Postcode	

Question no.	<input type="checkbox"/>	Sickness, injury or tests			
		Test results			
		Date commenced	<input type="text" value="DD / MM / YYYY"/>	Time off work <input type="text"/>	Degree of recovery (%) <input type="text"/>
		Date of last symptoms	<input type="text"/>	Treatment received	<input type="text"/>
		Full name and address of doctor or hospital	<input type="text"/>		
			State	Postcode	

G. Special health questionnaires (must be completed if you answered 'yes' in Section F question 3)

Asthma

1. Date asthma first diagnosed
2. How often do you experience symptoms? eg, wheezing, breathlessness, chest tightness
3. When did you last experience symptoms?
4. Are you woken during the night with symptoms? Yes No
If 'yes', how often and date of last occurrence
5. Have you ever been off work due to your asthma? Yes No
If 'yes', please advise when and for how long
6. What is your current treatment? Include type of medication and dosage.
7. Have you ever required use of oral steroids? Yes No
If 'yes', please advise when and for how long.
8. Have you ever been in hospital or received emergency treatment for asthma? Yes No
If 'yes', please advise when, for how long and where.
9. Do you ever measure your peak flow? Yes No
If 'yes', please advise your highest and lowest readings in the past 6 months.
10. Have you ever consulted a specialist for this condition? Yes No
If 'yes', please advise name and address of doctor and date of last consultation.
11. Does your regular doctor have details of this condition? Yes No
If 'no', please provide name and address of doctor who has full details.
12. Please advise details of your most recent visit to any other doctor for this condition. Include date, name and address of doctor consulted.

Anxiety/Depression/Nervous disorder

1. Nature of condition and underlying cause.
2. Describe your symptoms.
3. Date symptoms commenced.
i) Are you still experiencing symptoms? Yes No
ii) If 'no', when did you last experience symptoms?
4. Have you taken regular or occasional medication for this condition? Yes No
If 'yes', please advise type, dosage and frequency.
5. Are you still taking this medication? Yes No
If 'no', please advise date ceased.
6. Have you had any other treatment (eg, counselling, hospitalisation, ECT)? Yes No
If 'yes', please advise type, dates, hospital and name and address of treating doctor.
7. Have you ever been off work or had your normal daily activities restricted in any way due to this condition? Yes No
If 'yes', please advise when and for how long.
8. Have you any ongoing effects or restriction in your activities of any kind? Yes No
If 'yes', please provide details.
9. Have you ever consulted a psychiatrist, psychologist, counsellor or any other therapist? Yes No
If 'yes', please advise dates and name and address of all persons consulted.
10. Please provide details of your most recent visit for this condition. Include date, name and address of the doctor or health professional consulted.
11. Does your regular doctor have details of this condition? Yes No
If 'no', please provide name and address of doctor who has full details.

G. Special health questionnaires (must be completed if you answered 'yes' in Section F question 3)

Back/Neck

1. Area of spine affected? Neck, upper or lower back?
2. Date of first symptoms
3. What was the cause?
4. Have you had any diagnostic investigations eg, CT Scans, x-rays etc? Yes No
 If 'yes', please provide details of test(s), result(s) and date(s).
5. Are you still experiencing symptoms? Yes No
 If 'no', please provide date of last experienced symptoms?
6. How often do/did you have symptoms?
7. Do you have or have you ever had pain, numbness or 'pins and needles' in your arms, shoulders, buttocks or legs? Yes No
8. Have you ever been off work due to your spinal symptoms or unable to perform your normal day to day activities? Yes No
 If 'yes', when and for how long?
9. What is the nature of the treatment (eg, spinal manipulation, deep tissue massage etc)?

 i) Are you still receiving treatment? Yes No
 ii) If 'no', when did you cease treatment
10. Have you ever consulted a specialist for this condition? Yes No
 If 'yes', provide name and address of specialist and date of last consultation.
11. Please provide details of your most recent visit to any other doctor or therapist for this condition. Include date, name and address of doctor or therapist consulted.
12. Have you had any ongoing effects of any kind? Eg, pain, discomfort or limitations of movement etc? Yes No
 If 'yes', please provide details.
13. Is it necessary to avoid lifting or to restrict your daily activities in any way? Yes No
 If 'yes', please provide details.
14. Does your regular doctor have details of this condition? Yes No
 If 'no', please provide name and address of doctor who has full details.

Any other condition

1. Name of condition (exact diagnosis)
2. The cause
3. a. Describe symptoms
 b. Date symptoms commence
 Date symptoms ceased
 c. How often do/did you have symptoms?
4. Have you ever been off work or had your normal daily activities restricted in any way because of this condition? Yes No

Date from	Duration	Reason/Restriction
<input type="text" value="DD / MM / YY"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="DD / MM / YY"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="DD / MM / YY"/>	<input type="text"/>	<input type="text"/>
5. Have you any residual, on-going effects or restriction in your daily activities? Yes No
 If 'yes', please provide details.
6. Have you taken regular or occasional medication for this condition? Yes No
 If 'yes', please advise names of medication(s), dosage(s) and frequency.

 Are you still taking this medication? Yes No
7. Have you had any other treatment for this condition (eg, physiotherapy, operation, alternative remedies)? Yes No
8. Have you had any diagnostic investigations (eg, scope, scan, x-rays, EEG, ECG etc)? Yes No
9. Have you ever been in hospital or received emergency treatment for anything related to this condition? Yes No
10. If you answered 'yes' to 7, 8 or 9, please provide details including date, type of treatment and tests.
11. Details of your most recent visit to a doctor or other therapist for anything related to this condition.

Date	Reason for consultation, investigations, findings, advice
<input type="text" value="DD / MM / YY"/>	<input type="text"/>
Doctor/Therapist name and specialty	
<input type="text" value="DD / MM / YY"/>	<input type="text"/>
12. Has further treatment been recommended for this condition? Yes No
 If 'yes', please provide details.
13. Does your regular doctor have details of this condition? Yes No
 If 'no', please provide name and address of doctor who has full details.

H. Habits (must be completed, except when a medical examination is required)

1. Have you ever smoked tobacco or any other substance, or, in the last 12 months, used any nicotine replacement therapy product? Yes No
- If 'yes', type (eg. cigarettes, gum, patches)? Daily quantity?
- How many years? Date ceased if applicable
- Other
2. Do you drink alcohol? Yes No
- If 'yes', please advise number of standard drinks per week?
- Standard drink = 30 ml (1 nip) spirits, 100 ml (1 glass) wine, 60 ml (1 serve) sherry or port, 285ml (middy/half pint) full strength beer.
3. Have you ever used or injected yourself with any illegal or illicit drugs? Yes No
4. Have you ever received advice, counselling or treatment for the use of drugs or alcohol? Yes No
- If you answered 'yes' to question 3 or 4, please provide details in the following table

Question no.	Date from	Date to	Type of usage (alcohol, heroin etc)	Name and address of doctor who has full details
	/ /	/ /		
	/ /	/ /		

I. Doctor's details (must be completed)

If you do not have a usual doctor, answer these questions with reference to your most recent medical consultation.

1. Name of your usual doctor Yes No
- Address
- State Postcode
- Work phone () Fax ()
2. How long have you been a patient of this doctor? Date of last consultation
- Reason and outcome of last consultation
-
3. If you have been attending your current doctor for less than 2 years, please provide the following details:
- Name of previous doctor/medical centre
- Address
- State Postcode
- Please provide date, reason and outcome of last consultation(s)

J. HIV (must be completed)

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? Yes No
2. In the last 5 years have you or do you intend to:
- a. Work as or engage in sexual intercourse with a prostitute? Yes No
- b. Had unprotected anal sexual intercourse with more than one partner? Yes No
- c. Have sexual intercourse with an intravenous drug user? Yes No
- d. Have sexual intercourse with someone you suspect or know to be HIV positive? Yes No

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

K. 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 the activities questionnaire on page 9. Yes No
2. Type of activity
3. Do you want to be considered for cover whilst taking part in this activity?
- Yes. If 'yes', please complete the Activities questionnaire on page 8.
- No. If 'no', please complete the Sports and activities exclusion acknowledgement on page 9.
- (Please note that the activity will usually be excluded for disability type coverages).

L. Activities questionnaire (must be completed if you indicated 'yes' in Section K question 1)

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 Meters

g. Average depth of dives Meters

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?

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 Hrs

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? Yes No

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?

M. Sports and activities exclusion acknowledgement

Please complete this section if you answered 'no' to question 3 in section K.

To be completed by the proposed Person to be Insured

This form applies to the following activities only:

- Abseiling
- Aviation (includes conventional gliding)
- Caving
- Diving
- Football (all codes)
- Martial arts (incl boxing)
- Motor boat racing
- Motor car racing
- Motor cycle racing
- Mountaineering
- Parachuting
- Rock climbing
- Sports aviation (eg, hang gliding)

Is the type of activity you noted in section K listed above?

Yes If 'yes', please complete this acknowledgment form.

No If 'no', you do not need to complete this form. We will send you a separate sports and activities exclusion acknowledgment form for you to complete and return to us.

Life cover

No benefit will be paid if death or terminal illness results directly or indirectly from Name of Person to be Insured
engaging in

Insert key words from list below

Total and Permanent Disability

No benefit will be paid for any disablement which results directly or indirectly from Name of Person to be Insured
engaging in

Insert key words from list below

Key word	Exclusion wording
Abseiling, mountaineering, rock climbing, caving	Participation in or preparation for abseiling, caving, pot holing, rock climbing or any form of mountaineering.
Aviation (includes conventional gliding)	Participation in aviation activities, other than as a fare paying passenger in a fully licensed standard type of aircraft operated by a recognised airline over an established air route.
Diving	Participating in or preparation or practice for diving activities using scuba or any other form of diving equipment.
Football (eg. rugby union, rugby league, Australian rules and soccer)	<p>This wording will be included as a special condition if you are applying for Total and Permanent Disability.</p> <p>Amateur – Occupation class 1 and 2</p> <ul style="list-style-type: none"> – Participation in or preparation or practice for football activities during the first 30 days that the Insured Person is unable to work. <p>Amateur – Occupation classes 3, 4, 5</p> <ul style="list-style-type: none"> – Participation in or preparation or practice for football activities during the first 90 days that the Insured Person is unable to work.
Sports aviation (eg hang gliding)	Participation in or preparation or practice for hang gliding, ballooning, paragliding, para ascending activities or any other form of flight by any means other than aeroplane.
Martial arts (including boxing)	Participation in or practice for boxing, wrestling or any martial arts activities.
Motor boat and power boat racing	Participation in or preparation or practice for motor boat or power boat-racing activities.
Motor car racing	Participation in or preparation or practice for motor racing activities.
Motor cycle racing	Participation in or preparation or practice for motor cycle racing activities
Parachuting	Participation in or preparation for making a parachute descent or any happening in or to an aircraft in connection with parachuting.

Declaration

- I have read the full exclusion wording that applies to each activity that I wish to exclude, and
- I understand and accept the limits this places on the insurance cover, and
- I accept that the exclusion wording for each activity that I wish to exclude will be included as a special condition in my policy.

Signature of Person to be insured

Date

Print full name

N. Consent and declaration by the Person to be Insured

This must be completed in ALL instances

I acknowledge that:

- I have 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, are not in my handwriting, I declare that they have been correctly written down at my dictation.
- I have read the duty to take reasonable care and have not withheld any material information from the Insurer or the Trustee and understand that this duty continues to apply and that the insurance applied for will not become effective until TAL Life Limited advises the risk has been accepted.
- Any statements I have made on or with an application to another insurer and which I have presented to TAL Life Limited intended by me as declarations and representations to TAL Life Limited and I acknowledge that TAL Life Limited will use them in assessing this application for insurance.
- I have read and understood the Your Privacy information contained in this form.
- 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 is not provided to you, then you may not be able to provide services covered in the Your Privacy information contained in this form.
- I understand that the insurance applied for will not become effective until this application is accepted in writing.

- I have received and read the current Product Disclosure Statement.

I consent to:

- the use of personal information about me by TAL Life Limited and the Trustee (if applicable) for the purposes of providing insurance through my membership of the 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 TAL Group; and
- the disclosure of personal information about me by TAL Life Limited and/or the Trustee (if applicable) to, and obtaining personal information from, other parties for any of these purposes. These other parties include the policy owners' Adviser, 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 have disclosed personal information about any other person, I confirm that I am 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 Person
to be insured

Date

Print full name

O. Adviser details (your adviser will be able to complete this information for you)

Adviser number

Adviser name

Adviser's signature

Date

Where to send the form

Please send the completed form and any required attachments to:

**Mail: Suncorp Employee Superannuation Plan
GPO Box 2585
Brisbane QLD 4001**

Email: super@spsl.com.au



Your privacy is important to us. We may collect, use, disclose and handle your personal information in the manner set out below.

What is 'personal information'?

Personal information is information or an opinion, whether true or not, about a person whose identity is apparent from the information or opinion. Personal information includes any information we collect from you directly or from another party such as your employer, another superannuation fund, your financial adviser or another personal representative, as well as publicly available sources. It includes your name, address, date of birth, tax file number, contact details and any other information you provide to us either directly or through a website, a third party or via a service provider.

Personal information also includes 'sensitive information'.

What is 'sensitive information'?

Sensitive information is information or an opinion about a person's racial or ethnic origin, political opinions, religious beliefs, membership of a professional association or trade union, sexual preferences, criminal record, health information or genetic information.

Why do we collect personal information?

We only collect personal information about you where it is necessary to establish and administer our products and services on your behalf and to keep you up to date with important changes that could affect your super or your insurance. We also collect personal information from non-members to provide information about our products and services.

We handle personal information with the highest level of care and in line with the Privacy Act 1988 ("Act") and the Australian Privacy Principles ("APPs"). Where it is reasonable and practical we will collect the information directly from you.

We will notify you when we collect your personal information from a third party and why it has been collected. We will take reasonable steps to make sure you and the third party are aware of this policy in relation to the information we collect.

We may be required to collect personal information in accordance with superannuation and taxation laws and any other relevant legislation.

In the event we receive unsolicited personal information about you from other sources, we will destroy or de-identify the information as soon as practicable if it is lawful and reasonable to do so.

We will not collect sensitive information about you without your consent and only where the information is reasonably necessary to administer our products and services. Exceptions will apply where the information is required under Australian law or in other circumstances under the Act.

We will collect health information about an individual in order to provide death and disability insurance.

What happens if you don't give us your personal information?

If you decide not to provide your personal information to us, we may not be able to provide you with our products or services. Many of our products and services require us by law to collect your personal information to identify who we are dealing with.

How we use and disclose your personal information

We collect, use, hold and disclose your personal information generally to establish and administer our products and services.

Personal information is primarily used by us to:

- start and maintain a correct superannuation account/record for you;
- identify you and your superannuation entitlements;
- accurately calculate the amount of benefit you should receive;
- assess, manage and pay any claims you may be entitled to, including claims that contain an insured component;
- communicate with you and provide advice about your superannuation and insurance cover;
- provide information to you about our products and services.

Personal information may also be:

- disclosed by us to our insurers so we can provide you insurance cover;
- used by us or a trusted supplier to undertake market research with you;

- used by us to search the Australian Taxation Office's lost member register;
- disclosed by us to our trusted suppliers such as mailing houses or market research organisations so they can complete a business activity for us;
- disclosed by us to government agencies to comply with legislation (such as the Income Tax Assessment Act 1997);
- disclosed by us to software administrators and assurance providers so that they can complete a business activity for us;
- used or disclosed for another purpose that is related to our functions or activities.

If you don't want us to use your personal information for marketing and research purposes, you can opt out at any time by contacting us and letting us know.

We will not sell or lease personal information to third parties. We will only distribute personal information when required by law.

We may disclose your personal information to your financial adviser or other third party but only after that person has provided us with their explicit authorisation for that disclosure to occur. Such authorisation is required in writing and a person will be required to provide proof of identity before the authorisation is accepted.

We may be required to collect and use certain government related identifiers such as tax file numbers or Centrelink references to provide certain services to you. We do not adopt government identifiers as a customer identifier. We will not use government identifiers in any way which is inconsistent with the purpose for which they were originally issued unless it is authorised by Australian law, or by a court or tribunal order.

Can your personal information be disclosed overseas?

We don't outsource any of our primary business functions to a service provider located overseas. However, we engage third parties to provide services to us that support our primary functions of providing products and services to customers. These business partners or service providers may be located overseas and may not be subject to Australian privacy laws or standards.

Further, our insurers may disclose your personal information to third party recipients (including business partners, service providers and related companies) which are located outside Australia and/or are not established in, or do not carry on business in, Australia. Insurers are required to comply with the Act and the APPs.

Recipients of your personal information supplied by us to provide you with products and services, including insurance benefits, may be located in Brazil, Canada, China, Fiji, India, Indonesia, Israel, Japan, Malaysia, New Zealand, Philippines, Singapore, South Africa, the United Kingdom, USA and members of the European Union.

Can you access your personal information?

If you're registered, you can access your personal account information through your online account at any time. In this secure service, you can check your details such as your date of birth, address and account information and can also make changes to some of these details if needed.

If you don't have access to your online account, you can change your details by contacting us. We will have to conduct an identity check to establish your identity prior to considering any changes.

If you believe personal information that we hold about you is inaccurate, incomplete, or not up-to-date, please let us know and we will take steps to correct it at no charge. Sometimes changes to your information cannot be made. If we don't correct or change the information that we hold about you at your request, we will give you a written notice including reasons for refusal, generally within 30 days of the request. If you are not satisfied with the reasons provided, you may submit a complaint. You may request us to attach a statement with your personal information record stating that you believe your personal information held with us is inaccurate, out-of-date, incomplete, irrelevant or misleading.

There may be some situations where we will not be able to provide you with access to your personal information. These situations may include where the access would have an unreasonable impact on the privacy of others, the information relates to existing or anticipated legal proceedings, providing access would be unlawful, or we have reason to

suspect that unlawful activity or misconduct of a serious nature is being or may be engaged in. Our Complaints Officer can advise if any of these situations apply to your circumstances.

Can your personal information be used for direct marketing?

We may use your personal information to send you marketing materials and information about our products and services. The materials may be sent in various forms including email, mail, SMS and social media. If you have a preference for the type of communication used, we will endeavour to use that type whenever practical to do so. Personal information collected from you may be used to provide updates and promotional information about us and our products and services, such as upcoming sponsorship events.

If you want to opt out of receiving marketing materials, you should contact us.

We will not share or provide your personal information to other organisations other than as outlined in our privacy policy.

Our privacy policy

Our privacy policy contains information about how to make a complaint about an alleged breach of your privacy and how we'll deal with your complaint, as well as other important information about how your personal information is collected, used and disclosed. You can view our privacy policy at suncorp.com.au/super/privacy. A paper copy of our privacy policy can be provided free of charge on request.