

Application to change insurance category rating



You should use this form if you wish to apply to change your insurance category rating. Your insurance category rating is determined by either your employer's insurance category or your occupation category.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. Forms are located on our website at aware.com.au/forms. If you have any questions, please call us on 1300 650 873.

Employer sponsored members

Employer sponsored members are generally rated according to their employer's insurance category, unless the member applies and is accepted for an occupational rating. Whichever rating applies will determine the value of any unit based cover and your insurance premiums. Income protection is always rated based on your occupation category (unless you qualify for the Basic Plus insurance category, as explained in **Section 3** of this form).

Personal members

Personal members are rated according to their occupation category for all insurance benefits that they apply for including income protection.

To apply to change your insurance category, you must complete **Sections 1** and **2**. You must be able to answer **No** to questions 2a. and 2b. in **Section 2** in order to be eligible to change your insurance category rating and provided you do so, you may also be eligible to apply for the Basic Plus insurance category or to be occupationally re-rated for all insurance cover.

IMPORTANT Eligibility for an occupational or Basic Plus insurance rating is subject to acceptance by the insurer. If the insurer rejects your application, all cover will remain based on your existing rating. If the insurer accepts your application, your new occupational rating may either be an improvement or a less favourable rating, compared to your existing rating. This new occupational rating will be applied to the existing insurance cover on your account.

1. Your current membership details

Member number	Account number	Date of birth
<input type="text"/>	<input type="text" value="F S S U"/>	<input type="text"/>

Title	Last name
<input type="text"/>	<input type="text"/>

Given name(s)
<input type="text"/>

Address
<input type="text"/>

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime contact number	Mobile number	M F
<input type="text"/>	<input type="text"/>	<input type="text"/>

Can the insurer contact you directly to clarify or gather information in relation to this application?
 Yes No

Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as `employee_title@company.com.au`)



i You must be able to answer **No** to questions 2a. and 2b. or you will not be eligible for a different occupational rating.

2. Your occupation/employment details

- a. Are you at the date of this application, due to injury, accident or illness, off work or restricted from being capable of actively performing all of the duties and work hours (for at least 30 hours per week) of your usual occupation, even though your actual employment can be on an full-time, part-time of casual basis? Yes No

- b. Have you been diagnosed with a sickness that reduces your life expectancy to less than 12 months? Yes No

- c. Have you ever made, or are you entitled to make a claim, for any illness or injury, lasting more than four weeks, through Aware Super, another superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing total and permanent disablement cover, income protection cover and/or accident or sickness cover? Yes No

If you answered **Yes** to question 2c. please provide details in the boxes below, where applicable, noting that depending on the answers provided the insurer may require further details in order to assess your application. Please attach a separate page if you need more space.

Name of company	Cover type	Sum insured/ Monthly benefit	Date of application or claim	Decision	Reason for decision/ claim	Duration of claim*	Recovery %

* Only relevant for income protection cover.

2. Your occupation/employment details (continued)

Name of employer or government department you work for

What is your occupation?

Major duties at work and the percentage of time performing each duty (e.g. building, paperwork, travel, etc.)

Nature of duties (e.g. office based, manual, heavy manual)

The environment that the duties are performed in (e.g. office, warehouse, building site, underground)

3. Basic Plus insurance category

You must be able to answer **Yes** to each of the questions in this section to be eligible for the Basic Plus insurance category. If you are accepted for this category, it will apply to all your insurance cover.

Are the duties of your occupation limited to professional, managerial, administrative clerical, secretarial or similar white collar-type tasks which are of a sedentary nature and do not involve manual work and are undertaken entirely within an office environment (excluding travel time from one office to another)?

Yes No

Are you earning in excess of \$80,000 per annum (including superannuation) from this occupation?

Yes No

Do you hold a tertiary qualification relevant to your current occupation OR are you a member of a professional institute or registered member of a government body OR are you engaged as a senior member of your employer's management/executive team?

Yes No

4. Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk that the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, the insurer may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

5. Privacy

Your privacy with the insurer – TAL Life Limited

The privacy of TAL's customers is important and they are bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses information relating to their customers is set out in the privacy policy available at www.tal.com.au/Privacy-Policy or available on request.

Collection and use of personal information

The insurer collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer products and services to you. In certain circumstances, such as applications for life insurance products and claims, the insurer 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, the insurer may not be able to provide products and services to you or pay the claim.

The insurer may take steps to verify the information they collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or they may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

The insurer discloses relevant personal information to external organisations that help to 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, such as the following:

- claims assessors and investigators, claims managers and reinsurers;
- 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;
- other insurers;
- for members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- other organisations to whom the insurer outsources certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where the insurer 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).

Your privacy with Aware Super

The personal information you provide on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering your account and providing you with services associated with your fund membership.


For further information about how your personal information is handled, please phone us on **1300 650 873** or visit aware.com.au/privacy to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

 Please sign and date form here.

Signature

Date (DD-MM-YYYY)

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 Send the form to this address.

6. Where to send your completed form

Return the completed form to **Aware Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.