

# Application to increase income protection insurance cover due to a salary increase



This application is made by you under a life insurance policy issued to the trustee of Aware Super by TAL Life Limited, ABN 70 050 109 450 (the insurer). It will be used by the insurer to assess your application.

**IMPORTANT!**  
Not everyone is eligible to increase their income protection cover, so please check the eligibility conditions shown in Section 2 and the Member Booklet Supplement applicable to your membership. Any cover accepted will start from the date you are advised in writing of acceptance by the insurer.

You should use this form to apply for an increase to your income protection cover due to a salary increase.

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](http://aware.com.au/forms).

If you have any questions, please call us on 1300 650 873.

## 1. Your personal details

Member number	Account number	Date of birth	
<input type="text"/>	<input type="text"/> F <input type="text"/> S <input type="text"/> S <input type="text"/> U <input type="text"/>	<input type="text"/>	<input type="text"/>
Title	Last name		
<input type="text"/>	<input type="text"/>		
Given name(s)			
<input type="text"/>			
Address			
<input type="text"/>			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Daytime contact number	Mobile number	M <input type="text"/> F <input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> To avoid unnecessary delays, we may contact you by telephone to clarify any answers you have provided. Please tick this box to confirm that we can contact you.			
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 <code>employee_title@company.com.au</code> )			
<input type="text"/>			

## 2. Your eligibility for increased income protection cover

This application form must be submitted with your relevant supporting documentation **within 90 days** of the increase in your monthly income.

At the date of this application:

- Are you, at the date of this application, due to illness or injury, 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 a full-time, part-time or casual basis? Yes  No
- Have you, in the last 12 months, been absent from work or unable to fully perform:
  - the duties of your usual occupation (whether employed or unemployed); or
  - your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties;
 due to illness or injury (other than cold or flu) for more than six days? Yes  No
- Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application? Yes  No
- Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover declined? Yes  No
- Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover modified or offered on non-standard terms in regards to medical or other conditions? Yes  No
- Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through Aware Super, another superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover? Yes  No



## 2. Your eligibility for increased income protection cover (continued)

7. Have you successfully applied for an increase in death, death and total and permanent disablement, or income protection cover due to a Life Event in the last 12 months from the date of this application? Yes  No

**Note:** If you answered "Yes" to any of these questions, you are not eligible to increase your existing income protection cover due to a life event using this form. You may still apply to increase your existing cover by completing an *Application for insurance or to increase your existing insurance benefits* form available from our website and customer service.

## 3. Your occupation details

Name of current employer

Employment status

- Self-employed       Employee (full time)       Employee (part-time) (      hrs pw)  
 Not working       Domestic duties       Casual (      hrs pw)

Your main occupation (job title)

Industry of your main occupation

Brief description of your occupational duties including % of time in each (e.g. office work, sales, manual duties)

Income<sup>^</sup> per       week       fortnight       year      \$  ,  .

<sup>^</sup>Income includes packaged items but not bonuses/commissions. It excludes investment income and any business expenses.

## 4. Additional cover required

Please show your current level of cover, and the new amount you are applying for. There are restrictions on the level of cover you may apply for.

	Existing cover	Additional cover required	Total new cover
Income protection	\$      (per mth)	\$      (per mth)	\$      (per mth)

### Limits on additional cover

Income protection cover

The amount of additional income protection cover you nominate **cannot exceed the lesser of:**

- 25% of your existing income protection cover; and
- \$2,500 per month.

Please note that:

- the maximum total level of income protection cover after the increase is \$25,000 per month, including any superannuation contribution benefit.

## 5. Documents required

You need to attach a copy of a letter from your employer confirming your salary increase, and this must be submitted within 90 days of the increase in your monthly income.

The copy must be a "certified copy". A "certified copy" is a true copy of an original document that has been sighted and certified by an "acceptable person" and noted as follows: "I certify that I have sighted the original document and this is a true copy of it." This certification must have the certifier's full name, title, registration number (where applicable) and be signed and dated.

An "acceptable person" includes any of the following: legal practitioner; Justice of the Peace; Magistrate; Police officer; Dentist; Veterinary surgeon; pharmacist; nurse; chiropractor; optometrist; and medical practitioner. For more information on certifying documents see the fact sheet *Proof of Identity* on the website.

## 6. Your duty of disclosure to the insurer – TAL Life Limited

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.

## 7. 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](http://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](http://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.

## 8. Declaration

I declare that:

- I have read and understand my duty of disclosure and that this duty applies until formal notification of acceptance.
- The answers to the questions are true, and I have not deliberately withheld any information material to the proposed insurance.
- I agree to be bound by the terms and conditions attached to this cover as set out in the life insurance policy issued to the Trustee by the insurer.
- I consent to the collection, use and disclosure of personal information by the insurer and its service providers in order to assess my application and any claim under the policy.
- I have read and understood the above privacy statements and agree to the collection, use and disclosure of personal information as described in those statements.
- I consent to the insurer seeking medical information from any doctor who at any time I have consulted prior to the date hereof. A photocopy of this authority is as valid as the original to the extent that all professional confidence and privilege is waived.
- I understand that cover under any policy accepted does not begin until acceptance by the insurer of which I will be notified in writing.
- I have read and understand the insurance section of the current *Aware Super Member Booklet* relevant to my Division, including (for employer-sponsored, Police Blue Ribbon and Ambulance Officers' Super members) the *Member Booklet Supplement: Insurance*.

### Medical authority

I agree that any Medical Practitioner or any other person who has been or may hereafter be consulted by me whether named by me or not, will be hereby authorised and directed by me to divulge to TAL Life Limited or any legal tribunal all medical or surgical information he/she may have acquired with regard to myself. A copy of this authorisation shall be considered as effective and valid as the original.



Please sign and date form here.

Signature

Date (DD-MM-YYYY)

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Send the form to this address.

## 9. 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**.