

Early automatic cover for new employer sponsored members



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 to assess your application.

Use this form if you wish to apply for 3 units of early automatic cover for death and total and permanent disablement (TPD) cover upon joining Aware Super as an employer sponsored member.

IMPORTANT!
Early automatic cover will only commence if you have enough money in your account for the deduction of premiums, and this must occur within 6 months of your account opening.
Any cover you apply for is subject to acceptance by the insurer.

* The term 'loaded' refers to a situation where you have been charged an additional premium, a surcharge or other such increase in the cost of your insurance due to a pre-existing medical condition.

If you naturally meet the eligibility requirements for automatic cover (over age 25 and a balance greater than \$6,000) and you are provided with automatic cover, this will supersede your application for early automatic cover.

Please refer to the Member Booklet Supplement applicable to your membership before making any decisions about your insurance.

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.

1. Are you eligible to apply?

Early automatic cover for death and TPD

You are eligible to apply for early automatic cover if:

- Your age is 15 or older and less than age 70
- Your employer is a participating employer who is making SG contributions to your employer sponsored account
- Your account has been open for less than 6 months, and
- You have not already been provided with automatic cover in your Aware Super account

General questions

If we receive your completed application form within 30 days from the date your employer sponsored account is opened with Aware Super, you are not required to answer the following three questions. Early automatic cover will commence on the date we receive your fully completed application form, subject to you meeting the above eligibility conditions and there being enough money in your account within 6 months of your account opening.

If you are unable to ensure our receipt of your completed application form within 30 days of your employer sponsored account being opened, you must answer the following questions:

- a) Are you, at the date of your application, due to injury 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) or your usual occupation, even though your actual employment can be on a full-time, part-time or casual basis? Yes No
- b) Have you had death or TPD type cover from any fund (including Aware Super) or insurer declined, loaded* or excluded in the past or made a claim for any such benefit (whether successful or not)? Yes No
- c) Have you been diagnosed with 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

If you answer Yes to any of these questions, if early automatic cover is provided it will be subject to limited cover restrictions. For further information on limited cover restrictions, including the At Work test which applies to all members, please refer to the Member Booklet Supplement applicable to your membership.

You will be notified if your application for early automatic cover is activated.

2. Your current membership details

Member number	Account number	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Postal 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="checkbox"/>	<input type="checkbox"/>

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)
<input type="text"/>



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

Your insurance is provided by TAL Life Limited (TAL) as the insurer. It is important that you have read and understood the current Product Disclosure Statement for the cover for which you are applying.

If your account has been opened for more than 30 days, TAL requires you to answer three questions to assist in making a decision on your proposed insurance cover. All questions must be answered correctly and completely. We treat your answers in confidence – please read your duty of disclosure and how we treat your personal information in the sections below.

You must comply with the duty of disclosure as described below.

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.

If you have applied for cover via a financial adviser it is also your responsibility to ensure that the information provided to your adviser is accurate and complete and that the correct information is entered into the Application Form.

4. 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

4. Privacy (Continued)

- 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.

5. Declaration

I declare that:

- I understand that cover under this policy, if accepted by the insurer, will be provided even if my account balance is less than \$6,000 and/or I am under the age of 25 years old.
- 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 *Employer Sponsored Member Booklet* and the *Member Booklet Supplement: Insurance (Employer Sponsored)*.

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.

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**.

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