



Do you know you can apply for additional insurance online?

It's as easy as logging in to your account through *MemberAccess* at clubplussuper.com.au and going to the 'Insurance Details' tab, where you'll find the online forms to complete.

When to use this form



Please complete this form if:

- you are an Industry Division member and wish to apply for, or increase your Death only or Death and Total and Permanent Disablement (TPD) up to a maximum of \$500,000 (including any existing cover) with Club Plus Super.



This form can not be used if:

- you are a Personal Division member; or
- if you wish to apply for more than \$500,000 of Death only or Death and TPD cover; or
- if you wish to apply for any Income Protection insurance cover.

If any of these apply to you, you will need to complete the *Personal Statement* available at clubplussuper.com.au/tools-forms.

Return your signed and completed form to: Club Plus Super, Locked Bag 5007, Parramatta NSW 2124.

Binding Death Nomination

To ensure your Death Benefit is paid to the people you want and as soon as possible after your death, you should advise the Trustee of your wishes. You can make your wishes clear by completing a *Binding Death Benefit Nomination form* available at clubplussuper.com.au/tools-forms.

About the insurer

Insurance cover is provided by OnePath Life Limited ABN 33 009 657 176 AFSL 238 341 (**the Insurer**) and subject to the terms and conditions of the insurance policy issued to Club Plus Super by OnePath Life Limited (**the Policy**). You should read Club Plus Super's PDS and Insurance Booklet for Industry division members for a summary of the terms and conditions of the Policy. You can download the PDS and Insurance Booklet from clubplussuper.com.au/pds or contact Club Plus Super on **1800 680 627** if you would like a copy of the Policy.

Your application will be assessed by the Insurer and Club Plus Super will notify you of the outcome in writing.

The Insurer requires this form, and may require other health information, to determine your application for cover. This form is confidential. Please refer to the OnePath Life's Privacy Statement at Section F for more information about confidentiality.

Health Questionnaire

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you taken more than a total of seven consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you ever had an application for life, disability, trauma, accident or sickness insurance on your life declined, deferred, accepted with a higher than normal premium or issued with restrictions or exclusions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Have you ever made a claim for or received any type of sickness, TPD, accident or disability benefit(s) from any source, Veterans' Affairs benefits, workers' compensation or any other form of compensation (including Centrelink payments) due to illness or injury? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Short Personal Statement (cont.)

Health Questionnaire (cont.)

6. Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:
- a. High blood pressure, high cholesterol, heart complaint, heart murmur, heart palpitations or chest pain Yes No
 - b. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome Yes No
 - c. Stroke, paralysis of any kind or chronic fatigue syndrome, fibromyalgia, epilepsy or neurological disorder Yes No
 - d. Mental/nervous disorder including stress, anxiety or depression Yes No
 - e. Diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions, moles (even if you have not seen a doctor) Yes No
 - f. Disorder of the kidney, bowel, bladder, gall bladder, liver or hepatitis, hernia, blood disorder Yes No
 - g. Sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding use of prescription glasses or contact lenses) Yes No
7. Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation or other medical investigation or test in the future? (e.g. x-ray, ECG, blood test, etc)? Yes No
8. Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related conditions? Yes No

If you answered YES to any of the questions above, you will need to apply for cover by completing the *Personal Statement* available at clubplussuper.com.au/tools-forms.

Section A: Your details

Member number:	Title: Mr/Mrs/Ms/Miss/Other		
<input type="text"/>	<input type="text"/>	Male <input type="radio"/>	Female <input type="radio"/>
Surname:	Given name(s):		
<input type="text"/>	<input type="text"/>		
Address: (this cannot be a PO Box)			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home number:	Work number:	Mobile number:	
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	
Email:	Date of birth (DD/MM/YYYY):		
<input type="text"/>	<input type="text"/>		
May one of our underwriting staff or OnePath authorised service providers contact you by phone if we require more information?			
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If yes, when is the most convenient day(s) and time and on which phone number?			
Days:	Time:	Phone:	
<input type="text"/>	From <input type="text"/> to <input type="text"/>	H <input type="checkbox"/>	W <input type="checkbox"/> M <input type="checkbox"/>

Short Personal Statement (cont.)

Section B: Details of insurance cover you are applying for

Select the insurance you wish to apply for by inserting a ✓ in the relevant box.

I wish to apply for / increase my cover to the following:

Unitised cover

Death and TPD or

Death only

Fixed cover

Death and TPD or

Death only

Important:

- The amount of TPD cover cannot exceed the amount of Death cover.
- You cannot hold TPD only cover.
- Fixed cover must be in multiples of \$1,000.
- If applying for unitised cover, you can only nominate whole units. The number of units you nominate must not cause the total amount of Death only or Death and TPD cover to exceed \$500,000. This means, depending on your age, you may be covered for less than \$500,000 of Death only or Death and TPD cover. Please refer to Club Plus Super's *Industry Division PDS* for the insurance amount of one unit of cover for all ages.

Section C: Duty of disclosure

The Trustee, who enters into a life insurance contract in respect of your life, has a duty, before entering into the contract, to tell the Insurer anything that it knows, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before it extends, varies or reinstates the contract.

The Trustee does not need to tell the Insurer anything that:

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

You must disclose relevant information

You **must** tell the Insurer anything you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by the Trustee to tell the Insurer something that the Trustee must tell the Insurer.

If you provide relevant information to the Trustee rather than the Insurer, The Trustee will provide the information you give the Trustee to the Insurer. The Trustee will do this so that you comply with your obligation to provide relevant information to the Insurer.

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 the Trustee does not tell the Insurer anything the Trustee is required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if the Trustee had told the Insurer, 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 of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the Trustee had told the Insurer everything it should have. However, if the contract 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 of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if the Trustee had told the Insurer everything it should have. However this right does not apply if the contract provides cover on death.

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

Short Personal Statement (cont.)

Section D: Declaration

- I have obtained, read and understood the insurance information in the current Club Plus Super Industry division PDS and Insurance Booklet for the Industry division.
- I have read and understood the questions in this Short Personal Statement.
- The answers I have provided to the questions in this Short Personal Statement signed by me are true and correct.
- I have read the Privacy Statement at Section F of this form (The Insurer's Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling 133 667 or may be downloaded from onepath.com.au/insurance/privacy-policy).
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statements on this form (see Sections E and F).
- I understand my duty of disclosure and the remedies available to the Insurer if I fail to comply with my duty of disclosure under the Insurance Contracts Act 1984. I understand that my duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I understand that if my application is accepted by the Insurer:
 - the cover I have applied for will replace any cover I may already hold within Club Plus Super;
 - the cover I have applied for will not commence until my application is accepted by the Insurer in writing;
 - any existing cover will not be affected should my application be declined by the Insurer; and
 - insurance cover will be provided to me on the terms contained in the Policy as changed from time to time.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the Insurer.

Member's signature

Date (DD/MM/YY)

Section E - Privacy Statement - Club Plus Super

The personal information provided on this form is collected by and held for Club Plus Super by the fund administrator Australian Administration Services (AAS) in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with your membership of the Fund.

You should read the *Privacy Policy* at clubplussuper.com.au/privacy-policy before completing the form. Call us on **1800 680 627** for a hard copy of the Policy. The Policy contains information about how personal information is collected, used and disclosed, how you can correct your personal information, make a complaint about a privacy breach and other important information about safeguards in place to protect your personal information.

By providing your information, you acknowledge that you have read and understood the *Privacy Policy*.

Short Personal Statement (cont.)

Section F - Privacy Statement - OnePath Life Limited

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insureds.

Any reference to your personal information includes any health or other sensitive information we may hold about you. We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/insurance/privacy-policy.

We may disclose your personal information to certain third parties as outlined below. Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us to detect and protect against consumer fraud
- organisations performing administration and/or compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial adviser)
- the policy owner (or parties acting on behalf of the policy owner)
- regulatory bodies, government agencies, law enforcement bodies and courts
- our related companies (members of Zurich Insurance Group Ltd group), including for carrying out any group business functions
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry our business functions, enhance customer service and undertake analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- there are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions, please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at onepath.com.au/insurance/privacy-policy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party
- how you may access and seek correction of the personal information we hold about you and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: GPO Box 75

Sydney NSW 2001

Email: insuranceprivacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 36 67.

More information can be found in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Overseas recipients

We may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in OnePath Life's Privacy Policy at onepath.com.au/insurance/privacy-policy