

Application to Reinstate Insurance Cover

When to use this form

-  **Please complete this form if:**
- your cover was cancelled due to the inactivity of your account for a continuous period of 16 months as required under the 'Protecting Your Super' legislation (PYS); and
 - the Trustee will receive this form from you within 60 days of your cover being cancelled; and
 - you wish to apply for reinstatement of that cancelled cover, without providing medical evidence and a full personal statement.

 **If your cover ceased for any other reason, or it is more than 60 days since cover was cancelled, or you wish to have cover that is different to the cover you held before it was cancelled, you can apply for cover via *MemberAccess* at clubplussuper.com.au by going to the 'Insurance Details' tab, where you'll find the online forms to complete. Alternatively, you can complete the *Short Personal Statement* or *Personal Statement form* as applicable, available at clubplussuper.com.au/tools-forms.**

Important information

If this form is accepted by the insurer:

- your cover will be reinstated from the date cover was last cancelled, and the Trustee will advise you in writing; and
- the premium for the reinstated cover must be paid by the next premium due date. If there are, or there becomes, insufficient funds in your account to pay the required premium on the due date, your cover may be cancelled again with prior notice in accordance with the usual cover cancellation process.

OnePath Life Limited (ABN 33 009 657 176) is the insurer for the cover provided under Club Plus Superannuation.

Please complete this form in black ink using BLOCK letters and return to **Club Plus Super Administration, Locked Bag 5007, Parramatta NSW 2124**. This application will be invalid if not signed and dated.

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.

Section 1: Your details

Member number:

Date of birth (DD/MM/YYYY):

Surname:

Given name(s):

Email:

Phone number:

Section 2: Election to reinstate insurance cover

I request reinstatement of my insurance cover from the date it was cancelled so there is no gap in cover. There are sufficient funds in my Club Plus Super account to pay the premium for the reinstated insurance cover.

Contact us

member hotline: 1800 680 627
email: member@clubplussuper.com.au
website: clubplussuper.com.au

Application to Reinstate Insurance Cover (cont.)

Section 3: At work certification

Please select 'yes' if the statement is correct, and 'no' if the statement is incorrect.

1. On the date my insurance cover is to be reinstated, I was engaged in an occupation or work for reward or financial benefit, whether full-time or part-time or whether on a permanent or temporary employed or self-employed for reward or financial benefit, or the hope of reward or financial benefit, in any business, trade, profession, vocation, calling, occupation or employment. Yes No

2. On the date my insurance cover is to be reinstated, I was:
- not on leave, and was actively performing all the duties of my occupation, free from any limitation due to any illness or injury;
 - on employer approved leave, however my leave was not a leave taken for reasons related to injury or illness, I had no limitation due to any illness or injury, and I was capable of actively performing all the duties of my occupation (being the occupation I performed when I last worked); or
 - capable of performing all the duties of my occupation on a full-time basis (even if not working full-time).
- Yes No

3. The date my insurance cover is to be reinstated, I was not in receipt of, or entitled to claim, income support benefits from any source, including but not limited to workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits of any kind). Yes No

I understand that if my answers to all of the questions 1-3 above are 'yes', I am considered to be "At Work". Yes No

I understand that if my answer to any one or more of the questions 1-3 above is/are 'no', my reinstated cover will be Limited Cover until I am "At Work" for 30 consecutive days. Yes No

I understand that Limited Cover means I am only insured for claims which do not arise either directly or indirectly, wholly or partially, from a Pre-Existing Condition. I understand that a Pre-Existing Condition means an injury, illness, condition or related symptom, whether it was diagnosed by a Medical Practitioner or not, which in the insurer's opinion: Yes No

- (a) I (or a reasonable person in my position) was aware of, or should have been aware of;
- (b) I had, or was intending to have, a Medical Consultation; or
- (c) a reasonable person in my circumstances would have had a Medical Consultation, as at or prior to the date Cover commenced, was reinstated or increased (with respect to the increased Insured Amount of Cover only).

Section 4: Privacy

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*.

Application to Reinstate Insurance Cover (cont.)

Section 5: Trustee's duty of disclosure

The Trustee enters into a life insurance contract in respect of your life and has a duty, before entering into the contract, to tell insurer anything that it knows, or could reasonably be expected to know, may affect insurer's decision to provide the insurance and on what terms. The Trustee has this duty until insurer agrees to provide the insurance. The Trustee entering into the contract has the same duty before they extend, vary or reinstate the contract.

The Trustee entering into the contract does not need to tell insurer anything that:

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

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

If the Trustee does not tell insurer something

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

If the Trustee entering into the contract does not tell insurer anything the Trustee is required to, and insurer would not have provided the insurance or entered into the same contract with the Trustee if they had told insurer, insurer may avoid the contract within three years of entering into it.

If insurer chooses not to avoid the contract, it 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 insurer everything they should have. However, if the contract provides cover on death, insurer may only exercise this right within three years of entering into the contract.

If insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time vary the contract in a way that places it in the same position it would have been in if the Trustee had told insurer everything they should have. However this right does not apply if the contract provides cover on death.

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

Section 6: Your declaration

1. I have obtained, read and understood the insurance information in the current Club Plus Super Product Disclosure Statement (PDS) and Insurance Booklet applicable to my membership category (ie either Industry Division or Personal Division) and acknowledge that I have received all the information I require in order to exercise the election to reinstate my insurance cover using this form.
2. 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.
3. My insurance cover was cancelled because no contribution or rollover was received in my account for a continuous period of 16 months. My insurance cover would not have been cancelled otherwise.
4. I have read and carefully considered the questions in this form and the above statements and information are correct and true. I acknowledge responsibility for their completeness and accuracy whether this form has been completed by me or by another person on my behalf.
5. I acknowledge and understand that:
 - a. this form will be declined if:
 - i. the Trustee receives it after the expiry of the 60 days from the date my insurance cover was cancelled; or
 - ii. I do not complete this form correctly and in full (e.g. if you do not provide answer to all of the questions, or if you do not sign or date the form);

Application to Reinstate Insurance Cover (cont.)

Section 6: Your declaration (cont.)

- b. if this form is declined by the insurer:
 - i. the insurer's standard underwriting rules will apply. This means, even if I may be able to apply for cover:
 - A. I will need to provide medical evidence with my application;
 - B. cover will recommence only if the insurer accepts my application upon underwriting assessment; and
 - ii. where cover recommences, it recommences from the date of insurer's acceptance and will not be backdated to the date cover was last cancelled. This means, I will not have insurance cover for the period from the date cover was last cancelled until the date my application for cover is accepted by the insurer.
- c. if this form is accepted by the insurer, my cover will be reinstated from the date cover was last cancelled, and:
 - i. that all exclusions and any other restrictions which applied to my cover immediately before cover cancellation will apply to the reinstated cover. For example, if my cover was Limited Cover immediately before cover cancellation, then the reinstated cover will also be Limited Cover; and
 - ii. the premium for the reinstated insurance cover will be deducted from my account in Club Plus Super from the next premium due date and each month thereafter.

Member signature

Date (DD/MM/YY)

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