



## Step 1 – Complete your personal details (continued)

Gross Income\*

Per week  Per fortnight  Per year \$     ,

\* Income includes packaged items but not bonuses/commissions. It excludes investment income and any business expenses.

## Step 2 – Life event details and supporting evidence

Please tick  which life event applies to your application.

You must provide certified copies of your supporting evidence with your application for it to be considered. The table below shows the supporting evidence that you need to provide.

**Note: Your cover can only be increased once in any 12 month period.**

Life event	Required supporting evidence required for life event
<input type="radio"/> Marriage	Certified copy of marriage certificate
<input type="radio"/> Divorce	Certified copy of divorce order
<input type="radio"/> Birth or adoption of a child	Certified copy of child's birth certificate or adoption certificate
<input type="radio"/> Taking out a Mortgage to purchase your primary residence	Signed Mortgage documents
<input type="radio"/> Increasing the existing mortgage on your primary residence for the purpose of renovation or extension	Signed Mortgage documents

All copies of documentation must be certified. A certified copy is a copy of the original document that has been certified by any of the following authorised persons: Justice of the peace, Commissioner of Declarations, Lawyer, Notary Public, Doctor, CPA or Chartered Accountant or Bank Manager or any other person qualified to provide a statutory declaration under federal, state or territory law.

## Step 3 – Date of Life event

What date did your life event occur?

/   /

Note: This application and all supporting documentation must be received within 60 days of the life event occurring, or 30 days following the date the annual benefit statement is issued following the life event.

## Step 4 – Amount of Life Events cover requested

Additional Death Cover requested \$     ,

Additional TPD Cover requested \$     ,

The maximum additional Death or TPD cover available under life events is restricted to the **lesser** of \$200,000 or 25% of your current cover. Total cover after the increase cannot exceed \$3,000,000.

You can apply for a higher amount of Death cover than TPD cover, subject to the above restrictions.

Additional Monthly Income Protection benefit \$   ,

The maximum additional Income Protection cover available under life events is restricted to the **lesser** of \$2,500 benefit per month or 25% of your current cover. Your total income protection benefit after the increase cannot exceed \$30,000 per month or 85% (including 10% Superannuation Contributions Benefit) of your earned income.



## Step 5 – Eligibility statements

**You can apply to increase your cover for a Life Event by answering the eight questions below.**

At the date of this application:

1. Are you, at the date of this application, due to injury or illness, off work or restricted or unable to fully perform without limitation all of the duties of your current or usual occupation for at least 30 hours per week, even though your actual employment may be on a full-time, part-time or casual basis or you may be unemployed?  Yes  No
2. Have you, in the last 12 months been absent from work or unable to fully perform:
  - i) the duties of your usual occupation (whether employed or unemployed); or
  - ii) 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
3. 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 a 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
4. 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 24 months from the date of this application?  Yes  No
5. Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions?  Yes  No
6. Have you ever had, been told you had, or received advice or treatment for any of the following:

Any heart condition, heart murmur, stroke, or embolism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B or C, or any liver disease or blood disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy, Paralysis, multiple sclerosis or other brain or neurological condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schizophrenia, psychosis or post-traumatic stress disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes or raised blood sugar levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any form of malignant cancer, including melanoma and leukaemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impairment of sight, hearing or speech (other than sight problems corrected by glasses, contact lenses or laser eye surgery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV or AIDS or are you awaiting results of a HIV test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Within the last 12 months have you:

Consulted, been examined, treated by or received advice from any Specialist Medical Practitioner, psychologist or psychiatrist; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been admitted to hospital or been advised to have an operation; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had medication prescribed by a medical practitioner that is intended to be used for three months or longer (other than preventative asthma medication or contraceptives)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had back or neck pain or a mental health condition requiring time off work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Other than what you've already answered, do you intend seeking or have you been advised to seek medical advice or treatment for any current medical concern or are you awaiting the results of any medical tests or investigations?  Yes  No

If you answered 'No' to all questions, you are eligible to apply for this cover.

If you answered 'Yes' to any of the above questions in Step 5, you are not eligible to receive cover for a life event using this application. You may still apply to increase your cover by completing the *Adjusting your Insurance Cover* form and the *Member Personal Statement* which are both available on our website [mylifemyinsurance.com.au/forms-publications](http://mylifemyinsurance.com.au/forms-publications) or call **1300 963 720**.



## Your Privacy

The Fund is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on **1300 963 720**.

Our Privacy Policies are available to view at [mylifemyinsurance.com.au/privacy](http://mylifemyinsurance.com.au/privacy) or you can obtain a copy by contacting us on **1300 963 720**.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies set out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1300 963 720** or write to the Privacy Officer, GPO BOX 4303, Melbourne, VIC 3001.

## Disclosure

### 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, which may affect their 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 they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive 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, they 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, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they 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, they 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.



## Step 6 – Sign the form

I understand and agree that:

- I have read the duty of disclosure and am aware of the consequences of non-disclosure.
- The duty of disclosure continues after I have completed this statement until my application for cover has been accepted in writing by the Fund and the insurer.
- I have read and understood the most recent Product Disclosure Statement.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

I authorise:

- The insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers).
- The insurer and any person appointed by the insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me.
- Any hospital, doctor or other person who has treated or examined me to give the insurer any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

I declare that:

- The answers to all questions and the declarations on this form are true and correct (including those not in my own handwriting).
- I have not withheld any information which may affect any decision to provide insurance.
- I agree to provide further medical authorities if requested.

I acknowledge that:

- Insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the insurer and as agreed between the Fund and the insurer from time to time.
- The answers I have provided, together with any special conditions, will form the basis of the contract of insurance; and
- Any change in cover I make using this form will only start from the date this form is accepted by the insurer.

A photocopy of this authorisation is as valid as the original.

Member full name

Member Signature

Date

**Please return your completed form to MyLife MyInsurance, GPO Box 4303, Melbourne, VIC 3001.**

