

# MyLife MyInsurance

## Application to Increase Income Protection Cover due to Salary Increase – Part A

If you have Income Protection cover you may be eligible to increase your cover to ensure it keeps up with any salary increase. You must complete Part A of this form and include one of the following:

- A copy of a letter from your employer informing you of the salary increase, or a notice from your employer announcing an across the board pay increase, or
- Part B of this form

### Conditions apply

To be eligible to receive the increase in cover without evidence of health, **all** of the following are required to be met:

- The new level of cover cannot exceed 85% of your 'Earned Income'\* or \$12,000 per month.
- Your employer is required to confirm the salary increase either through completion of Part B of this form or by provision of a letter of confirmation.
- No increase has been granted in the 12 months prior to this application.
- Your benefit increase cannot exceed 25% of your existing benefit.
- You are 'At Work' on the date the increased cover commences.
- This application including all required documentation must be received by the Fund within 60 days of the effective date or notification of a salary increase, whichever is the later.

\* Definitions of Earned Income and At Work can be found in the **Insurance guide** at [mylifemyinsurance.com.au/forms-publications](http://mylifemyinsurance.com.au/forms-publications).

### If you need help

For assistance call our Service Centre on **1300 963 720**.

Step 1 – Complete your personal details		Please print in black or blue pen, in uppercase, one character per box.	A ✓
Title	Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Given names			
<input type="text"/>			
Surname			
<input type="text"/>			
Postal address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Daytime Telephone		Membership number	
<input type="text"/> - <input type="text"/>		<input type="text"/>	
E-mail			
<input type="text"/>			

Step 2 – New cover required
Annual benefit required (Maximum 85% of Annual salary )
\$ <input type="text"/> , <input type="text"/>
Note: To request any changes to Income Protection Waiting period and/or Benefit period, you will need to complete an <i>Adjusting your Insurance Cover</i> form.



## Step 3 – Eligibility statements

**You can apply to increase your Income Protection Cover due to a salary increase 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 3, you are not eligible to receive cover for a salary increase 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 and marketing material about the other products and services offered by us and our related bodies corporate.

If you do not wish to receive marketing material, please contact us on **1300 963 720**.

Our Privacy Policy is available to view at [csf.com.au/privacy](https://csf.com.au/privacy) or you can obtain a copy by contacting us on **1300 963 720**.

When you become a member, we assume that you consent to this handling of your personal information. 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 Policy lists all other relevant offshore locations.

Our Privacy Policy sets 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 Privacy Officer, MyLife MyInsurance, 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 4 – Sign the form

I understand and agree that:

- I have read the duty of disclosure and am aware of the consequences of non-disclosure.
- I understand the duty of disclosure continues after I have completed this statement until my application has been accepted by the insurer.
- I have read and understood the information in the current Product Disclosure Document and the Insurance Guide.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

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 acknowledge that:

- If I do not complete this application correctly, or I do not sign and date this form, the application will not be accepted.
- Insurance cover will only be provided on the terms and conditions set out in the trustee's contract of insurance with the insurer and as agreed between the trustee and the insurer from time to time.
- Any change in cover I make using this form will only start from the date this form is accepted by the insurer.

Member full name

Member Signature

X

Date

Please return your completed form, along with either Part B of this form or other notification provided by your employer, to MyLife MyInsurance, GPO Box 4303, Melbourne VIC 3001.





## Step 2 – Employer details (continued)

Name of person completing this form

Position of person completing this form

## Step 3 – Member salary details

Please provide the members new annual salary based on one of the following definitions

### For Permanent Employees

Total salary package, excluding

- employer superannuation contributions which are not part of a salary sacrifice arrangement,

but including

- Any packaged items taken in lieu of cash (including salary sacrificed superannuation contributions)
- Regular Overtime and Shift allowances (determined by the average over the previous 12 months, or over the period since the member started their current occupation if less)
- Commissions, regular bonuses, fringe benefits and other monetary benefits related to the employment (determined by the average over the previous 3 years, or over the period since the member started their current occupation if less)

### For Non-permanent Employees

Total earnings from employment averaged over the previous 12 months or the period of time since the insured member joined the Fund.

Member's new annual salary

\$    ,

Effective date

/   /

Date member was notified

/   /

## Step 4 – Employer declaration

I declare that all the information provided on this form is true and correct.

Signature

Date

/   /

