

Application to fix level of death and Total and Permanent Disablement insurance cover – Employee Section

Notes on completing this form

This form is to be completed by the Employee Section members of ANZ Staff Super who have reduced their normal working hours (to no less than 15 hours per week) other than due to illness or injury, but wish to fix their level of death and Total and Permanent Disablement (TPD) insurance cover so that each block of cover continues to be calculated using the higher salary applicable immediately before commencing reduced normal working hours. The member must have been actively at work or on parental leave immediately prior to the reduction in their normal working hours.

The fixed level of cover will reduce by 10% for each year by which the member's age exceeds 56.

This application is subject to approval by the Insurer of ANZ Staff Super and must be received by ANZ Staff Super within 60 days of commencing reduced normal working hours or within 60 days of receiving notice of this option (whichever is the later).

Any application to fix the level of death and Total and Permanent Disablement cover will not be accepted if it has not been received within the required time frame.

About the Insurer

Insurance cover is provided by Zurich Australia Limited ABN 92 000 010 195 (the "Insurer") and subject to the terms and conditions of the insurance policy issued to ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 RSEL L0000543 (the Trustee of ANZ Staff Super by the Insurer (the "Policy"). You should read the Product Disclosure Statement (PDS) for Employee Section members for a summary of the terms and conditions of the Policy. You can download the

PDS from anzstaffsuper.com or contact ANZ Staff Super on **1800 000 086** if you would like a copy of the Policy.

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

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee may pass on to us personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information you provide to us. When answering our questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume we will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

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If you need help

For assistance call ANZ Staff Super on **1800 000 086**, or go to **anzstaffsuper.com**.

Step 1 – Complete your personal details

Please print in black or blue pen,
in uppercase, one character per box.



Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Date of birth / /

Given names

Surname

Residential address

Suburb

State

Postcode

Daytime Telephone

Mobile

Member number

Effective date of reduction in normal working hours

/ /

Reason for reduction in normal working hours

Continued over

Please return your completed form to:
ANZ Staff Super
GPO Box 2139
Melbourne VIC 3001

Step 2 – Sign the declaration

- I wish to fix the level of death and Total and Permanent Disablement cover provided through ANZ Staff Super so that each block of cover continues to be calculated using the higher salary applicable immediately before commencing reduced normal working hours.
- I understand that this level of cover will be recorded on my superannuation membership record.
- I also acknowledge that the cost of fixing this level of cover will be charged to my account in ANZ Staff Super monthly and will vary depending on my age and the amount of insurance cover.
- I have obtained, read and understand the insurance information in the current PDS for Employee Section (Section A) members.
- The answers I have provided to the questions in this form signed by me are true and correct.
- I have read the “Protecting members’ privacy” statement on this form (see below).
- I consent to the collection, use, storage and disclosure of my personal information (including health information) as described in the “Protecting members’ privacy” statement on this form.
- I have read the “duty to take reasonable care” and understand the remedies available to the Insurer if I fail to take reasonable care not to make a misrepresentation to the Insurer. I understand that the duty to take reasonable care continues after I have completed this application until I am notified in writing that my application has been accepted.
- 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.

Signature

X

Date

/ /

Please return your completed form to:

**ANZ Staff Super
GPO Box 2139
Melbourne VIC 3001**

Protecting members’ privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members’ privacy and the confidentiality of members’ personal information.

The administrator, Australian Administration Services Pty Limited, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members’ personal information is kept confidential but may be disclosed by the Trustee or administrator to third parties, such as ANZ Staff Super’s actuary, insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members’ benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Australian Financial Complaints Authority. Members’ personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members’ benefits or resolving members’ enquiries or complaints.

Members’ personal information may be disclosed to related entities of the administrator located overseas as part of the day-to-day provision of administration or ancillary services.

The Trustee’s Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we’ve dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super
Mail: GPO Box 2139
Melbourne VIC 3001
Phone: 1800 000 086
Fax: (02) 9287 0320
Email: enquiry@anzstaffsuper.com

The Trustee’s Privacy Policy Statement is available on ANZ Staff Super’s website anzstaffsuper.com or by calling us on **1800 000 086**. You can also access the administrator’s privacy policy on our website.