

Life Event application – Employee Section

When to use this form

If you are an Employee Section member and have experienced a “specific life event” (refer to Step 3 of this form) within the last 90 days, you can increase your death and Total and Permanent Disablement (TPD) cover by half a block (up to a maximum of \$250,000) without having to provide any information about your health or answer lengthy questionnaires.

Please return your completed form along with any requested documents to:

ANZ Staff Super
GPO Box 2139
Melbourne VIC 3001

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 the ANZ Staff Super [the “Scheme” or “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 www.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 Insurer requires this form to determine your application for cover. This form is confidential. Please refer to the “Protecting members’ privacy” statement at the end of this form for more information about confidentiality.

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.

Step 2 – Provide details of the specific Life Event

Specific Life Event (select one)	Date of event (dd/mm/yyyy)	Supporting evidence to attach to the completed application form
<input type="checkbox"/> Marriage; OR <input type="checkbox"/> Upon the subsistence of an interdependent relationship for two years or more	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Marriage certificate in respect of your marriage under the <i>Marriage Act 1961</i> ; OR Evidence that establishes the subsistence of your relationship for at least 2 years
<input type="checkbox"/> A dependent child starts secondary school	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Letter of admission from the secondary school your dependent child will be attending
<input type="checkbox"/> Birth of a child; OR <input type="checkbox"/> Adoption of a child	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Birth certificate of your child; OR Adoption documentation confirming that you have adopted a child
<input type="checkbox"/> Taking out a new mortgage on the principal place of residence; OR <input type="checkbox"/> Increasing an existing mortgage on the principal place of residence	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Written confirmation from your accredited mortgage provider(s) of the amount and effective date of the mortgage; OR Written confirmation from your accredited mortgage provider(s) of the amount of the mortgage immediately preceding the increase, the effective date of the increase and the current level of the increased mortgage

*You must supply satisfactory proof of the specific life event that shows that the event occurred and the date it took place. This application and accompanying proof of the specific life event must be received by us within 90 days of the event occurring.

Step 3 – Complete your declaration of eligibility

As at the date of signing this application, I declare that:

I have not lodged, am not entitled to make a claim nor eligible to be paid a benefit in relation to the Policy or any life insurance policy, whether it is issued by the Insurer or any other insurer.	<input type="checkbox"/> True	<input type="checkbox"/> False	
The specific life event I have selected in Step 2 of this form occurred after my cover* commenced.	<input type="checkbox"/> True	<input type="checkbox"/> False	
I have not increased my cover* pursuant to a Life Event Application in the previous 12 months.	<input type="checkbox"/> True	<input type="checkbox"/> False	
I have not increased my cover* pursuant to a Life Event Application on 3 previous occasions.	<input type="checkbox"/> True	<input type="checkbox"/> False	
I have not had a previous application for cover* declined by the Insurer.	<input type="checkbox"/> True	<input type="checkbox"/> False	
I was aged less than 55 years as at the date the specific life event occurred.	<input type="checkbox"/> True	<input type="checkbox"/> False	
I have not previously increased my cover* pursuant to a Life Event Application because of marriage (if applying to increase your cover due to marriage).	<input type="checkbox"/> True	<input type="checkbox"/> False	<input type="checkbox"/> N/A

*The cover provided under the Policy through ANZ Staff Super.

You must respond to all of the declarations. If you answered FALSE to any of the above statements, you cannot proceed with this Life Event Application. You can still apply for extra cover by completing the *Application to change death and Total and Permanent Disablement insurance cover – Employee Section* form available on anzstaffsuper.com.

Step 4 – Sign the declaration

- I have obtained, read and understand the insurance information in the current PDS for Employee Section members.
- I have read and understand the questions in this Life Event Application.
- The answers I have provided to the questions in this Life Event Application 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 for insurance has been accepted.
- I understand that if my application is accepted by the Insurer:
 - additional cover I have applied for will not commence under the Policy until my application is accepted by the Insurer in writing;
 - the additional cover will be accepted on the same basis as my existing cover (i.e. any special conditions, restrictions or exclusions that apply to my existing cover will apply to the additional cover provided under this Life Event Application (also referred to as “Future Insurability” in the Policy));
 - within the first six months after my application is accepted by the Insurer, the additional cover is only payable if my death or Total and Permanent Disablement is caused by an “accident” (as defined in the Policy);
 - 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.

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 (ABN 62 003 429 114) which forms part of the Link Group of companies, 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 (in particular, its related entity Link Administration Private Limited (India)) 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.

The Insurer’s Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling Zurich on 131551 or may be downloaded from zurich.com.au/important-information/privacy.html.