

# Short form personal statement

## FOR MEMBERS OF THE VISY INDUSTRIES SUPERANNUATION PLAN

For Income Protection cover up to a maximum of \$8,000 per month and Death-Only / Death and TPD cover up to a maximum of \$1 million

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## Your duty to take reasonable care

### About this application form

When you apply for insurance cover, the Insurer conducts a process called underwriting. This is how the Insurer decides whether they can provide you with insurance cover, and if so, on what terms and at what cost. The information you provide will help their decision.

### The duty to take reasonable care

When you apply for insurance cover, you're treated as if you're applying for insurance cover under an individual consumer insurance contract.

A person who applies for insurance cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which doesn't fairly reflect the truth.

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

### If you don't meet your duty

If you don't meet your legal duty, this can have serious impacts on your insurance cover. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They're intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

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

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

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms,
- whether the misrepresentation was fraudulent, and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

### Guidance for answering the Insurer's questions

You're responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it.
- Review your application carefully before it's submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, they may do this when a claim is made.

### Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances.

### If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know 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.

If you have any questions, contact us on **132 652** Monday to Friday between 8am and 6pm (AEST/AEDT) or speak to your financial adviser.

This form can be used to apply for insurance cover or to increase existing insurance cover and only applies if the applicant:

- is less than 55 years of age,
- applies for Income Protection-only cover up to a maximum of \$8,000 per month or Death-only / Death and TPD Cover up to a maximum of \$1 million both, including any existing cover, and
- answers 'No' to all questions in Section D, Health questions before proceeding to complete this form.

If you don't meet the above three conditions, and intend on answering 'Yes' to any of the Health questions in Section D, don't complete and return this form. You'll need to complete the TAL Member's Personal Statement form.

Account number

Employer plan number

### SECTION A – MEMBER DETAILS

Mr  Mrs  Miss  Ms  Other

First name

Middle name

Last name

Gender

Male  Female

Date of birth (DD/MM/YYYY)

**Residential address (residential address can't be a PO box)**

Postcode

**Postal address (if different to your residential address)**

Unit number

Street number

PO Box

Suburb

State

Postcode

Country

Phone number

Mobile number

Email address

(Please provide your email so notices about your application can be sent to you)

### SECTION B – INSURANCE COVER DETAILS

Please specify the type of insurance cover being applied for. Please refer to the *Insurance Guide*/documentation issued to you since you joined the plan to ensure you're eligible to apply for the cover selected below. Please enter the **total** amount of insurance being applied for under this policy, including any existing insurance.

#### Death and Total and Permanent Disablement (TPD)

You can nominate your own amounts of insurance cover. When applying for Death and TPD insurance cover, the TPD insurance cover cannot exceed the Death insurance cover amount.

Type of Insurance Cover	Amount
Death	\$ <input type="text"/>
Total and Permanent Disablement (TPD)	\$ <input type="text"/>

#### Income Protection

Income Protection (amount per month) \$

Amount of Income Protection insurance being applied for:

Percentage of your current annual salary:

75%  % Other (up to a maximum of 75%)

The percentage of salary being applied for cannot exceed \$8,000 per month including a Superannuation Contribution Benefit and any existing insurance.

**Income Protection benefit period:** (please select)

2 years  5 years  to age 65

**Waiting period:** (please select)

30 days  60 days  90 days  180 days<sup>1</sup>

**Are you applying for a Superannuation Contribution Benefit?**

This will provide an additional benefit of up to 15% of your monthly income paid into a complying superannuation fund of your choice

No  Yes  % (between 1–15%)

#### Notes

- <sup>1</sup> If you select a 2-year benefit period, you may not select the 180-day waiting period.

## SECTION C – OCCUPATION DETAILS

1. What is your job?

2. What are the duties of your job?

3. What professional trade qualification(s) do you have?

4. On what basis are you employed?

- Full time Employment
- Casual Employment\*
- Seasonal or Contract Employment\*
- Fixed-term Contract Employment\*
- Permanent part-time employment (more than 15 hours per week)
- Permanent part-time employment (less than 15 hours per week)

\* See the relevant *Insurance Guide* for definitions of these employment types.

Please include in the following table the approximate percentage (%) of time spent in the duties of your main occupation. If you select 'Other' please specify the duties you perform.

Nature of duty	% time
Administration or clerical (eg filing, computer work, office duties, etc)	
Light manual work only (ie driving with deliveries, lifting under 5 kg, etc)	
Supervisor of manual work	
Caring for dependants (only for Total and Permanent Disability (TPD) and occupation is 'home duty')	
Manual work (eg cleaning, lifting over 5 kg, carpentry, plumbing, etc)	
Other (please specify)	
<b>Total</b>	100%

5. What are your current annual earnings?

(Earnings are your base salary before tax and not including super contributions).

## SECTION D – PERSONAL DETAILS

Height

 cm

Weight

 kg

### Health questions:

	No	Yes
1. Are you currently restricted from performing all of your normal and usual duties due to illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been told by a medical practitioner that your life expectancy could be less than 24 months due to illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been told by a medical practitioner that an illness or injury you suffer from, may cause you a permanent inability to work?	<input type="checkbox"/>	<input type="checkbox"/>
4. In the last 12 months, due to illness or injury, have you been unable to perform your usual occupational duties, for 10 or more consecutive days?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had an application for Life, Total and Permanent Disablement, Trauma, Income Protection or Salary Continuance insurance declined, or have you been accepted with varied terms from what you had applied for, such as loadings (extra costs) or exclusions (events or circumstances that you won't be covered for) or a restriction (an amount less than what you applied for)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Due to illness or injury, have you ever claimed or are you receiving or claiming a benefit through a superannuation fund, life insurance policy, workers' compensation, or government benefits (such as a disability support pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?	<input type="checkbox"/>	<input type="checkbox"/>
7. Due to illness or injury, are you in the process of making a claim or are you eligible to make a claim through a superannuation fund or life insurance policy providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover, or, workers' compensation, or government benefits (such as sickness benefit, invalid pension) ?	<input type="checkbox"/>	<input type="checkbox"/>
8. Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 65? If family history is unknown, answer no. <ul style="list-style-type: none"> <li>Heart disease (e.g. angina, heart attack, cardiomyopathy)</li> <li>Cancer (i.e. prostate, breast, bowel, ovaries)</li> <li>Diabetes</li> <li>Neurological condition (i.e. Alzheimer's disease, motor neuron disease, multiple sclerosis, Parkinson's disease, stroke)</li> <li>Huntington's disease</li> <li>Polycystic kidney disease</li> <li>Muscular dystrophy</li> <li>Blood disorder (i.e. bleeding problem, thalassaemia, sickle cell disease)</li> <li>Other medical condition, which a medical practitioner indicated may be inherited?</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

Health questions:	No	Yes
9. Have you ever received medical advice, or had any investigations, or treatment (including surgery) for any of the following conditions:	<input type="checkbox"/>	<input type="checkbox"/>
(a) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any behavioural, mental or nervous condition?		
(b) Circulatory or heart disorder (for example, high blood pressure or high cholesterol)?		
(c) Diabetes?		
(d) Cancer, including skin cancer and leukemia?		
(e) Hepatitis or any liver disease or blood disorder?		
(f) Paralysis or multiple sclerosis?		
(g) Impairment of sight (not corrected by glasses, contact lenses or laser surgery), or impaired hearing (including tinnitus) or impaired speech?		
(h) Bone, muscle, cartilage, tendon, ligament, joint or connective tissue complaint (including back, neck, knee, shoulder or hip pain)?		
(i) The Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)?		

## Privacy

The Trustee and the Insurer (TAL) are committed to ensuring that your information is handled responsibly in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles. The way in which the Trustee and the Insurer handle your personal information is set out in their respective privacy policies, available at [mlc.com.au/privacy](http://mlc.com.au/privacy) and [tal.com.au/Privacy-Policy](http://tal.com.au/Privacy-Policy).

### Collection and use of personal information

Your personal information, including your name, age, gender, contact details, health information, salary, and employment information is collected so that the Trustee and the Insurer may administer their products and services for you. In certain circumstances, such as where you apply for life insurance products or submit a claim, the Insurer may be authorised and required to collect personal information of a sensitive nature such as lifestyle and medical history information. Without your personal information, the Trustee and the Insurer may not be able to provide you with the products and services you require.

The Insurer may take steps to verify the information that you provide, for example they may obtain independent medical reports regarding information about your past and current medical conditions, or may verify with an employer regarding remuneration information provided in a claim for Income protection to ensure that it is accurate.

## Disclosure of your information

For the purpose of providing you with the products or services you have requested, the Trustee and the Insurer may disclose relevant personal information to each other, to external organisations or other parties. The types of people and organisations to which your personal information may be disclosed include:

- Medical practitioners (to verify or clarify, if necessary, the health information you provide),
- A person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney,
- Reinsurers, other insurers and their administrators,
- Organisations performing administration or compliance functions for your superannuation fund,
- Other organisations to whom the Insurer outsources certain functions during the assessment process of your application process, such as obtaining blood tests.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

## Marketing and privacy

We may use your personal information to send you information about other products and services that may be of interest to you. If you do not want us to use and disclose your personal information for marketing purposes, please phone the Trustee on **132 652** and the Insurer on **1800 666 136**.

## Overseas disclosures

The Trustee and the Insurer may also disclose your personal information to recipients located outside of Australia. Any overseas disclosure does not affect our commitment to safeguarding your personal information and we will take reasonable steps to ensure any overseas recipient complies with Australian privacy law. You can find current details about any likely overseas disclosure of your personal information in our respective privacy policies, available at [mlc.com.au/privacy](http://mlc.com.au/privacy) and [tal.com.au/Privacy-Policy](http://tal.com.au/Privacy-Policy)

Useful information regarding privacy rights is available at the website of the Office of the Australian Information Commissioner at [oaic.gov.au](http://oaic.gov.au)

## Checklist

Are you:

- less than 55 years of age?
- applying for Income Protection-only insurance cover up to a maximum of \$8,000 per month or Death-only / Death and TPD insurance cover up to a maximum of \$1 million both, including any existing cover?
- answering 'No' to all questions in Section D, Health questions?

No  **If no, don't continue or return this form. You'll need to complete the TAL Member's Personal Statement form**

Yes  **If yes, please complete the Member's Declaration below in Section E.**

## SECTION E – MEMBER'S DECLARATION

### Read this section carefully before signing

Your decision to apply for insurance under MLC MasterKey Business Super is based on the *Product Disclosure Statement* and/or Policy Document for the relevant product that you've received and your understanding of the information it contains.

### Before submitting this application it's important that you understand the following information:

- (a) you confirm that you've read the duty to take reasonable care as set out in this *Short form personal statement* and understand that this applies to any information you provide to TAL in connection with your application for insurance,
- (b) you confirm that the answers you've provided in this *Short form personal statement* (and any other forms, questionnaires and information provided to TAL) are true, accurate and complete to the best of your knowledge,
- (c) you acknowledge that TAL will rely on the answers and information you have provided in your application for insurance. You understand that, notwithstanding any authorities which may be provided to TAL, TAL won't necessarily seek or obtain any further information in relation to your application,
- (d) if any answers to the application questions are not in your own handwriting, you certify that you've checked them and they're correct,
- (e) you consent to notices relating to your application to be sent to the email address or the mobile number that you've provided and you acknowledge that your personal and sensitive information may be sent to that email address,
- (f) you'll provide the Insurer or the Trustee with any relevant information which relates to your membership of your superannuation fund which they may request,
- (g) no additional insurance is effective until the Insurer accepts this application,
- (h) if your account balance is under \$6,000 and/or you're under 25 years old you need to elect in writing to have insurance cover and this application will be considered your written election, and
- (i) by signing and submitting this form, you're electing to have any existing or future insurance cover maintained, even if your super account doesn't receive an amount such as a contribution or rollover for a continuous period of 16 months.

By signing this form:

- you understand that you're electing to have your automatic insurance (if eligible) and the insurance cover in this application combined and Death and TPD cover will become a fixed amount (TPD insurance cover will reduce from age 61 as described in the Insurance Guide).

### Member's name (PLEASE PRINT)

### Member's signature

	Date (DD/MM/YY)
	<input type="text"/>

### What happens next?

When you've completed this form, send a photo or scan it and send to **contactmlc@mlc.com.au** or you can post it to: MLC, PO BOX 200, North Sydney, NSW 2059.

If you have any questions, contact us on **132 652** Monday to Friday between 8am and 6pm (AEST/AEDT) or speak to your financial adviser.

You can find the current *Product Disclosure Statement* and relevant *Insurance Guide* at **mlc.com.au/pds**