

APPLICATION TO REMOVE PRE-EXISTING CONDITION EXCLUSION OR LIMITED COVER CONDITIONS



This form is for full members of the Active Super Accumulation Scheme employer sponsored division only

Before completing this form, please read the important notes on page 3, the Accumulation Scheme Insurance in your super Fact Sheet, and Product Disclosure Statement (PDS) available at activesuper.com.au/PDS

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use a (✓) to mark boxes.

For your application to be considered you must complete all sections of this form.

You are eligible to remove the Five-year Pre-existing Condition Exclusion or Limited Cover Conditions from your basic cover if:

1. you are a full member of the Active Super Accumulation Scheme employer sponsored division (refer to Important notes on page 3), and
2. you are able to answer "No" to all of the questions in **Section 2. Eligibility questions**.

You are not eligible to remove the Five-year Pre-existing Condition Exclusion or Limited Cover Conditions from your basic cover if:

1. you are a member of the Active Super Accumulation Scheme public offer division, or
2. you are an optional member of the Active Super Accumulation Scheme employer sponsored division (i.e. a NSW local government employer is not making contributions to your account), or
3. you are a casual employee joining the employer sponsored division, or
4. you answer "Yes" to any of the questions in **Section 2. Eligibility questions**.

1. YOUR DETAILS

Member no.

Date of birth (DD MM YY) Title (e.g. Ms)

Given name(s)

Family name

Email

Phone (home) Phone (work)

Phone (mobile)

Postal Address

No./Street

Suburb/Town

State/Territory Postcode

Residential address select if same as postal address above

No./Street

Suburb/Town

State/Territory Postcode

YOUR DUTY OF DISCLOSURE

The Life Insurance Code of practice stipulates that before any underwriting questions, the duty of disclosure and the consequences of not disclosing must be explained. Thus, please move the duty of disclosure above the risk control questions.

Before you enter into a life insurance contract, you have a duty, under the *Insurance Contracts Act 1984*, to tell the insurer anything that you know, or could reasonably be expected to know, that 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 three 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 three 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.

IMPORTANT NOTES

A full member of the employer sponsored division is one who is working for a NSW local government employer, and for whom that employer is making Superannuation Guarantee (SG) contributions to their Active Super Accumulation Scheme account.

A Five-year Pre-existing Condition Exclusion applies to the basic cover provided to Full members of the employer sponsored division who join the Accumulation Scheme on or after 1 December 2015 and are At Work on the date cover commences. If the member is not At Work on the date cover commences, Limited Cover Conditions will apply.

The Five-year Pre-existing Condition Exclusion or Limited Cover Conditions will apply for the first 12 months of cover and will only be removed when you are At Work for at least 60 consecutive days immediately prior to, or after, the end of the first 12 months. Alternatively, you can have it removed earlier, by successfully completing this form.

For more information about the Five-year Pre-existing Condition Exclusion or Limited Cover Conditions, please refer to the *Insurance in your super* fact sheet, available at activesuper.com.au/PDS

2. ELIGIBILITY QUESTIONS

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 the duties of your usual occupation (whether employed or unemployed); 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 12 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? Hepatitis B or C, or any liver disease or blood disorder? Epilepsy, paralysis, multiple sclerosis or other brain or neurological condition? Schizophrenia, psychosis or post-traumatic stress disorder? Diabetes or raised blood sugar levels? Any form of malignant cancer, including melanoma and leukaemia? Impairment of sight, hearing or speech (other than sight problems corrected by glasses, contact lenses or laser eye surgery)? HIV or AIDS or are you awaiting results of a HIV test?

 Yes No
7. Within the last 12 months have you:
 - i. Consulted, been examined, treated by or received advice from any Specialist Medical Practitioner, psychologist or psychiatrist? Yes No
 - ii. Been admitted to hospital or been advised to have an operation?
 - iii. 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)?
 - iv. Had back or neck pain or a mental health condition requiring time off work?
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

IMPORTANT

Please ensure you have read the Your Duty of Disclosure on page 2 prior to making your declaration.

3. YOUR DECLARATION

I acknowledge that I have read the Your Duty of Disclosure on page 2 and I am aware of the consequences of non-disclosure. I understand that this duty also applies until formal notification of acceptance.

I,

hereby declare that the above statements and answers are correct and true and I acknowledge responsibility for their completeness and accuracy whether the answers have been written by me or by any person on my behalf. I also declare that I have read and understood the PDS and the *Insurance in your super* fact sheet.

I have read the Privacy Collection Statement and understand how Active Super will use the personal information provided on this form.

Signed

Date (DD MM YY)

SEND YOUR COMPLETED FORM BACK TO US AT:

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

Email admin@activesuper.com.au

Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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