

Application for additional benefit cover

This form is for members of the LGS Retirement Scheme

Use this form if you are a member of the Retirement Scheme and wish to apply for additional benefit cover.

Please use a black pen and CAPITAL letters or type directly into this form online, print it and send it to us. Use (✖) to mark boxes.

Before completing this form, please ensure you read the relevant Product Disclosure Statement (PDS) available at lgsuper.com.au/PDS

Note: All questions in Section 2 MUST be answered.

I. Your details

Member no. Date of birth Title eg. Mr

Given name/s

Family name

Email address

Phone (home) Phone (work)

Phone (mob)

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

2. Your medical history

What is the state of your health at present?

Have any members of your immediate family had diabetes, nervous disorder, heart disease, stroke or cancer? No Yes If yes please provide details

Height (in cms) Weight (in kgs)

Has your weight altered in the last three years? No Yes

If 'Yes' what was the increase or decrease? Increase: kgs Decrease: kgs

**Have you ever had any of the following?
Please use (✖) to mark the appropriate box**

1. Asthma, chronic bronchitis, chronic cough, tuberculosis or any other lung complaints? No Yes
2. Back strain, slipped disc or other disease or injury of the spine, neck joints or tendons? No Yes
3. Gout, rheumatic fever or any form of arthritis? No Yes
4. Stomach ulcer, liver or other digestive trouble or chronic bowel disorder? No Yes
5. Epilepsy, blackouts or fits of any kind? No Yes

6. Kidney or bladder disease including renal colic or stone? No Yes
7. Diabetes, thyroid or glandular disorder? No Yes
8. Cancer or tumour of any type? No Yes
9. Ear discharge, hearing defect or sinus trouble? No Yes
10. Defects in sight or any other eye problems? No Yes
11. Bleeding from the lung, stomach, bowel or kidney? No Yes
12. Dermatitis, eczema or other skin problems? No Yes
13. Sexually transmitted disease? No Yes
14. High blood pressure, stroke, pain in the chest or any heart complaint? No Yes
15. Muscular dystrophy, muscular weakness or wasting? No Yes
16. Human Immunodeficiency Virus (HIV) or
Acquired Immune Deficiency Syndrome (AIDS)? No Yes

If you answered 'Yes' for any of the questions above, please give full details including type of illness, date of onset, treatment received, date of recovery and name and address of doctor consulted. If insufficient space please provide additional information on a separate sheet.

Question no	Details
Question no	Details
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Question no	Details
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Question no	Details

- a) Are you now or have you at any time in the last five years taken any drugs or tablets on a regular basis? No Yes
If 'Yes' please provide details, including reasons, names of drugs, dates and dosages.
- b) During the last five years have you had any illness, accident or injury, operation, medical examination, test or x-ray, advice or treatment? No Yes
If 'Yes' please provide full details, including nature of illness or accident, treatment received, recovery (including dates) and name and address of doctor consulted.
- c) Have you ever had any other serious illness, accident, injury or operation (excluding details provided in question b)? No Yes
If 'Yes' please provide details, including name and address of doctor consulted.
- d) Have you ever had any mental disorder, breakdown, anxiety, depression or other nervous condition? No Yes
If 'Yes' please provide details, including name and address of doctor consulted.
- e) Have you ever applied for or claimed a payment or payment arising from an accident (eg, Third Party or Workers Compensation) or from any medical cause? No Yes
If 'Yes' please provide details, including dates, causes and, where payment has been received, amounts.
- f) Have you ever been refused, deferred or granted limited benefits for life assurance or superannuation? No Yes
If 'Yes' please state when, by which company and reason.
- g) Do you smoke? If 'Yes' please give types, duration and quantity. No Yes
- h) Do you drink alcohol? No Yes
If 'Yes' please state how often, what type, and what quantity.
- i) Have you ever been advised to seek treatment as a result of your use of alcohol? No Yes

IMPORTANT

Please ensure that all sections of this form are completed and that the declaration is signed by you.

IMPORTANT

Most applications will be assessed on the information provided on this application form. However, if we are unable to make an assessment of your eligibility for the Additional Benefit Cover from this information, you may be required to undergo a medical examination.

IMPORTANT

Once you have Additional Benefit Cover you cannot cancel that cover. You must continue the cover up until you either exit the Retirement Scheme or reach your retirement age.

3. Your declaration

I understand that I shall not be covered for the Additional Benefit until Local Government Super has approved my application and appointed a day from which the cover will commence.

I hereby state that all information in this application has been provided by me or under my direction and is true and correct.

I further understand that any untrue or misleading statement declared by me or any non-disclosure may result in Local Government Super refusing my application or revoking my Additional Benefit Cover at any time in the future.

I hereby authorise any doctor who has attended or examined me, or whom I have consulted, to disclose, in writing to Local Government Super, all information concerning me, which may in any manner have been acquired that may be relevant to this application or a claim for LGS benefits.

I consent to my personal information (including health and sensitive information) being collected, used or disclosed by the Trustee or its external service providers/contractors as contemplated in this form, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application.

I declare that I have read and understood the important notes and the Product Disclosure Statement (PDS).

I also declare that the information provided is true and correct.

Signed

Date of birth

Please return your completed form to:

Mail: Local Government Super
PO Box N835
Grosvenor Place NSW 1220

Email: admin@lgsuper.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) for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, LGS 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 lgsuper.com.au/privacy-policy or by calling us on 1300 LGSUPER (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.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321).

Enquiries: Phone: 1300 LGSUPER (1300 547 873), 8.30am–5.00pm, Monday to Friday Web: lgsuper.com.au