

Duty of Disclosure for insurance cover



Before a superannuation fund trustee like Sunsuper Pty Ltd enters into a life insurance contract in respect of your life, it has a duty to tell the insurer anything that it knows, or could reasonably be expected to know, that may affect the insurer's decision to provide the insurance and on what terms.

The trustee entering into the contract has this duty until the insurer agrees to provide insurance. The trustee has the same duty before it extends, varies or reinstates the contract. The trustee does not need to tell the insurer anything that reduces the risk of the insurance, or is common knowledge, or the insurer knows or should know as an insurer, or where the insurer waives the duty to tell them.

If you as a member of Sunsuper do not tell us or the insurer something

If you, as the person whose life is to be insured under the life insurance contract, do not tell us or the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide insurance and on what terms, this may be treated as a failure by us to comply with our Duty of Disclosure. This could affect the insurance cover provided to you as described below.

If we do not tell the insurer something (because you didn't tell us or otherwise)

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.


If we do not tell the insurer anything we are required to, and the insurer would not have provided the insurance if it had been told, the insurer may avoid the contract within three years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if we had told the insurer everything we were required to. 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 of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if we had told the insurer everything we were required to. However, this right does not apply if the contract has a surrender value, or provides cover on death. If the failure to comply with the Duty of Disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. For further information please contact us.

 [sunsuper.com.au](https://www.sunsuper.com.au)

 13 11 84 (+61 7 3121 0700 when overseas)

 GPO Box 2924 Brisbane QLD 4001

APN Superannuation Plan

Personal health summary

👉 Please read the important information

Important: Please provide us with as much information as possible. Please tick boxes where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. *DENOTES MANDATORY FIELD.
If you are under 18 please contact us before completing this form.

To access information about your plan online, visit sunsuper.com.au/apnsuper99

Member number

if already a member

Office use only

C59323

1 Personal details

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*	Date of birth (DD/MM/YYYY)*	Gender*		
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F		
Street address/PO Box*				
<input type="text"/>				
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email address			Mobile phone number*	
<input type="text"/>			<input type="text"/>	

Note: Unless you have elected to receive printed information, Sunsuper will confirm this change electronically if we can. We'll email or SMS you if you have information to view in *Member Online*. If you would prefer information is posted to you in the future, change your preferences in *Member Online*, the Sunsuper app or by contacting us.

Look for other super for me Tick and we'll use your Tax file number (TFN) to search for any other super you may have with other funds or the ATO, to the extent the law allows. If we find money with the ATO, this will normally be transferred automatically to your Sunsuper account. If we find money with other funds, we'll be in touch with the results. Also, to help you keep track of your super, we'll complete an annual search on your behalf. To opt out, please call 13 11 84.

2 Details of your occupation

2A	Are you at work?	<input type="radio"/> YES <input type="radio"/> NO	Note: This means you must be performing your normal paid duties for your employer.	Your occupation	<input type="text"/>	Degree/trade qualification	<input type="radio"/> YES <input type="radio"/> NO	
	Industry (e.g. Mining, Manufacturing, Construction, Agriculture, Retail)	Name of your employer	Your annual Salary	<input type="text"/>	APN	\$ <input type="text"/>	Refer to your <i>Insurance guide</i> for the definition of 'Salary'.	
List the principal duties of your occupation, and the percentage of time at work spent doing each (e.g. office work 20%, site inspection 80%)								
1	<input type="text"/>	%	2	<input type="text"/>	%	3	<input type="text"/>	%
List the primary locations of your occupation, and the percentage of time at each location (e.g. office 20%, home 30%, suburban driving 50%)								
1	<input type="text"/>	%	2	<input type="text"/>	%	3	<input type="text"/>	%
2B	Employment status:	Permanent full time <input type="checkbox"/>	Permanent part time <input type="checkbox"/>	Casual <input type="checkbox"/>				
2C	Hours that you work a week (on average):	Under 15 hours <input type="checkbox"/>	15 hours or more <input type="checkbox"/>	Please note: if you are working less than 15 hours per week you will not be eligible to apply for Income Protection.				

3 Details of insurance cover

I would like to apply for the following cover in excess of the Automatic Acceptance Limit (AAL):

Death and Total & Permanent Disability	<input type="checkbox"/>	Death only	<input type="checkbox"/>	Total & Permanent Disability only	<input type="checkbox"/>	Income Protection	<input type="checkbox"/>
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The maximum Income Protection amount available is 75% of your 'Salary' up to a maximum of \$50,000 per month. Refer to your *Sunsuper for life Corporate Insurance guide* for the definition of 'Salary'.

Please refer to the *Sunsuper for life Corporate Product Disclosure Statement (PDS)* and *Insurance guide* for insurance details, available on your employer's microsite.

➔ Please continue over page

a) Are you an Australian or New Zealand citizen or do you hold a visa that entitles you to reside permanently in Australia (as approved by the Department of Immigration and Citizenship)? (If 'No' please advise what type of visa you hold)

YES NO

b) How many standard drinks do you consume per week on average?

One standard drink = approximately: one nip (30 ml) spirits, or 100 ml wine, or 10 oz/285 ml full-strength beer

Standard drinks per week

c) Have you smoked tobacco or any other substance during the last 12 months? (If yes, please provide details E.g. 30 cigarettes per day)

YES NO

d) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?

(If yes, provide details including (i) substance used, (ii) dates, (iii) details of the advice, treatment or counselling received)

YES NO

e) What is your height and weight?

 cm

 kg

Due Date (DD/MM/YYYY)

f) If female, are you pregnant? If yes, please provide estimated due date

YES

NO

g) Do you intend to travel or reside overseas? (If yes, please provide details)

YES NO

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

h) Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? (If yes, please provide details)

YES NO

Activity	Frequency	Professional or Amateur	Maximum height, speed and/or depth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

i) Have any of your immediate family (father, mother, brother, sister), prior to the age of 60, (living or dead) ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members. (If yes, please provide details)

YES NO

Relationship	Condition	Approximate age of onset	Age of death (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

j) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?

YES NO

k) In the past 5 years have you:

i. Engaged in male to male sexual activity **without** a condom (except in a relationship between you and only one other person where neither of you has had sex **without** a condom with anyone else in the past 5 years)?

YES NO

ii. Had sex **without** a condom:

- with someone you know or suspect to be HIV positive or
- with someone who injects non prescribed drugs or
- with a sex worker or as a sex worker?

YES NO

➔ Please continue over page

5 Medical practitioner details

Name of Doctor

Street address/PO Box

Suburb/Town

State

Postcode

Phone number

Fax number

Email address

Date of consultation

Patient of this Doctor or Medical Practice since

Reason for last consultation

Outcome of last consultation

If your last consultation was not with your usual Doctor OR you've been attending your usual Doctor for less than 2 years, please provide the following details:

Name of usual Doctor or Medical Practice

Street address/PO Box

Postcode

6 Insurance history

Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?

YES

NO

If yes, please provide type of cover and reason for decision

Have you ever claimed benefits from any source (excluding unemployment), e.g. accident, sickness, workers compensation, social security, disability insurance or disability pension?

YES

NO

If yes, please provide benefit type and reason

7 Authorisation and declaration Sign this application form and return to Sunsuper:

Privacy

By completing this form you consent to the collection, use and disclosure of any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you and exchange with third parties located in Australia and overseas, in the manner outlined in our and AIA Australia's respective privacy policies as updated from time to time. Policies are available by visiting sunsuper.com.au/privacy and aia.com.au.

These policies are consistent with the requirements of the *Privacy Act 1988*.

I declare that:

- I acknowledge and have read my Duty of Disclosure at sunsuper.com.au/dutyofdisclosure and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application until the insurer has accepted the risk.
- I have received, read and accept the *Sunsuper for life Corporate Product Disclosure Statement (PDS)* and *Sunsuper for life Corporate Insurance guide*.
- I understand all the conditions I must meet to be eligible to obtain additional insurance cover, I agree that my additional insurance cover will not commence until my application for additional insurance cover has been accepted by the Insurer. I acknowledge insurance cover is provided by an external insurance company.
- By signing this *Personal health summary*, I consent to the collection and disclosure of information about me for the purposes shown above.

Member to sign here*

Full name (print in BLOCK letters)*

Date application completed (DD/MM/YYYY)*

Please return the form to Sunsuper via sunsuper.com.au/contactus OR Reply Paid 2924 Brisbane Qld 4001