# Your duty to take reasonable care not to make a misrepresentation

## About your duty

When you apply for life insurance as a member of Australian Retirement Trust, the insurer may conduct a process called underwriting. It's how the insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions which the insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the insurer's decision.

## The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the insurer. 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

If you do not meet your legal duty, this 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 the insurer later investigates whether the information you provided was true. For example, the insurer may do this when a claim is made.

## Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely.
- If you are unsure about whether you should include information or not, you should include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), you should check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that Australian Retirement Trust or the insurer will contact your doctor for any medical information.

## Changes before your cover starts

Before your application is accepted, the insurer may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

## If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it.

## What can the insurer 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 the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position they 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 you took reasonable care 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 they 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 the insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree.

# CBH Group Superannuation Plan

# Change of Insurance Cover

Australian Retirement Trust

13 11 84 | australianretirementtrust.com.au
Reply Paid 2924 Brisbane Qld 4001

**Please read the important information**

**Important:** Before completing this form please ensure you read and understand your Duty to Take Reasonable Care Not to Make a Misrepresentation located at **australianretirementtrust.com.au/duty**

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

**To access information about your plan online, visit portal.australianretirementtrust.com.au/cbhgroup**

**Member number**
if already a member

**Office use only**
C59391

## 1 Personal details

Title | First name* | Middle name

Last name* | Date of birth (DD/MM/YYYY)* | Gender M F

Street address / PO Box*

Suburb / Town* | State* | Postcode* | Home phone number | Daytime phone number*

Personal email address | Mobile phone number*

**Note:** Where we can we'll provide your documents, including statements and notices of changes to your account, electronically. We'll email or SMS you when information is ready to view in **Member Online**. If you would prefer information is posted to you, change your preferences in **Member Online**, the **Australian Retirement Trust app**, or by contacting us.

## 2 Details of your occupation

**2A** Are you currently working? YES NO

Your occupation | Degree/trade qualification YES NO

Industry (e.g. mining, manufacturing, construction, agriculture, retail) | Name of your employer: CBH Group | Your annual salary $

Refer to your Super Savings – Corporate Insurance Guide 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 % | 2 % | 3 %

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 % | 2 % | 3 %

**2B** Employment status? Permanent full time ☐ Permanent part time ☐ Casual ☐

**2C** Hours that you work a week (on average): Under 15 hours ☐ 15 hours or more ☐

Please continue over page


FRM-C0092- C59391-ZZ-0723

## 3 Insurance cover

**Important:** Before completing this section, please refer to your Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide for insurance details, available on your employer plan's microsite. Any increase in insurance cover will be subject to acceptance by the insurer and will apply from the date your cover is accepted by the insurer.

### 3A Would you like to change your level of Standard Death and Total & Permanent Disability (TPD) cover?

**1 unit** ☐ **2 units** ☐

If you'd like more than 2 units of cover, please complete section 3B to apply for Additional cover.

**Note:** If you're increasing your cover within 120 days of joining your employer, or reducing your cover, you do not need to complete the entire form; simply tick the appropriate box and go to the last page to sign and date.

**OR**

### 3B Would you like to apply for Additional cover?

#### Death and Total & Permanent Disability (TPD)

**I would like to apply for the following amount of fixed cover[1]:**

**Death cover** $ _____ **TPD cover** $ _____

The amount you specify will be in addition to your Standard cover, if any.

1 Fixed cover means your amount of insurance stays the same but your premiums will generally increase as you get older.

#### Income Protection

Are you applying for Income Protection? YES ☐ NO ☐

**Monthly benefit required** $ _____ **Benefit period required** **2 years** ☐ **to age 65** ☐

**Note:** To be eligible for Income Protection you must be employed on a full-time or part-time permanent basis and working an average of 15 or more hours per week. The maximum Income Protection amount available is 75% of your 'salary' up to a maximum of $50,000 per month. Refer to your Super Savings – Corporate Insurance Guide for the definition of 'salary'.

**Please continue over page**

## 4 Personal health statement

**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) In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products?** (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

**f) If female, are you pregnant?** If yes, please provide estimated due date YES NO Due Date (DD/MM/YYYY)

**g) Do you have definite plans 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 |
|---|---|---|---|---|
| | | | | |

**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 |
|---|---|---|---|
| | | | |

**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, 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) |
|---|---|---|---|
| | | | |

**j) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?** YES ☐ NO ☐

**k) 1. In the last 5 years, have you had sexual intercourse without a condom with the following persons?**

i. Someone who might have exposed you to the human immunodeficiency virus (HIV) infection.
(This may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you.) YES ☐ NO ☐

ii. Someone who injects non-prescribed drugs YES ☐ NO ☐

iii. Someone who is a sex worker YES ☐ NO ☐

iv. Someone who is infected with human immunodeficiency virus (HIV) infection YES ☐ NO ☐

v. Someone who is infected with hepatitis B
(You may answer 'No' if you are vaccinated and have immunity for hepatitis B.) YES ☐ NO ☐

vi. Someone who is infected with hepatitis C YES ☐ NO ☐

**2. In the last 5 years, have you been diagnosed with or experienced symptoms of sexually transmitted infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)?** YES ☐ NO ☐

Please continue over page

## 4 Personal health statement (Continued)

**l) Have you ever suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following:**

i) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke YES ☐ NO ☐

ii) Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) or other respiratory disorder YES ☐ NO ☐

iii) Indigestion, gastric or duodenal ulcer or any bowel disorder YES ☐ NO ☐

iv) Diabetes, abnormal blood sugar, gout or thyroid disorder YES ☐ NO ☐

v) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder YES ☐ NO ☐

vi) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches, or any neurological disorder including multiple sclerosis YES ☐ NO ☐

vii) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia YES ☐ NO ☐

viii) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles YES ☐ NO ☐

ix) Psoriasis or eczema, skin disorder, defect in hearing or sight YES ☐ NO ☐

x) Cancer, cyst, mole or tumour of any kind YES ☐ NO ☐

xi) Liver, kidney or bladder disorder, renal colic or stone YES ☐ NO ☐

xii) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia YES ☐ NO ☐

xiii) Hepatitis B or C or are a hepatitis B or C carrier, acquired immune deficiency syndrome (AIDS) sufferer or infected with the HIV virus YES ☐ NO ☐

**For completion by females only**

Have you ever had or been advised to have treatment for:

xiv) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? YES ☐ NO ☐

xv) An abnormal cervical smear (pap smear) test including the detection of human papilloma virus (HPV) or any abnormality of the ovaries? YES ☐ NO ☐

xvi) Abnormal vaginal bleeding within the last 12 months? YES ☐ NO ☐

**m) Any other illness, disease or disorder: (do not include: colds, flu, hay fever, dental related matters, uncomplicated pregnancies [including caesarean sections, miscarriage], abortions and menopause.)** YES ☐ NO ☐

**n) Have you had any medical examinations, consultations, x-rays, pathology tests or procedures in the last 5 years relating to a matter not previously disclosed in this application?** YES ☐ NO ☐

**o) If not previously disclosed in this application, have you occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs in the last 5 years? (Do not include non prescription medications or drugs such as Panadol.)** YES ☐ NO ☐

**p) If not previously disclosed in this application, are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure?** YES ☐ NO ☐

**For every "Yes" answer in questions l to p above, please provide full details in the table below.**

| Question number | Illness, injury or tests | Date of injury/ illness | Date of last symptoms | Time off work | Degree of recovery (%) | What treatment did you receive? (e.g. medication, operation) | Name and address of doctor, physiotherapist, chiropractor or hospital |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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**

**What was the date of your last consultation?** (DD/MM/YYYY)

**How long have you been attending this practice?**

☐ I authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

## 6 External insurance Write the details of your existing policy

**Do you have any existing insurance, or applications in progress (with any insurer) including life, disability or trauma insurance.**

**Existing policy number** | **Year of commencement** | **Policy owner** | **Insurer**

**Type of Insurance:** **Death cover** ☐ **Trauma** ☐ **Total & Permanent Disability (TPD)** ☐ **Income Protection cover** ☐ **Business expenses** ☐ **Will you be retaining your existing policies?** YES NO

## 7 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**

## 8 Authorisation and declaration Sign this application form and return to Australian Retirement Trust:

**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 **australianretirementtrust.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 to Take Reasonable Care Not to Make a Misrepresentation and all of my details on this Change of Insurance Cover form are correct.
- I have received and read the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide.
- I understand all the conditions I must meet to be eligible to obtain Additional cover, I agree that my Additional cover will not commence until my application for Additional cover has been accepted by the insurer. I acknowledge insurance cover is provided by an external insurance company.
- I understand the cost of cover will be based on the applicable premium rates applying under the relevant membership division of Australian Retirement Trust and will reflect your occupation category, any employer funded arrangements (if applicable), and any premium loadings or exclusions that may apply.
- By signing this Change of Insurance Cover form, 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** (DD/MM/YYYY)*

**Please return the form to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001 OR via australianretirementtrust.com.au /contact-us**

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Australian Retirement Trust's Privacy Policy, visit **australianretirementtrust.com.au/privacy** or call **13 11 84**.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063