

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.

Cerebral Palsy Alliance Superannuation Plan (Employees) Change of Insurance Cover



13 11 84 | art.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 art.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 art.com.au/cpa

Member number
if already a member

Office use only

C59415 (Employees)

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="text" value="M"/> <input type="text" value="F"/> |
| Street address / PO Box* | | |
| <input type="text"/> | | |
| Suburb / Town* | State* | Postcode* |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Home phone number | | Daytime phone number* |
| <input type="text"/> | | <input type="text"/> |
| Personal email address | | Mobile phone number* |
| <input type="text"/> | | <input type="text"/> |

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 | Your occupation | | Degree/trade qualification |
| Are you currently working? | <input type="text" value="YES"/> <input type="text" value="NO"/> | <input type="text"/> | <input type="text" value="YES"/> <input type="text" value="NO"/> |
| Industry (e.g. mining, manufacturing, construction, agriculture, retail) | Name of your employer | Your annual salary | Refer to your Super Savings – Corporate Insurance Guide for the definition of 'salary'. |
| <input type="text"/> | Cerebral Palsy Alliance | <input type="text" value="\$"/> | |
| 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 <input type="text"/> | Permanent part time <input type="text"/> |
| | | Casual <input type="text"/> | Contractor <input type="text"/> |
| | | What is the duration of your contract? <input type="text" value="months"/> | |
| 2C | Hours that you work a week (on average): | <input type="text" value="hours"/> | |

Please continue over page

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 at art.com.au/cpa. 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?

Level 1
(10%)

☐

Level 2
(15%)

☐

Level 3
(20%)

☐

Refer to your Super Savings – Corporate Insurance Guide for information about how to calculate your amount of cover.

If you'd like more than Level 3 (20%) 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 TPD

I would like to apply for the following amount of fixed cover¹:

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

\$

Note: Conditions apply such as maximum cover limits and minimum work hours. Refer to your Super Savings – Corporate Insurance Guide for details on these conditions, as well as other relevant details such as 'waiting period', 'benefit period' and definitions of terms such as 'salary'.

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

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

Due Date (DD/MM/YYYY)

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

YES

NO

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) 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

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.

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

☐

Trauma

☐

TPD

☐

Income Protection

☐

Business expenses

☐

Will you be retaining your existing policies?

☐ YES

☐ NO

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

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

Your privacy - Personal information collection notice

Australian Retirement Trust

We are collecting your personal information to set up and/or to administer your superannuation account. We may also disclose this information to third parties such as our Insurer, medical and health professionals, if we need to, if you have given consent to the disclosure, or if we are required to by law. If you want to know more about our privacy policy, including how we collect, hold, use and disclose personal information, or how individuals can access or correct their information, visit art.com.au/privacy or call us to request a copy.

AIA Australia

AIA Australia is bound by the *Privacy Act 1988* and other laws which protect your privacy. Our full Privacy Policy provides more detail about our collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how we will deal with that complaint, and your opt-out rights. You have the right to access the Personal Information we hold about you, and can request the correction of your Personal Information if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to us via our website, aia.com.au or calling 1800 333 613.

I declare that:

- I acknowledge and have read my Duty to Take Reasonable Care Not to Make a Misrepresentation and understand its contents and what is meant by my Duty to Take Reasonable Care Not to Make a Misrepresentation.
- I have received, read and understood the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide.
- I understand the Super Savings – Corporate Insurance Guide sets out the conditions for insurance cover, including eligibility and that cover will not commence until my application for insurance 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 my 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 acknowledge the collection and disclosure of information about me for the purposes shown above.
- I confirm the information I have given is true and correct.

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 art.com.au/contact-us

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit art.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