## **Super Savings**

# **White Collar application**



Member number

Use this form to apply for White Collar insurance cover outside of 120 days of joining **Australian Retirement Trust.** 

Use the Insurance Options Application form to apply for White Collar insurance cover within 120 days of joining Australian Retirement Trust.

13 11 84 | art.com.au Reply Paid 2924 Brisbane Old 4001

**Important** 

You can apply for White Collar cover through Member Online, our secure online service. Just visit art.com.au and follow the prompts to Member Online. If you haven't signed up for Member Online – it's simple – just download the Australian Retirement Trust app or contact us via 13 11 84.

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

Refer to your Product Disclosure Statement (PDS) and Insurance Guide, available at art.com.au/pds for insurance details. 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. If you are under 18 please contact us on 13 11 84 before completing this form. \*DENOTES MANDATORY FIELD.

**Member details** Title First name\* Middle name Date of birth (DD/MM/YYYY)\* Gender\* Last name\* M Street Address / PO Box\* Suburb/Town\* State\* Postcode\* Home phone number Daytime phone number\* Personal email address Mobile phone number Note: Unless you have elected to receive printed information, Australian Retirement Trust will confirm this change electronically if we can. We'll email or SMS you when information is ready to view online through Member Online or the Australian Retirement Trust app. If you would prefer the information to be posted, you can change your preferences in Member Online, the Australian Retirement Trust app or call us on 13 11 84. **Details of your occupation** Your occupation Are you employed<sup>1</sup> for at least 15 hours per week (this does not include casual employees); NO 2A And do you spend at least 80% of your time in an office environment; And are your duties limited to clerical, administration, or managerial; And your occupation does not involve more than 10% light manual duties? 1 Permanently employed includes contractors on employment contracts of 6 months or longer and self-employed members receiving superannuation guarantee (SG) contributions. If you've answered 'no' to 2a then you will not be eliqible to receive White Collar cover. You'll continue to be covered for default cover. Note: If you are not sure which occupational category applies to you, please refer to the Super Savings Insurance Guide. Please continue over page

#### At the date of this application:

- 1) Due to illness or injury are you absent from work or restricted from carrying out all your usual duties on a full time basis for at least 30 hours per week (even if you are currently working on a part-time basis)?
- YES NO
- 2) Have you ever been paid/lodged or are eligible to lodge any Total & Permanent Disability, Terminal Illness or Income Protection claims from any superannuation fund or life insurance policy?
- YES NO

3) Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today?

- YES NO
- 4) Within the past 12 months have you seen or have you been advised to see within the next 12 months a medical specialist? (Your GP is not a medical specialist.)
- YES NO
- 5) Have you ever had any special conditions or restrictions (loadings or exclusions) placed on any Death, Total & Permanent Disability or Income Protection insurance?

If you've answered 'yes' to any of the questions in 2b then you will not be eligible to receive White Collar cover. You'll continue to be covered for default cover.

**Please note:** Limited Cover and an At Work requirement may apply to all or some of your cover.

YES NO

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

#### **Privacy**

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By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's respective Privacy Policies for the purposes of assessing your application. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of the Insurer's privacy policy is available from aia.

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### I declare that:

- I understand that the change to my insurance cover will commence when the Insurer has accepted my application and my account balance is sufficient to cover annual insurance premiums.
- I understand that the Trustee cannot provide me with advice about my insurance options and that I should seek advice from an appropriately qualified adviser for advice that takes into account my personal situation, objectives or needs.
- I have read the Super Savings PDS, Super Savings Insurance Guide and Australian Retirement Trust's Privacy Policy and authorise Australian Retirement Trust to collect, use and disclose my personal information in accordance with its Privacy Policy.
- I acknowledge and have read my Duty to Take Reasonable Care to Not Make a Misrepresentation at art.com.au/duty and all of my details on this form are correct.
- I understand that premiums will be deducted from my Accumulation account, and have considered the effect this will have on my super balance in retirement.
- I understand that I'm able to cancel my cover in the future.

Member to sign here\*

Date (DD/MM/YYYY)\*

Please return the form to
Australian Retirement Trust
Reply Paid 2924 Brisbane Qld 4001

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.