

CHANGE OF INSURANCE FORM



Please read the Important Information on page 4 & 6 and complete this form if you wish to:

- Apply for or adjust your Death Only or Death & Total and Permanent Disablement (TPD) (Section 3)
- Convert your Death Only or Death & TPD cover from unit-based to fixed-dollar cover or from fixed-dollar cover to unit-based cover (Section 3),
- Apply for additional Death Only or Death & cover due to life events (Section 4)
- Apply for or adjust your Income Protection (IP) cover - including changing your waiting period (Accumulation Members only) (Section 5)
- Reduce or cancel your Death Only, Death & TPD and/or IP insurance cover (Section 6)

Please note: If this insurance application is to replace any existing insurance cover you hold elsewhere, you should not cancel your existing cover until your new insurance application has been accepted.

The risk of replacing existing cover includes the loss of any accrued benefits and the possibility of any waiting periods starting again (if applicable). If you have unintentionally non-disclosed certain details in your insurance application, the Insurer can void the contract within 3 years of the cover commencement date. This means by replacing your existing cover, this 3 year period starts again for your Energy Super insurance.

Once your new cover is accepted, if you do not cancel your previous cover, you may be unable to claim on multiple insurance covers (depending on the terms of your policies).

Please complete this form in BLOCK letters using a blue or black pen. Print an 'X' to mark boxes where appropriate.

1. YOUR PERSONAL DETAILS

Energy Super member number (if already a Fund member):

Surname:

Title: Mr Mrs Ms Miss Dr

Given names:

Date of birth: (DD/MM/YYYY) / /

Residential address:

State: Postcode:

Postal address (if same as above, write "as above"):

State: Postcode:

Telephone (home):

Telephone (work):

Mobile:

Primary email:

Secondary email:

EMPLOYMENT STATUS:

- I am employed or self-employed (Go to section 2: **Occupational Risk Assessment**)
- I am not employed (Skip section 2: **Occupational Risk Assessment**)

2. OCCUPATIONAL RISK ASSESSMENT

You may be eligible for a discounted rate for your Death & TPD and Extended Income Protection insurance if your occupation is within the definition of "White Collar/Professional"*. Please ensure you notify us of any changes to your occupation as failure to do so may affect your chances of claiming a benefit should the need arise. Please answer the following questions:

Do you spend at least 90% of your working hours in an office environment?

Yes No

Does your work expose you to unusual occupational hazards?

Yes No

Does your work involve only minimal manual labour or very light skilled duties? (Manual labour includes the regular use of tools or equipment, regular lifting or repetitive physical exertion.)

Yes No

*"White Collar/Professional" means a member who is engaged in an occupation with minimal manual labour or very light skilled duties and who has no exposure to unusual occupational hazards and spends at least 90% of their working hours in an office environment. A member with technical skills or expertise who may be required to use their skills and judgement in a variety of tasks outside of the office environment, and who has some exposure to unusual occupational hazards, may still be considered "White Collar/Professional".

Please note: White Collar/Professional rates don't apply to Short term Income Protection (IP) cover (benefit payment period of 104 weeks).

3. DEATH & TOTAL & PERMANENT DISABLEMENT (TPD) COVER

Please refer to your *Member Guide and Product Disclosure Statement: Energy Super Defined Contribution Accounts, Energy Super Insurance Guide and/or, Corporate Summary Plan, the Energy Super Income Stream Product Disclosure Statement (PDS) and the Energy Super Market Linked Pension PDS* (if applicable).

Complete this section if you wish to apply for optional/additional Death & TPD cover. You can choose between unit-based and fixed-dollar cover. Please indicate which type of insurance you want and the **total** amount of cover that you wish to apply for.

HOW MUCH CAN YOU HAVE?

You are eligible to apply for and/or increase your insurance cover up to a maximum of \$5 million for Death and \$3 million for TPD. You cannot have TPD cover without Death cover. You can have more Death cover than TPD cover but cannot have more TPD cover than Death cover.

CHOOSE YOUR TYPE AND LEVEL OF COVER

Please note: Pension members are only eligible to apply for Death Only cover.

UNIT-BASED COVER

I wish to apply for the Default Life-stage cover^{*}(not available to Pension members)

OR

I wish to apply for a total of

units of Death & TPD cover.

units of Death Only cover.

^{*}If joined as a Public Offer member you are eligible to opt in to the Default Life-stage cover, if you make this application within 60 days of the issue date stated on your Welcome Letter. You can do so by completing the Insurance Election Form.

If you're applying for Life-stage cover outside of the 60 day period, you will be required to undergo underwriting. Please complete a Personal Statement available at energysuper.com.au and include with this form.

FIXED-DOLLAR COVER

I wish to apply for a total \$ of fixed-dollar Death & TPD cover.

I wish to apply for a total \$ of fixed-dollar Death Only cover.

Please note: If you apply for fixed-dollar cover, the fixed-dollar cover will replace any units of Death & TPD cover you have. Insurance cover must either be unit-based or fixed-dollar cover.

CONVERT COVER

I wish to convert my current insurance cover to the below type of cover:

unit-based cover (complete the "Health/Lifestyle questions")

fixed-dollar cover

If the fixed-dollar cover is equivalent to or less than your current unit-based amount you are not required to complete the *Short Medical Questionnaire*.

ADDITIONAL COVER/CONVERSION - WHAT DO YOU NEED TO DO?

If you're applying for up to 10 units of cover within 60 days of the issue date stated on your *Welcome Letter* or converting your fixed-dollar cover to unit-based cover, you're required to complete the "Health/Lifestyle questions" below without the need to complete the Short Medical Questionnaire. **However, the increased cover will be Limited Cover which is subject to a pre-existing condition exclusion.**

If you cannot answer any of the following questions, you will be required to go through full underwriting.

For all other circumstances, please complete the Short Medical Questionnaire section on page 5.

Place an "X" in the box if you agree with the statement

HEALTH/LIFESTYLE QUESTIONS

1. Due to injury or illness:

a. I am not off work or restricted from performing any of the usual duties of my occupation on a full-time basis of at least 30 hours per week (even if not currently working on a full-time basis for non-medical reasons).

b. I have not had my duties or workplace modified in the last 2 years OR I have resumed my pre-modified duties.

2. I have not been paid, am not eligible to be paid, nor have I lodged a claim for any type of sickness, accident or disability (including total and permanent disability or terminal illness) benefit(s) from any source such as a life insurer or WorkCover authority.

3. I have not taken more than a total of 7 consecutive days off work over the past 12 months due to illness or injury (other than for cold and flu).

4. I have not been diagnosed with any illness that reduces my life expectancy to less than 24 months from today.

5. In the last 12 months, I have not been advised to commence or change any form of treatment or medication for any ongoing or new medical condition(s) requiring follow-ups with a health professional (other than for cold or flu).

4. LIFE EVENT COVER

You may only apply and be accepted for an increase in cover for one Specific Life Event in any 12 month period with a maximum of two accepted Life Events Applications during your membership in the Fund.

Increasing your cover under life changing events is subject to a maximum of 4 additional units in total or the equivalent amount of fixed-dollar cover and is subject to maximum benefit limits.

You must apply for this extra cover within 90 days of the event occurring or within 90 days after the date of the next annual member statement received by you from the Fund immediately after the occurrence of the Specific Life Event (provided the Specific Life Event occurred within 12 months of the date of the annual member statement).

You are generally able to receive Death only and Death & TPD cover of 2 units if you hold unit-based cover, or 25% of fixed-dollar cover (up to a maximum limit of \$250,000), if you hold fixed-dollar cover for each of the following events. If valid, you would not have to complete a Short Medical Questionnaire. If you are not "At Work" on the date of your application, your cover will be Limited Cover until you are "At Work" for 30 consecutive days after the cover commences.

I would like to apply for an additional:

2 units

OR

\$ of fixed-dollar cover

as a result of one of the following events:

| EVENT | SUPPORTING DOCUMENT TO BE ATTACHED |
|---|---|
| <input type="checkbox"/> 10 years of continuous membership | Confirmation of membership from Fund |
| <input type="checkbox"/> Marriage | Certified copy of Marriage Certificate |
| <input type="checkbox"/> A new mortgage or increase an existing mortgage (excluding re-draw and refinancing) by at least \$100,000 on your principal place of residence | Certified copy of Loan document or other supporting evidence from the mortgage lender |
| <input type="checkbox"/> Birth or adoption of a child | Certified copy of a Birth Certificate or Certificate of Adoption |
| <input type="checkbox"/> Divorce | Certified copy of Divorce Certificate |
| <input type="checkbox"/> Death of spouse | Certified copy of the spouse's death certificate and certified copy of the Marriage Certificate |

LIFE EVENT COVER (Continued)

I confirm that:

- I have attached evidence of the event by providing a certified copy of the supporting documentation outlined above (where required) and am making this application within 90 days of the event occurring or within 90 days after the date of the next annual member statement received by me immediately after the occurrence of the Specific Life Event (provided the Specific Life Event occurred within 12 months of the date of the annual member statement).
- I am not eligible to be paid a benefit and I have not made, nor am I entitled to make a claim in relation to any life insurance policy, whether it is issued by the Insurer or any other insurer.
- I have never had an application for increased cover declined by the Insurer
- I understand that if I am not "At Work", any additional cover provided to me under Life Events will be Limited Cover until I have been "At Work" for 30 consecutive days after the cover under Life Events commences.

Please see the *Proof of Identity Requirements* Fact Sheet at energysuper.com.au for more information on certifying supporting documentation.

5. INCOME PROTECTION COVER

Please refer to your *Member Guide and Product Disclosure Statement: Energy Super Defined Contribution Accounts and/or Corporate Plan Summary* and the *Energy Super Insurance Guide*.

When completing this section please keep in mind that the value of each unit of IP is \$115.40 per week and the initial benefit period is 104 weeks, regardless of the waiting period selected.

It is important for you to understand that the weekly benefit payable under either Short Term IP or Extended IP Cover is the **lesser** of:

- the level of cover you apply for; or
- 80% of your Pre-Disability Salary.

A superannuation contribution benefit is also payable into your Energy Super account equal to the **lesser** of 10% of your "Pre-Disability Salary" or 10% of the benefit level for which you are insured. We recommend that you carefully consider the weekly benefit payable, and the information contained in the Energy Super Insurance Guide, when determining the level of cover that is appropriate for you.

CHOOSE YOUR TYPE AND LEVEL OF COVER

a. I wish to apply for the Default Life-stage Short term IP Cover

OR

b. I wish to apply for/ reduce to a total of units of Short term IP cover.

c. Please indicate the waiting period you wish to apply for or the waiting period you wish to change your current Short term IP cover to:

- Retain existing waiting period
- 14 days - default (\$1.682 per unit per week)
- 30 days - (\$1.688 per unit per week)
- 60 days (\$1.273 per unit per week)
- 90 days (\$1.009 per unit per week)

However, the increased cover will be Limited Cover which is subject to pre-existing condition exclusion.

If you are reducing your waiting period, you will need to complete the Short Medical Questionnaire below.

If you are applying to increase your Short term IP cover, you will need to complete a *Personal Statement*, available online at energysuper.com.au, **unless** you joined through an "Energy Super Employer", you have the option to increase your Short term IP cover up to 30 units without completing a Personal Statement.

EXTENDED INCOME PROTECTION

d. I wish to apply for Extended IP cover with benefit period to age 65

- Yes - Please complete a Personal Statement (available online at energysuper.com.au)
- No

AND/OR

e. I wish to apply for/reduce to a total of units of Extended IP Cover.

Please refer to the *Insurance Guide for the cost of Extended IP cover per unit per week*.

Please note: This will apply at the end of your 104 week benefit payment period, and is subject to underwriting. A *Personal Statement* must be completed.

6. REDUCE OR CANCEL YOUR COVER

Complete this section if you would like to cancel or reduce your current level of Death Only, Death & TPD or IP cover or if you would like to opt out of the Default Life-stage cover increase.

I confirm I would like to:

- Cancel my Death & TPD insurance cover.
- Cancel my Death Only insurance cover.
- Cancel all my IP insurance cover (Short term and Extended cover [if applicable]).
- Cancel my Extended IP insurance cover only.
- Reduce my Death & TPD cover to the number of units or fixed-dollar amount indicated in section 3 of this form.
- Reduce my Death Only cover to the number of units or fixed-dollar amount indicated in section 3 of this form.
- Reduce my IP cover to the amount indicated in section 5.
- Opt out of the Life-stage cover increase.
 - Death and TPD
 - Income Protection
- Increase my waiting period for IP as indicated in section 5.

Please note: It is important to note that you may be required to have insurance cover under a workplace enterprise agreement. Also, in some circumstances, your employer may pay for some or all of the cost associated with your current cover and it is important that you check with your employer before you cancel or reduce this cover as you may be in breach of your employment conditions.

If, after cancelling your current cover, you choose to apply for cover again, any new cover will be provided subject to the terms and conditions of the policy in place at the date of acceptance. Any reapplication of Death Only, Death & TPD and/ or Income Protection cover may be subject to acceptance based on evidence of your health.

IMPORTANT INFORMATION -THE DUTY TO TAKE REASONABLE CARE

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

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

Not meeting your legal duty 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 we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee may pass on to us personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information you provide to us. When answering our questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond.
- answer every question.
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume we will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

What can we 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 us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

SHORT MEDICAL QUESTIONNAIRE

Please only complete if:

- you have applied for additional cover in section 3; or
- you are applying for Death Only/Death & TPD cover where the total amount of cover is less than \$1,000,000.00; or
- you are reducing the waiting period for your Short Term IP cover.

If you answer "Yes" to any question on the *Medical History Questions* below, then a *Personal Statement* must be completed. The Fund may also require you to complete a *Personal Statement* once we have assessed your application. Please contact the Fund for a copy or download from energysuper.com.au

MEDICAL HISTORY QUESTIONS

Height: cm Weight: kg

| | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you taken more than a total of 7 consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following: | | |
| a. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breasts lumps or skin lesions/moles (even if you have not seen a doctor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Have you ever tested positive for HIV (Human Immunodeficiency Virus, which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related conditions? | <input type="checkbox"/> | <input type="checkbox"/> |

Please Note: there may be additional requirements including tests, medical reports, or additional questionnaires, depending on your answers to the above questions.

7. APPLICANT DECLARATION

- I have read and understood the *Member Guide and Product Disclosure Statement: Energy Super Defined Contribution Accounts and/or Corporate Plan Summary*, the *Energy Super Insurance Guide* or *Energy Super Income Stream PDS* or *Market Linked PDS* (if applicable).
- I understand my Duty to take reasonable care and the remedies available to the Insurer if I fail to comply with my Duty to take reasonable care under the Insurance Contracts Act 1984 (Cth), as explained in this form.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the Insurer.
- I understand that if the Insurer does not accept my application to increase, I will retain my current level of cover.
- I understand that any new cover or increase in cover is subject to my application being accepted by the relevant Insurer.
- I understand that the Insurer may contact me directly.
- I understand that if the Insurer accepts my application with a loading or exclusion, this will apply only to the additional cover applied for and not my automatic cover.
- I understand that if I have applied to cancel or reduce my insurance cover, my cover will be reduced or cancelled from the later of the date the Fund receives this form or the date specified by you. If at a later date I want to apply for or increase my insurance cover, I understand that I may need to complete a Personal Statement and cover will be subject to approval by the Fund's insurer/s.
- I acknowledge that the Fund collects my personal information when I complete this *Change of Insurance Form*, and confirm that I have read and understood the Privacy Statement set out on this page.

Applicant's signature:

Date: (DD/MM/YYYY)

 / /

RETURN THIS FORM

Energy Super

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Brisbane Adelaide Street QLD 4000

F 07 3229 7523

E member@energysuper.com.au
(as a scanned email attachment)

TALK TO US

T 1300 436 374

E info@energysuper.com.au

W energysuper.com.au

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PRIVACY STATEMENT – YOUR PRIVACY IS IMPORTANT TO US

LGIAsuper (the issuer of the Energy Super product) respects your privacy. All personal information collected via this form is protected in line with LGIAsuper's Privacy policy. To find out more about how we collect and manage your personal information, please refer to our privacy policy available at energysuper.com.au.