

CHANGE OF INSURANCE - NRG FORM



Please read the Important Information on pages 4 & 5 and complete this form if you wish to:

- Apply for or adjust your Death Only or Death & Total and Permanent Disablement (TPD) (Section 2)
- Apply for or adjust Income Protection* cover - including Extended IP (Section 3)
- Reduce or cancel your Death Only, Death & TPD and/or IP insurance cover (Section 6)

*Income Protection cover for employees of NRG Gladstone Operating Services is provided by an external insurance provider and administered by NRG Gladstone Operating Services directly. Members can however, apply for Energy Super's Income Protection (IP) insurance by going through full underwriting.

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

I am not employed

2. 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, NRG Gladstone Operating Services - *Corporate Summary Plan*.

Complete this section if you wish to adjust your Death Only or Death & TPD cover.

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

I wish to apply for or adjust my Death Only/ Death & TPD cover to the below:

Death & TPD cover

Death Only cover

9% x Salary x Number of years and complete days remaining to age 65

15% x Salary x Number of years and complete days remaining to age 65 (default cover level)

20% x Salary x Number of years and complete days remaining to age 65

If you are increasing your cover (for example: from 9% formula to 15% or 20% formula or from 15% formula to 20% formula, you will need to go through full underwriting by completing a Personal Statement. Please contact the Fund for a copy or download from energysuper.com.au/forms

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However, if you are increasing from the default cover level of '15% x Salary x Number of years and complete days remaining to age 65' to '20% x Salary x Number of years and complete days remaining to age 65' within 60 days of the issue date stated on your *Welcome Letter*, you're required to complete the "Health/Lifestyle questions" below without the need to complete a Personal Statement. If you cannot answer any of the following questions, you will be required to go through full underwriting.

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).

3. INCOME PROTECTION COVER

Please note that you do not receive default cover for Income Protection as your employer has external arrangements for this. However, you can still apply by going through full underwriting (disclosing health details).

Please refer to your *Member Guide and Product Disclosure Statement: Energy Super Defined Contribution Accounts* 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 SHORT TERM IP COVER

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

b. 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)
- 60 days (\$1.273 per unit per week)
- 90 days (\$1.009 per unit per week)

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

If you are applying for/increasing your Short term IP cover, you will need to complete a *Personal Statement*, available online at energysuper.com.au/forms.

SHORT MEDICAL QUESTIONNAIRE (SHORT TERM IP ONLY)

Please only complete if 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.

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)?

2. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)?

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)?

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)?

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?

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)?

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?

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

EXTENDED INCOME PROTECTION

Please note that you cannot apply for Extended IP Cover without having Short term IP cover within the Fund.

c. 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)

AND/OR

d. 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.

OCCUPATIONAL RISK ASSESSMENT (EXTENDED IP ONLY)

You may be eligible for a discounted rate for your 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).

4. 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.

I confirm I would like to:

- Cancel my Death & TPD insurance cover.
- Cancel my Death Only insurance cover.
- Cancel my TPD insurance cover.
- Reduce my Death & TPD cover formula indicated in section 2 of this form.
- Reduce my Death Only cover formula indicated in section 2 of this form.
- Reduce my IP cover to the amount indicated in section 3.
- Increase my waiting period for IP as indicated in section 3.
- Cancel all my IP insurance cover (Short term and Extended cover [if applicable]).
- Cancel my Extended IP insurance cover only.

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.

THE DUTY TO TAKE REASONABLE CARE - CONT.

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.

5. APPLICANT DECLARATION

- I have read and understood the *Member Guide and Product Disclosure Statement: Energy Super Defined Contribution Accounts*, the *Energy Super Insurance Guide* and the *NRG Gladstone Operating Services – Corporate Plan Summary*.
- 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 below.

Applicant's signature:

Date: (DD/MM/YYYY) / /

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.

RETURN THIS FORM

Energy Super

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F 07 3229 7523

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

TALK TO US

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