

CHANGE OF INSURANCE FORM

GENERAL MEMBERSHIP



Complete this form if you wish to:

- increase your Death Only, Death & Total and Permanent Disablement (TPD) (Go to section 3)
- convert your Death Only or Death & TPD cover from unit-based to fixed-dollar cover (Go to section 3),
- apply for additional cover due to life changing events (Go to section 4)
- apply for or increase your Income Protection (IP) cover (Go to section 5)
- reduce or cancel your Death Only, Death & TPD and/or IP insurance cover (Go to section 6)

Do not complete this form if you:

- have been issued with an *Energy Super Corporate Member Guide*, or
- have a 30, 60 or 90 day IP waiting period, or
- are an Income Stream, Market Linked Pension or Defined Benefit member.

These members are required to complete a different *Change of Insurance Form* which is available on our website at energysuper.com.au or by contacting us on **1300 436 374**.

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 an Energy Super 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 (Go to section 3: **Death & Total and Permanent Disablement (TPD) cover**)

2. OCCUPATIONAL RISK ASSESSMENT

You may be eligible for a discounted rate for your Death & TPD 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? (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 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".

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

Please refer to your *Energy Super Member Guide* and the *Energy Super Insurance Guide*.

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.

If you are under age 65 and have joined Energy Super through an employer in the last 60 days, you are entitled to up to 10 units of cover without completing the *Short Medical Questionnaire* on page 3 of this form.

HOW MUCH CAN YOU HAVE?

You are eligible to apply for and/or increase your insurance cover up to a maximum of \$10 million for Death and \$3 million for TPD.

WHAT DO YOU NEED TO DO?

If you are applying for \$1 million or more of Death and/or TPD insurance cover, you will need to complete a *Personal Statement*. Please contact Energy Super for a copy or visit our website. If you are applying for less than \$1 million of Death/TPD insurance cover, please complete the *Short Medical Questionnaire* on page 3 of this form. If you answer "Yes" to any question on the *Short Medical Questionnaire*, then a *Personal Statement* must be completed. Please contact Energy Super for a copy.

CHOOSE YOUR TYPE AND LEVEL OF COVER

UNIT-BASED COVER

I wish to apply for the Automatic Life-stage increase cover feature

OR

I wish to apply for a total of

units of Death & TPD cover.

units of Death Only cover.

OR

FIXED-DOLLAR COVER

I wish to apply for \$.00 of fixed-dollar Death & TPD cover.

I wish to apply for \$.00 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 may have.

I wish to convert my current unit-based cover to fixed-dollar cover.

Yes

No

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*.

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

4. LIFE CHANGING EVENTS

You are generally able to receive Death only and Death & TPD cover of up to 2 units, or the equivalent amount of fixed-dollar cover, for each of the following events without having to complete the *Short Medical Questionnaire* as long as you are "At Work" on the date of your application.

Increasing your cover under life changing events is subject to a maximum of 4 additional units in total and is subject to maximum benefit limits. If at the time of application you have fixed-dollar cover, you will receive the equivalent of the additional units of cover as at your current age.

You must apply for this extra cover within 90 days of the event occurring.

I would like to apply for 2 units or the equivalent amount of fixed-dollar cover as a result of one of the following events:

EVENT	SUPPORTING DOCUMENT TO BE ATTACHED
<input type="checkbox"/> Marriage	Certified copy of Marriage Certificate
<input type="checkbox"/> First mortgage	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

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.

I am currently "At Work". I understand that this means I am at work for the normal daily hours of work and I am actively performing the full, unrestricted or unmodified duties of my normal occupation, or would have been had the day not been a day of leave (other than due to illness or injury), public holiday or weekend day.

SHORT MEDICAL QUESTIONNAIRE

Please only complete if you have applied for additional cover in section 3 and meet the following requirements:

- are less than 55 years of age
- are applying for Death Only/Death & TPD cover where the total amount of cover is less than \$1,000,000.00.

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

SHORT MEDICAL QUESTIONNAIRE

Height: cm Weight: kg

HEALTH/LIFESTYLE QUESTIONS:

YES

NO

1. Have you ever received treatment or been diagnosed with any of the following:

- cancer
- hepatitis
- a tumor of any type
- diabetes
- high blood pressure
- high cholesterol
- heart complaint
- chest pain
- a stroke
- a mental health condition including stress, anxiety or depression
- a back or joint disorder or paralysis.

2. In the last five years, have you received any advice, treatment or been hospitalised or investigated for any symptom, illness or injury (including any of the above conditions listed in Q1), or taken any prescribed medication (excluding medications for cold/flu, minor upper respiratory tract infections, minor headaches or oral contraceptives)?

3. Are you currently absent from work or unable to perform your usual duties due to illness or injury?

4. Do you intend to seek any medical advice, test, investigation or treatment (excluding general check-ups)?

5. Are you carrying, or are you at risk of contracting, or within the last 3 years have you been at risk¹ of contracting, the Human Immunodeficiency Virus which causes AIDS, antibodies to that virus or are you suffering from AIDS or an AIDS related condition?

6. Have two or more of your parents, brothers or sisters, had or been diagnosed with cancer, heart disease, stroke, Huntington's disease or diabetes, under the age of 60?

7. In the last five years have you had any advice/counselling or treatment for alcohol or drug use/dependence?

8. Do you now engage or do you intend to engage in air travel or activities other than as a fare paying passenger, motor racing, underwater diving, parachuting, hang gliding, mountaineering or any other pursuits considered dangerous or hazardous by an average person?

¹ HIV risk situations are those in which you have been potentially exposed to HIV infection. These situations include but are not limited to, intercourse with someone you know or suspect to be HIV positive, and intravenous drug use.

Please note: you may also be required to undergo other tests as required by the insurer, depending on your answers in the above questionnaire.

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5. INCOME PROTECTION COVER

Please refer to your *Energy Super Member Guide* and the *Energy Super Insurance Guide*.

a. Please choose one option to indicate the level of IP cover (with a payment period of up to 104 weeks and a 14 day waiting period) you wish to apply for.

- You can choose any benefit level you wish, but keep in mind that:

For the first 120 days after the waiting period, the actual benefit payable will be the lesser of:

- 90% of your Income; or
- the benefit level of the employment category listed below or Additional Cover if it applies.

For the remainder of the benefit period, the benefit will be reduced to the lesser of:

- 80% of your Income; or
- the benefit level of the employment category listed below or Additional Cover if it applies.

A superannuation benefit is also payable into your Energy Super account equal to the lesser of 10% of income or 10% of the benefit level of the employment category listed below or Additional Cover if it applies.

So if you choose a benefit level and your Income is less than the amount in the 'Income needed' column in the table below, the actual benefit payable will be less than the level you chose. If your Income later changes, you can apply to alter your benefit category. For the definition of Income please refer to the *Energy Super Insurance Guide*.

If you need help or want to discuss your insurance options, contact us on **1300 436 374**.

IP COVER - 14 DAY WAITING PERIOD AND PAYMENT PERIOD OF UP TO 104 WEEKS

	Category	Benefit level up to ¹ :	Income needed ^{1,2} :	Gross cost ³	
				Covered by Workers' Compensation	Not covered by Workers' Compensation
<input type="checkbox"/>	G	\$729.30 per week	\$42,137.33 per annum	\$10.85 per week	\$17.35 per week
<input type="checkbox"/>	F	\$1,125.65 per week	\$65,037.56 per annum	\$13.79 per week	\$22.06 per week
<input type="checkbox"/>	E	\$1,406.79 per week	\$81,281.20 per annum	\$17.72 per week	\$28.37 per week
<input type="checkbox"/>	D	\$1,688.48 per week	\$97,556.00 per annum	\$23.63 per week	\$37.83 per week
<input type="checkbox"/>	C	\$2,251.31 per week	\$130,075.69 per annum	\$31.52 per week	\$50.43 per week
<input type="checkbox"/>	B	\$2,814.13 per week	\$162,594.18 per annum	\$39.39 per week	\$63.03 per week
<input type="checkbox"/>	A	\$4,221.47 per week	\$243,907.16 per annum	\$70.91 per week	\$113.46 per week
<input type="checkbox"/>	1x Additional	\$5,628.26 per week	\$325,188.36 per annum	\$94.55 per week	\$151.87 per week
<input type="checkbox"/>	2x Additional	\$7,035.05 per week	\$406,469.56 per annum	\$118.18 per week	\$190.28 per week
<input type="checkbox"/>	3x Additional	\$8,441.84 per week	\$487,750.76 per annum	\$141.82 per week	\$228.69 per week
<input type="checkbox"/>	4x Additional	\$9,848.63 per week	\$569,031.96 per annum	\$165.45 per week	\$267.09 per week

¹ Amounts will be indexed by 5% on 1 April each year.

² This figure takes into account that the first 120 days of your benefit period is paid at 90% of your income, and that the remaining 245 days of your benefit period are paid at 80% of your income. The formula is as follows: $\text{Income needed} = (\text{benefit level} \times 52 \text{ weeks} \div 90\%) \times (120 \text{ days} \div 365 \text{ days}) \text{ plus } (\text{benefit level} \times 52 \text{ weeks} \div 80\%) \times (245 \text{ days} \div 365 \text{ days})$.

³ These costs comprise insurance premiums and a 5% insurance fee. Costs will be indexed by 5% on 1 April each year. A tax refund of 15% of the insurance premiums only is credited to accounts and reduces the effective cost of insurance. Total cost includes stamp duty and GST.

I am currently covered by Workers' Compensation.

Yes

No

Please note: If you are unsure whether you are covered by a Workers' Compensation Scheme, please ask your employer.

b. I wish to apply to extend my benefit payment period to age 65.

This is a separate policy with different costs and terms which are outlined in the *Energy Super Insurance Guide* and the table below.

Yes - please complete a Personal Statement (available online at energysuper.com.au)

No

c. Please choose one option to indicate the level of extended IP cover (with a payment period past 104 weeks) you wish to apply for. You can choose any benefit level you wish, but keep in mind that the actual benefit payable will be the lesser of:

- the level of cover you apply for; or
- 80% of your 'Monthly Income'.

EXTENDED IP COVER - PAYMENT PERIOD PAST 104 WEEKS

	Gross cost (per week) ³								
	Gross Benefit level up to (per week) ¹	with white collar discount				without white collar discount			
		14 yrs & 9 months to 35	36 to 45	46 to 55	56 to 65	14 yrs & 9 months to 35	36 to 45	46 to 55	56 to 65
<input type="checkbox"/>	\$729.30	\$4.42	\$6.63	\$15.17	\$24.59	\$6.32	\$9.48	\$21.67	\$24.59
<input type="checkbox"/>	\$1,125.65	\$6.83	\$10.23	\$23.42	\$37.94	\$9.74	\$14.62	\$33.46	\$54.24
<input type="checkbox"/>	\$1,406.79	\$8.53	\$12.79	\$29.27	\$47.43	\$12.20	\$18.29	\$41.84	\$67.81
<input type="checkbox"/>	\$1,688.48	\$10.23	\$15.37	\$35.12	\$56.93	\$14.62	\$21.95	\$50.20	\$81.36
<input type="checkbox"/>	\$2,251.31	\$13.67	\$20.48	\$46.81	\$75.89	\$19.51	\$29.27	\$66.90	\$108.48
<input type="checkbox"/>	\$2,814.13	\$17.06	\$25.60	\$58.52	\$94.87	\$24.40	\$36.59	\$83.64	\$135.59
<input type="checkbox"/>	\$4,221.47	\$25.60	\$38.41	\$87.80	\$142.31	\$36.59	\$54.88	\$125.48	\$203.41
<input type="checkbox"/>	\$5,628.26	\$34.15	\$51.21	\$117.07	\$189.74	\$48.77	\$73.17	\$167.32	\$271.22
<input type="checkbox"/>	\$7,035.05	\$42.68	\$64.01	\$146.33	\$237.19	\$60.97	\$91.45	\$209.12	\$339.02
<input type="checkbox"/>	\$8,441.84	\$51.21	\$76.82	\$175.60	\$284.62	\$73.17	\$109.76	\$250.96	\$406.82
<input type="checkbox"/>	\$9,848.63	\$59.76	\$89.64	\$204.88	\$332.06	\$85.37	\$128.06	\$292.80	\$474.63

¹ Amounts will increase by 5% on 1 April each year.

² Costs will increase by 5% on 1 April each year. A tax refund of 15% of the gross insurance costs is credited to accounts and reduces the effective cost of insurance.

Total cost includes stamp duty and GST.

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. Please contact Energy Super for a copy or download from energysuper.com.au The monthly benefit for IP cover to age 65 is the lesser of the level of cover you applied for or 80% of your Income. You will also receive 10% of your Income as a superannuation contribution into your Energy Super account.

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 "Life-stage increases feature".

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 or Death & TPD cover will be subject to acceptance based on evidence of your health. Any reapplication for IP insurance cover will be subject to exclusion of any pre-existing conditions, which may limit your ability to make a claim.

I confirm I would like to:

- Cancel my Death & TPD insurance cover.
- Cancel my Death Only insurance cover.
- Cancel all my IP insurance cover (Standard 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. (a) and/or (b) of this form.
- Opt out of the Life-stage increases feature.

YOUR DUTY OF DISCLOSURE

Before you apply for insurance cover with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insuring you and, if so, on what terms.

The Insurer will rely on the disclosures that you or the Trustee makes to us.

You also have the same duty of disclosure if you wish to renew, extend, increase or reinstate your insurance cover.

You do not need to tell us anything that:

- reduces the risk of you being insured; or
- is common knowledge; or if
- the Insurer has waived your duty to tell us.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as failure by you to tell us something that you should have told the Insurer.

If you do not tell us anything you are required to, and the Insurer would not have insured you if you had told us, the Insurer may avoid the contract within 3 years of entering into it.

YOUR DUTY OF DISCLOSURE (Continued)

If the Insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have.

If the Insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time, vary the contract in a way that places them in the same position it would have been in had you told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may void the contract within three years of entering into it. If the Insurer chooses not to avoid the policy or reduce the amount you have been insured for, they may, at any time vary the policy in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the policy provides cover on death. If your non-disclosure is fraudulent, the Insurer may void the contract at any time. An Insurer who is entitled to void a contract of life insurance may elect not to void it but to reduce the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

7. APPLICANT DECLARATION

- I have read and understood the *Energy Super Member Guide* and the *Energy Super Insurance Guide*.
- I have read and understood the duty of disclosure (see above).
- 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 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 (if applicable).
- I understand that if I have applied to cancel or reduce my insurance cover, my cover will be reduced or cancelled from the date Energy Super receives this form. 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 Energy Super 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 page 6.

Applicant's signature:

Date: (DD/MM/YYYY)

 / /

PRIVACY STATEMENT – YOUR PRIVACY IS IMPORTANT TO US

This Privacy Statement provides you with details about the personal information we have collected from you, how we will manage that information and how to contact us if you have any privacy concerns, including if you want to make a complaint.

Why we collect personal information?

Energy Super* collects your personal information in order to:

- identify and verify your identity and conduct appropriate checks;
- answer your queries;
- communicate with you about your account and keep you informed about membership opportunities, including products, services, promotions and online news subscriptions;
- understand your requirements and provide you with a product or service;
- manage and respond to complaints, investigations and disputes and report to dispute resolution bodies and regulatory bodies.
- process your application for membership and
- manage our ongoing relationship with you as further described in this statement.

How we manage your personal information

We may disclose your personal information to our authorised personnel, third parties (e.g. employers) and our service providers, including administration services providers, insurers MLC and Beazley, and ESI Financial Services Pty Ltd (a wholly owned subsidiary of Energy Super).

We may use and disclose your personal information in order to:

- administer your account, provide insurance cover and provide services complementary to your account such as seminars, newsletters, educational materials and access to financial advice;
- communicate with other superannuation fund trustees and administrators if you transfer your super to another fund;
- communicate with Government, Statutory or Regulatory bodies and Enforcement bodies
- obtain legal and professional opinions;
- utilise a service from web hosting companies, software providers or web application;
- deal and communicate with any other organisation or person, where you have asked them to provide your personal information to us or asked us to obtain personal information from them;
- conduct market research and analysis, develop and improve our products and services, and inform you about additional products and services that may be of interest to you; and
- meet legislative and regulatory obligations.

What happens if you do not give us your personal information?

If we ask for your personal information and you don't give it to us, we may not be able to provide you with any, some, or all of the features of our products or services available to you.

How we collect your personal information

We generally collect your personal information directly from you, but may also collect it from other organisations such as your employer, your representatives, organisations who provide products or services to you jointly with us, and from publicly available sources. We may also be required to collect your personal information under anti-money laundering, corporations, family, insurance, superannuation and taxation legislation, or under court/tribunal orders

We are likely to disclose your personal information to organisations and persons located overseas. These countries include New Zealand, the United Kingdom, Ireland, France and the United States of America, depending on the details of the transaction or other act you ask us to or we are required to carry out.

Energy Super and the ESI Group have a Privacy Policy which is available for download - or by contacting us on **1300 436 374** or **info@energysuper.com.au**. The Privacy Policy also contains information on how you may access and seek correction of your personal information held by Energy Super, and also how to complain about a breach of your privacy and how we will deal with that complaint.*

* Energy Super is a reference to Electricity Supply Industry Superannuation (Qld) Ltd (ABN 30 069 634 439; AFSL 336567) (the Trustee), as Trustee for Energy Super (ABN 33 761 363 685) (the Fund). Energy Super is a member of the ESI Group.

RETURN THIS FORM

Energy Super

PO Box 10530

Brisbane Adelaide Street QLD 4000

F 07 3229 7523

(remember to send all pages of the form)

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

Energy Super

Level 10, 123 Eagle Street

Brisbane QLD 4000

PO Box 10530

Brisbane Adelaide Street QLD 4000

This form has been prepared for the general information of members of Energy Super. It does not take into account any member's individual financial objectives, financial situation or needs. Any statements of law or proposals are based on our interpretation of the law or proposals as at 28 September 2018. We recommend that you seek help from a licensed financial adviser before acting on any information contained in this form. While all due care and diligence has been taken in the preparation of this form, the Trustee reserves the right to correct any errors or omissions. If there are any inconsistencies between the terms of Energy Super's Trust Deed and this form, the terms of the Trust Deed prevail.