

# CHANGE OF INSURANCE FORM



Please read the Important Information on pages 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 & TPD 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.

Risk of replacing existing cover includes the loss of any accrued benefits and the possibility of 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 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 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 (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 *Energy Super Member Guide*, *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<sup>^</sup>(not available to Pension members)

**OR**

I wish to apply for a total of

units of Death & TPD cover.

units of Death Only cover.

<sup>^</sup>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](http://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 may 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. 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 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 without having to complete the *Short Medical Questionnaire*. If you are not "At Work" on the date of your application, your cover under Life Events will be Limited Cover until you are "At Work" for 30 consecutive days after the cover under Life Events commences.

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).

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 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).
- 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](http://energysuper.com.au) for more information on certifying supporting documentation.

#### 5. INCOME PROTECTION COVER

Please refer to your *Energy Super Member Guide* 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.

#### 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)
- 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 to increase your Short term IP cover, you will need to complete a *Personal Statement*, available online at [energysuper.com.au](http://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*. However, the increased cover will be Limited Cover which is subject to pre-existing condition exclusion.

## 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](http://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 -YOUR DUTY OF DISCLOSURE

### Important notice

OnePath Life Limited is the Insurer in respect of Energy Super's group insurance arrangements.

It is important that you have read and understood the current Energy Super *Product Disclosure Statement* for the cover for which you are applying.

### Duty of disclosure

The Trustee, who enters into a life insurance contract in respect of your life, has a duty, before entering into the contract, to tell the Insurer anything that it knows, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before it extends, varies or reinstates the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell the Insurer about.

### You must disclose relevant information

You must tell the Insurer anything you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by the Trustee to tell the Insurer something that the Trustee must tell the Insurer.

If you provide relevant information to the Trustee rather than the Insurer, the Trustee will provide the information you give the Trustee to the Insurer. The Trustee will do this so that you comply with your obligation to provide relevant information to the Insurer.

### If the Trustee does not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If the Trustee does not tell the Insurer anything the Trustee is required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if the Trustee had told the Insurer, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the insurance fee that would have been payable if the Trustee had told the Insurer everything it should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if the Trustee had told the Insurer everything it should have. However, this right does not apply if the contract provides cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

## 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 Energy Super for a copy or download from [energysuper.com.au](http://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 (eve 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 *Energy Super Member Guide* 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 of Disclosure and the remedies available to the Insurer if I fail to comply with my Duty of Disclosure under the Insurance Contracts Act 1984 (Cth), as explained in this form. I understand that my Duty of Disclosure continues after I have completed this application until I am notified in writing that my application has been accepted.
- 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 (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 later of the date Energy Super 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 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 below.

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 identify 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 an 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 our fund administration services provider (Link Group), insurers, MLC Life Insurance and OnePath Life Limited, and ESI Financial Services Pty Ltd (a wholly-owned entity of Energy Super).

If we collect your personal information, we will only use and disclose your personal information for the purposes we collected it for or where you would reasonably expect us to.

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 provider or web application;
- deal and communicate with any other organisation or person, where you have asked them to provide your personal information to us, asked us to obtain personal information from them, or where you have asked us to provide your personal information to them. For example, a family member or your spouse, a personal authorised under a third party authority, a third party claimant or witnesses in a claim;
- 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 carry out. Our fund administrator, Link Group, may use service providers located in overseas countries for aspects of fund administration (a current list of countries can be found in their privacy policy at [www.linkgroup.com.au](http://www.linkgroup.com.au)).

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](mailto: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](mailto:member@energysuper.com.au)

(as a scanned email attachment)

## TALK TO US

T 1300 436 374

E [info@energysuper.com.au](mailto:info@energysuper.com.au)

W [energysuper.com.au](http://energysuper.com.au)

### Energy Super

Level 10, 123 Eagle Street  
Brisbane QLD 4000

PO Box 10530

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