

Application for default insurance cover and statement of good health



VALID FROM 1 NOVEMBER 2009

Please complete this form in **BLACK PEN** and **CAPITAL LETTERS**. Your Member No.

Complete this form if you wish to:

- Apply for Standard Default Cover or Restricted Default Cover (as applicable) OR
- Apply for 1 additional unit of Standard Default Cover, Limited Default Cover or Restricted Default Cover (as applicable) **within 60 days** of joining Media Super.



Section 1: Personal details

Please answer all questions and sign the Declaration and Doctor's Authority. If you fail to do so, we will be unable to assess and process your application.

Mr/Mrs/Ms/Miss/Dr Gender Male Female Date of birth (DD/MM/YYYY)

Surname

Given names

Address

State Postcode

Telephone (home) () Telephone (work) ()

Email address

Age Height cms Weight kgs

Section 2: Election of insurance cover

If you want to apply for Default cover, please complete this section.

Please select the type of cover that you require, and note that you can only elect to have the same type of cover (Death and Total and Permanent Disablement cover or Death Only cover) previously available.

The number of default units you are applying for depends on your age next birthday. Therefore, you should elect the default number of units as detailed in the 'Insured benefit and cost of insurance' table in the *Insurance* section of the Media Super Member Booklet (Product Disclosure Statement).

I wish to apply to re-instate Default insurance cover for the following:

units Death Only cover @ \$0.28 per unit per week OR

units Death and Total and Permanent Disablement cover @ \$0.44 per unit per week

Go to Section 4.

If you wish to apply for insurance above the Default cover applicable to your age, you will be required to complete a full **Application for Insurance cover and Personal Health Statement**, available in this Member Booklet.

Application for default insurance cover (cont.)

Section 3: Additional unit of default cover

If you wish to apply for an additional unit of Standard Default Cover, Limited Default Cover or Restricted Default Cover (as applicable) you must complete this section.

I wish to apply for an additional unit of Standard Default Cover, Limited Default Cover or Restricted Default Cover

Has it been more than 60 days since you joined the Fund? YES NO

If the answer to this question is 'NO', please go to Section 8 and sign the Declaration.

If the answer to this question is 'YES' you will need to complete the **Application for insurance cover and personal health statement** form, available in this Member Booklet.

Section 4: Statement of good health to reinstate/apply for default insurance cover

If you answer 'YES' to any of the questions below, full insurance underwriting will be required.

All cover requested will be subject to acceptance by the insurer and will commence on the date we advise in writing.

- | | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Do you have any injury or illness, which restricts you or is likely to restrict you in the future from carrying out, on a full-time basis, all the identifiable duties of your current employment? ('Full-time' means more than 30 hours a week on an ongoing basis. It is not necessary that you work full-time, but only that you have the physical and mental capacity to do so). | <input type="checkbox"/> | <input type="checkbox"/> | (a) has required more than a total of two weeks off work during the last 12 months, or | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever submitted a claim for Total and Permanent Disablement (TPD) or are you eligible for or entitled to a claim from any superannuation fund or any insurance policy? | <input type="checkbox"/> | <input type="checkbox"/> | (b) has recurred more than twice in the last two years and/or is currently causing you symptoms or requiring treatment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have, or have you had, any disease, illness or injury, or any other conditions (other than colds, flu or mild asthma) which: | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is your existing cover subject to any premium loading, restriction or exclusion in regards to medical or other conditions? | <input type="checkbox"/> | <input type="checkbox"/> |
- If you answered YES to any question, please complete Sections 6 and 7. If you answered NO to all questions in Section 4, please proceed to Section 8 and sign the Declaration.

Section 5: Reinstate Pay Protector cover

I wish to reinstate my Pay Protector benefit and acknowledge that this cover is subject to pre-existing conditions, effective from the date the cover commences.

Note: Pre-existing illness and sickness conditions are outlined in the Member Booklet (Product Disclosure Statement).

Section 6: Statement of good health

If you answered YES to any question in Section 4, please provide the following details.

- | | | |
|--|---|-----------------------------------|
| (a) Nature of condition/complaint | (b) Date commenced | (c) Duration of illness or injury |
| (d) Time off work | (e) Details of any treatment or operation performed | (f) Degree of recovery |
| (g) Name(s) and address(es) of doctor(s) or hospital(s) consulted. | | |

If more space is required, attach an additional page to your application.

Section 6: Statement of good health (continued)

Name and address of your regular doctor

Name

Address

State

Postcode

Date of last visit (DD/MM/YYYY)

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Reason for visit and result

Section 7: Disclosure of information – doctor’s authority

Please sign and date this authorisation if you have answered YES to any question in Section 4.

For the purpose of assessing my eligibility for insurance, I authorise my current medical practitioner, and any other medical practitioner or health professional I have consulted or may consult in the future, or that ING Limited (ING) appoints to examine me, to disclose information about my health and related matters to ING. A photocopy of this authorisation will be as valid as the original.

Applicant’s signature

Date (DD/MM/YYYY)

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Section 8: Declaration

Please sign and date this form and return it to the address shown overleaf.

I have read and carefully considered the questions on this **Application for Default insurance cover and Statement of Good Health**, and all the statements are true and correct in relation to me.

I acknowledge that:

- (a) This Declaration is part of an application for life and disability insurance (where this benefit applies), and that the making of a false statement or failure to comply with my duty of disclosure may invalidate my application.
- (b) If I fail to provide all or part of the information required, or where I have answered YES to a question in Section 3 and fail to consent to ING obtaining such information as it requires, this application will not be assessed and processed.
- (c) At the date of this application, I am not absent from work for reasons of illness or injury.
- (d) I have read the Member Booklet (Product Disclosure Statement).

Applicant’s name

Applicant’s signature

Date (DD/MM/YYYY)

 / /

Statement of Good Health – Privacy Act 1988

OUR OBLIGATIONS UNDER THE ACT

The *Privacy Act 1988* ('the Act') sets out a number of principles that we must comply with in the collection, security, storage, use and disclosure of personal information. These principles are known as the National Privacy Principles.

The following information is provided to you in accordance with these Principles. The organisation collecting information about you is ING Limited (ING). We can be contacted at the address shown on this Personal Statement, either in writing, by telephone or by email.

If you ask us, we must provide you with access to the personal information we hold about you. We may be entitled to refuse access to some information as set out in the Act.

Your right to access this information is set out in our Privacy Policy document, which is available on request. The information we collect will be used to assess and process your application for life insurance. We may also use the information if a claim is submitted by you, or by someone acting on your behalf.

The information we collect may be disclosed to other organisations, including but not limited to, medical and legal practitioners, health service providers, other insurance or reinsurance companies including our parent company, legal tribunals, investigation organisations, the trustees of a superannuation fund you belong to, an organisation that is duly appointed to manage the administration of such fund, and interpreters.

If you fail to provide us with all or part of the information we require, we will be unable to assess and process your application.

CONSENT

I understand that in order to assess and process my application, ING may need health and employment information about me. I consent to ING obtaining information about me from any medical practitioner or health professional that I have or may consult in the future, or that ING appoints to examine me, and from my employers.

I further understand that if I apply for increased or different insurance cover, ING may require further information about me. I now consent to ING obtaining such further information as and when required, from any medical practitioner or health professional that I have consulted or may consult in the future, or that ING appoints to examine me, and from my employers.

I understand that if anyone else makes a claim for a benefit on my behalf, ING will need information about me in order to assess and process the claim. I hereby consent to ING obtaining information about me from any of the following:

- Medical practitioners that I have consulted at any time and any that ING wishes to appoint to examine me, legal practitioners, health service providers, legal tribunals and courts, investigation organisations, accountants or other consultants, ING's parent company, other insurance or reinsurance companies, the trustees of my superannuation fund, any organisation appointed by the trustees of my superannuation fund to receive or give information, my past and present employers, and interpreters.
- For the purpose of this application and any future application and any claim for a benefit, I also consent to ING disclosing information about me to any of the organisations mentioned above, insofar as such disclosure is necessary for ING to perform its functions.

Applicant's signature

X

Date (DD/MM/YYYY)

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ING Australia, GPO Box 4129 Sydney NSW 2001. Phone 1800 648 921, Fax (02) 9234 8072, Group.Riskuw@ing.com.au

Important notice

DUTY OF DISCLOSURE

Before you enter into a contract of life insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that your insurer knows, or, in the ordinary course of its business, ought to know; as to which compliance with your duty is waived by the insurer.

NON-DISCLOSURE

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 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, within three years of entering into it, elect not to void it but to reduce the sum that you have been insured for 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.