

Change my insurance: Personal

Use this form to apply for, change or cancel insurance cover.

Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.



The duty to take reasonable care

Before you sign an insurance contract, you must tell us honestly and completely anything you know that could affect the decision to insure you. If you don't, you may get less cover or none at all if you need to make a claim. Please read the important details about your duty to take reasonable care at the end of this form, and consider the answers you've given before you sign and submit this application to us.



Go online and ditch the paperwork

You can apply for new cover, increase or decrease your cover or cancel cover online. Simply log in at mediasuper.com.au/login, go to insurance and follow the prompts. If you only want to cancel your cover, you can also give us a call.



Read your insurance guide to understand your cover

Some words used in this application have specific meanings. To understand them, check the *Personal insurance guide* at mediasuper.com.au/forms.



Get the right advice

Questions about your cover? Call our Advice team on **1800 640 886** and we'll help you sort it.

Step 1: Provide your personal details

Media Super member number

Title

Mr Mrs Miss Ms Other

Date of birth

D D / M M / Y Y Y Y

Gender

Male Female

Given name(s)

Family name

Home phone

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Mobile

Email address (providing your email means you give us permission to use it)

Residential address (compulsory)

Suburb/town

State

Postcode

Postal address (complete if different from your residential address)

Suburb/town

State

Postcode

Step 2: How do you want to change your cover?

Get new or more cover

Complete **all steps**

Get less cover

Complete **steps 4, 5 and 7**

Cancel your cover

Complete **steps 4 and 7**

Step 6: Tell us about your health and work

Complete this step if you're applying for new or more cover. Please complete this section in full and give more information where requested.



Need some help? Call us on 1800 640 886

If you have any questions or aren't sure about what information to include please call us.

General information and habits

How tall are you? cm

How much do you weigh? kg

Do you drink alcohol? Yes No

If yes, state type and daily quantity.

Have you smoked, vaped, used tobacco or nicotine replacement products in the last 12 months? Yes No

If yes, state type (cigarettes, cigars, pipe, e-cigarettes/vapes, etc.) and daily quantity.

In the last 5 years, have you smoked or vaped any substance other than tobacco or nicotine products? Yes No

If yes, state substances used, how often, date first used and when last used.

Your medical history



If you answer **yes** to any of these questions, please give more information in the table on page 4.

Please note that if we need further medical information from your health providers, we'll seek your consent and ask you to complete a form.

1. Have you ever had or received medical advice or treatment (including surgery) for, any of the following?
 - (a) Chest pain, high blood pressure, raised cholesterol or any heart or circulatory disorder Yes No
 - (b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition Yes No
 - (c) Diabetes, hepatitis or any condition of the thyroid, liver, kidney, prostate or urinary bladder condition Yes No
 - (d) Asthma, sleep apnoea, silicosis, or any respiratory or other lung condition (other than a cold) Yes No
 - (e) Any injury, disease or disorder of the back, neck, shoulder or any other joint, bone, muscle, tendon or ligament condition, including arthritis or gout Yes No
 - (f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition Yes No
 - (g) Cancer, tumour, melanoma, sunspot, mole or malignant growth of any kind Yes No
 - (h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse Yes No
 - (i) Hernia, gall bladder, bowel or stomach condition (other than an upset stomach, constipation, diarrhoea or gastro, where these were short, isolated episodes from which you've fully recovered) Yes No
 - (j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery), or impaired hearing or tinnitus Yes No
2. Apart from any condition you have already disclosed, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week), even if your actual employment is on a part-time or casual basis? If you are a spouse member or unemployed, this means are you unable to do all your usual household tasks because you're sick or injured? Yes No
3. Have you been infected with the human immunodeficiency virus (HIV) or tested positive for acquired immunodeficiency syndrome (AIDS)? Yes No
4. Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms? Yes No
5. Apart from treating any condition already disclosed, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives and treatment for hay fever, hair loss and acne)? Yes No
6. Apart from any condition you have already disclosed, have you been unable to work (or do your usual household tasks if you're a spouse member or unemployed) because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last three years? Yes No

Step 6: Tell us about your health and work (continued)

More information

Complete this section if you answered yes to any of questions 1 to 6 on the previous page. If you need more room, please complete on a separate page and include with your application.

	Question number <input type="text"/>	Question number <input type="text"/>	Question number <input type="text"/>
Medical condition			
What symptoms did you have?			
When did they start?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Which part of your body was affected?			
What was the medical diagnosis (including results of any x-rays and investigations)?			
How often did symptoms occur (daily, weekly etc.)?			
How severe were they (mild, moderate, severe)?			
How long did they last?			
How long couldn't you work or do your normal duties or activities?			
If you had to go to hospital, please give details of when and for how long			
What advice, treatment or medication did you receive?			
If you're still getting treatment, give details of what sort and how often			
If you've stopped your treatment/ medication, when did it stop?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
When did you last have any symptoms?	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Degree of recovery	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %

Health screening

What have you been screened for and when did this occur?			
What tests did you have as part of the screening and what were the results?			
Is follow up required and when will this occur?			
Name and address of medical practitioner who treated you for this condition			

Step 6: Tell us about your health and work (continued)

Your family history

7. Has anyone in your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before age 65? Heart disease (for example, angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?
- Yes Give details below
 No

Relationship to you	Medical condition	Age when diagnosed	Age at death (if applicable)

About your work

8. What's your job?

9. What was your annual taxable income last financial year?

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10. What are your main work duties (for example, gardening, making deliveries, office work) and what percentage of your work time do you spend on each one?

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

11. Are you self-employed? Yes No Provide your employer's details below if applicable

Employer name

Address

Suburb/town

State

Postcode

Your insurance history

12. Are you claiming or have you ever claimed an insurance payment from any source (e.g. a total and permanent disability benefit) from any super fund, workers' compensation, disability pension, Veteran's Affairs or any other insurance policy providing accident or illness benefits?
- Yes Give details below
 No

Step 7: Sign and date this form

Insurance is issued under a group policy with our insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848.

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

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

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

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

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

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms.
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. 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.

- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes that occur between when you complete this application and when your cover starts might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know 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.

Your privacy is important

We must comply with a set of principles known as the Australian Privacy Principles when collecting, using, disclosing, storing and securing personal information.

We will only share the information collected on this form with our insurer, administrator and others mentioned in the declaration section below to allow us to assess and process your application or any insurance claim you make (or someone else makes for you). We won't pass your personal information on to anyone else without your permission, unless required by law.

For full details of how we collect and disclose your personal information (and how you can access it) see the *Privacy Policy* and *Personal Information Collection Statement* at mediasuper.com.au/privacy or call us on **1800 640 886** for a copy.

If you need information on how our insurer collects, handles, secures and discloses information, the TAL Privacy Policy is available at tal.com.au/privacy-policy or on request to TAL.

Declaration

I've completed this application truthfully and correctly to the best of my knowledge and I understand that:

- Media Super and its insurer will review the information on this application to assess if I'm eligible for the cover I've applied for and may carry out appropriate checks to verify my answers. My insurance may be affected and I may not be entitled to claim an insurance payment if my answers on this form are shown to be inaccurate or false. This may not occur until claim time.
- Media Super and its insurer may need more information about me to assess this application or any insurance claim I make (or someone else makes for me). To allow them to do this, I consent to Media Super or the insurer obtaining information about me from legal practitioners, tribunals, courts, investigators, consultants, other insurance or reinsurance companies, and my past and present employers and interpreters (if any). I may also be asked to provide medical consent.
- By signing this application, I also consent to Media Super or the insurer disclosing information about me to any of the people or organisations mentioned above if it's required to assess my application or insurance claim or to perform any of their functions.
- By submitting this application I consent to my personal information being used to action my insurance request.

If I'm applying for new or more cover

- I've read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance.
- My application will be reviewed by the insurer and Media Super will write to me to confirm if it's approved, when my new cover starts and any exclusions or other restrictions that apply.

If I'm reducing or cancelling my cover

- I wish to decrease or cancel my insurance cover under my Media Super membership in accordance with my nomination on this application.
- I've considered how my nomination may affect my financial security and that of my dependants.
- Once my application is accepted, I will no longer be insured for any type of cover that I cancelled. This means insurance premiums for this cover will stop being deducted from my account and I won't be able to make an insurance claim for events or conditions that arise after my cover was cancelled.
- If I want more cover in future, I'll need to apply for it and provide health and other information for the insurer to consider, and I may not be able to get cover.



Sign here:

Date

/ / 20

Send this form to: **Media Super, Locked Bag 5056, PARRAMATTA NSW 2124**. Or you can email it to us at enq@mediasuper.com.au. If you're applying for more cover, we must receive your accurately completed form within 31 days from when you signed and dated it.



Media Super
Locked Bag 5056
PARRAMATTA NSW 2124



1800 640 886
8am to 8pm (AEST/AEDT)
Monday to Friday



enq@mediasuper.com.au
mediasuper.com.au



Visit us in person in Adelaide, Brisbane, Melbourne, Perth and Sydney.
Details: mediasuper.com.au/contact

This information is about Media Super. It doesn't account for your specific needs. Please consider your financial position, objectives and requirements before making financial decisions. Read the relevant Product Disclosure Statement (PDS) and Target Market Determination to decide what's right for you. Call **1800 640 886** or visit mediasuper.com.au.

United Super Pty Ltd ABN 46 006 261 623 AFSL 233792 as Trustee for the Construction and Building Unions Superannuation Fund ABN 75 493 363 262 offering Media Super products (Media Super).

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