

Complete this form if you currently hold Voluntary Insurance Cover with Active Super and want to change your Occupational Classification due to a change of duties and/or income since your previous application for Voluntary Insurance Cover.

The information provided in this form will affect your occupational classification, which will impact the rate factor that will apply to your voluntary cover premium rate.

You are making this application for voluntary insurance issued by our insurer TAL Life limited (ABN 70 050 109 450, AFSL 237848) ('Insurer'). You must complete all sections to be considered for assessment by the insurer.

Please use a black pen and CAPITAL LETTERS or type directly into this form online, print it and send it to us. Use (✓) to mark boxes.

Before completing this form, please ensure you read the *Voluntary insurance fact sheet* available at [activesuper.com.au/factsheets](http://activesuper.com.au/factsheets)

## 1. YOUR DETAILS

Member no.	<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"/>
Date of birth (DD MM YY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Title (e.g. Ms)	<input type="text"/>	
Given name(s)	<input type="text"/>								
Family name	<input type="text"/>								
Email	<input type="text"/>								
Phone (home)	<input type="text"/>				Phone (work)	<input type="text"/>			
Phone (mobile)	<input type="text"/>								
<b>Postal Address</b>									
No./Street	<input type="text"/>								
Suburb/Town	<input type="text"/>								
State/Territory	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address	<input type="checkbox"/>	select if same as postal address above							
No./Street	<input type="text"/>								
Suburb/Town	<input type="text"/>								
State/Territory	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. OCCUPATION DETAILS

<input type="checkbox"/> Self employed	<input type="checkbox"/> Employee	<input type="checkbox"/> Full time	
<input type="checkbox"/> Part time	<input type="text"/> Hrs/wk	<input type="text"/> Weeks/year	
You occupation	<input type="text"/>	Industry	<input type="text"/>
Duties performed	<input type="text"/>		
	<input type="text"/>		
Annual salary \$	<input type="text"/>	(Includes items such as your super contribution but excludes bonuses/commission)	

Include your qualification, job title and job description.

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### 3. 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. Any changes 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.

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## 4. PRIVACY

TAL and its related entities are committed to ensuring that your information is handled responsibly in accordance with the Privacy laws, including the Privacy Act 1988 (Cth) and the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses your information is set out in the TAL Privacy Policy available at [tal.com.au/Privacy-Policy](http://tal.com.au/Privacy-Policy) or free of charge on request to TAL by calling 1800 666 136.

### Collection and use of personal information

TAL collects personal information, including, but not limited to, your name, age, gender, contact details, health information, salary, and employment information in order to assess and administer products and services to you. In certain circumstances, such as applications for life insurance products and processing claims, TAL may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you don't supply the required information, TAL may not be able to provide products and services to you or pay a claim.

TAL may take steps to verify the information you provide—for example:

- Obtaining independent medical reports regarding information about your past and current medical conditions
- Verifying information about remuneration with an employer.

### Disclosure of your information

TAL discloses relevant information to external organisations that help it provide its services. TAL may also disclose some of your personal information to other parties when required to do so, in order to provide products and services to you. The types of people and organisations to which TAL may disclose your information includes, but is not limited to the following:

- Claims assessors and investigators, claims managers and reinsurers.
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide).
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney.
- Other insurers.
- For members of super funds where TAL is the Insurer—the trustee or administrator of the super fund.
- Other organisations to whom TAL outsources certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

TAL may also disclose your personal information in circumstances where it's:

- required by law (such as to the police or Australian Tax Office), and
- authorised by law (e.g. under Court Orders or Statutory Notices).

Useful information regarding privacy rights is available at the website of the Office of the Privacy Commissioner at [oaic.gov.au](http://oaic.gov.au)

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## 5. YOUR DECLARATION

**I declare that:**

- My answers and declarations on this form are true and correct.
- I've read and understood the Product Disclosure Statement, and the *Voluntary Insurance* fact sheet.
- I understand the duty to take reasonable care and I haven't withheld any information which may affect any decision to provide insurance.
- I've read and understood TAL's Privacy Policy and I agree with how TAL will collect, use and disclose my personal information.

Name

Signed

Date (DD MM YY)

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## SEND YOUR COMPLETED FORM BACK TO US AT:

**Mail** Active Super, PO Box N835, Grosvenor Place NSW 1220

**Email** [admin@activesuper.com.au](mailto:admin@activesuper.com.au)

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### Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at [activesuper.com.au/privacy-policy](https://activesuper.com.au/privacy-policy) or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super').