

Insurance application form



1. Personal details

Title Mr Mrs Miss Ms Other

Family name

Given names

Address

Suburb State Postcode

Contact number Date of birth Vision Super member no.

Employer name

Occupation

What is the average number of hours worked each week in your main occupation?

Are you currently employed (at the date of signing this document), working normal hours, and not absent from your normal duties due to illness or injury? Yes No

2. Eligibility for Professional Occupation Rating

You need to complete this section to determine if you qualify for premiums based on the professional occupation group.

1. Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar "white collar" tasks which do not involve manual work and are undertaken entirely within an office environment (excluding travel time from one office environment to another)? Yes No
2. Do you hold a tertiary qualification, or belong to a professional body, or are you registered by a government body or are you in a management role? Yes No
3. Are you gainfully employed, attending work and performing all the normal duties of your usual occupation and working normal hours without restriction due to sickness or injury? Yes No
4. Are you earning in excess of \$80,000 per annum from your profession? Yes No

If you can answer "Yes" to each of the four questions above, you will qualify for cover under the Professional scales.

3. Death Only and/or Death and Disability cover

To apply for or increase your Death Only or Death and Disability Cover. You must complete the Personal Statement available from our website at www.visionsuper.com.au or by calling our Member Services team on 1300 300 820.

1. Age-based cover (units of cover). Insert the number of units of cover you require:
Death units Disability units (These will be in addition to any units of cover you already have).
2. Fixed cover. Insert the dollar amount of cover you require: Cover must be in multiples of \$1,000.
Death cover \$ Disability cover \$

You must choose EITHER age-based or fixed cover. You cannot have a combination of both. Fixed cover will replace any existing age-based cover. Maximum cover is \$5 million for Death Cover and \$2.5 million for Disability cover. Disability cover cannot exceed your Death cover amount.

4. Income Protection cover

To ensure you do not pay for income protection cover you may not require, please advise us of your current gross annual salary (this is your before-tax salary excluding Superannuation Guarantee contributions). An application for Income Protection cover requires you to complete a Personal Statement available from our website at www.visionsuper.com.au or by calling our Member Services team on 1300 300 820.

What is your salary? \$

Please select the level of cover you require: 75% of salary 85% of salary Other

The maximum amount of cover you may have is 85% of your annual income. The first 75% of your income would be paid to you, amounts in excess of 75% must be paid as a superannuation contribution to your Vision Super account.

Please indicate the waiting period you require: 60 days 30 days

Please indicate the benefit payment period you require: 2 years to age 65



I N S

Please forward this completed form to: PO Box 18041, Collins Street East, VIC 8003

Vision Super Pty Ltd ABN 50 082 924 561 AFSL 225054, is the Trustee of the Local Authorities Superannuation Fund
ABN 24 496 637 884

Member Services team 1300 300 820

www.visionsuper.com.au

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FORM 222

5. Converting existing death and disability cover

- AGE-BASED COVER** – I wish to convert my existing death only/death and disability cover from fixed cover to **age-based cover**.
Please note: you will be allocated a sufficient number of units for your age rounded to the nearest unit to replace the fixed cover. Where the conversion results in a part unit the cover will be rounded down to the next whole unit.
- FIXED COVER** – I wish to convert my existing death only/death and disability cover from age-based cover to **fixed cover**.
Please note: you will be allocated a sufficient amount of fixed cover, rounded up to the next \$1,000 to replace the number of units you held.

6. Reduce cover – Please complete Section 7 if reducing cover to zero

I wish to reduce my current level of cover and require the following number of units/level of cover:

| NEW LEVEL OF COVER REQUIRED | Units of cover (age-based): | OR | Fixed cover |
|-----------------------------|--|-------|---|
| Death | <input style="width: 150px; height: 20px;" type="text"/> | units | \$ <input style="width: 150px; height: 20px;" type="text"/> |
| Disability | <input style="width: 150px; height: 20px;" type="text"/> | units | \$ <input style="width: 150px; height: 20px;" type="text"/> |
| Income protection | <input style="width: 150px; height: 20px;" type="text"/> | units | Not applicable |

Please indicate the new level of cover you require. Fixed cover must be multiples of \$1,000. Your new level of disability cover (units or fixed) cannot exceed your death cover.

If you wish to increase your cover in the future you will need to complete a new application form, meet eligibility criteria and provide medical evidence which is subject to acceptance by the insurer.

7. Cancel existing insurance cover

Please select the cover you wish to cancel: Death and disability Death only Income protection cover

If you wish to reapply for cover in the future you will need to complete a new application form, meet eligibility criteria and provide medical evidence which is subject to acceptance by the insurer.

8. Your duty of disclosure

Before you become insured under a contract of life insurance the Trustee has a duty to disclose, under the Insurance Contracts Act 1984. In order for the Trustee to comply with this duty, you must disclose in this application form, 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 the insurance and, if so, on what terms. The duty of disclosure also applied before cover is renewed, varied or reinstated. The duty does not, however, require disclosure of a matter:

- That diminishes the risk to be undertaken by the insurer
- As to which the duty of disclosure is waived by the insurer
- That the insurer knows, or in the ordinary course of its business, ought to know
- That is common knowledge.

Non-disclosure

If the duty of disclosure is not complied with and the insurer would not have provided the insurance cover on any terms if the failure had not occurred, the insurer may void the cover within three years of entering into it. If the non-disclosure is fraudulent, the insurer may void the cover at any time. An insurer who is entitled to void insurance cover may, within three years of entering into it, elect not to void it but to reduce the sum 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.

9. Declaration and signature

I declare the following:

- I have read and understood the insurance and privacy information within the Vision Personal Product Disclosure Statement (PDS) and consent to my personal information being used in accordance with the Vision Super Privacy Policy.
- I have read the duty of disclosure (above) and understand my obligations under the Insurance Contracts Act 1984.

Furthermore, I acknowledge that:

- I have read and understood the privacy statements in the Vision Personal PDS.
- I understand that by joining Vision Personal, I will not be given any automatic insurance cover. However, I may apply for insurance cover at any time.
- I understand that the insurer and the Trustee will not be able to process my application or administer my insurance under the Fund’s insurance policies without this declaration.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the insurer.
- I acknowledge that no insurance cover commences until this application is accepted by the insurer.
- I acknowledge that a copy of the Vision Super privacy policy is available from the Vision Super website at www.visionsuper.com.au or by calling Member Services on 1300 300 820.

Member’s signature: Date: