

Change of Insurance

How to use this form

Complete this form to alter your existing insurance arrangement or apply for additional insurance. Please read notes on the back of this form before signing it.

If you are applying to transfer any existing death or death and Total and Permanent Disablement (TPD) cover you may have with another fund or life insurer you will need to complete an Insurance Transfer Application form.

Important: If you cancel your base, top-up or income protection cover and wish to re-apply in the future then your application will need to be assessed by the fund's insurer and you will need to complete and attach a Personal Statement.

A

Your details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other		
Surname				Member number			
Given name(s)				Date of birth			
Residential address (PO Box not acceptable)							
Suburb							
State				Postcode			
Mobile			Home phone no.			Business phone no.	
Email address							

B

Base cover

Complete this section to cancel your base death or base death and TPD cover.

A base level of cover is automatically granted to eligible members when joining Telstra Super. Please refer to your product disclosure statement and Insurance Guide for further information.

If you are a *Telstra Super Corporate Plus*, *Telstra Super Casuals* or *Sensis Super Plus* member you should check to see if your employer pays your base level of cover before electing to cancel it. Defined benefit members cannot elect to cancel their base level of cover as it forms part of their benefit arrangement.

I would like to cancel my base level of:

- Death cover (if you have death cover only)
- TPD cover
- Death and TPD cover

C

Top-up (voluntary) cover

Complete this section to apply for additional death or TPD cover or to cancel your existing additional cover. You will need to complete and attach a Personal Statement.

Telstra Super RetireAccess[®] members are ineligible to apply for TPD cover, but may apply for any amount of death cover.

Other members can nominate any amount of death cover and up to \$3 million for TPD, however members must nominate a death cover amount equal to or higher than their level of TPD cover.

I would like to apply for top-up cover and have completed a Personal Statement.

<input type="checkbox"/> Death cover	Amount \$	
<input type="checkbox"/> TPD cover	Amount \$	

OR

I would like to cancel my top-up

- Death cover* TPD cover

* Your total death cover amount must be equal to or higher than your total level of TPD cover.

D**Income protection cover**

Complete this section to apply for income protection cover, change your existing benefit and/or waiting period, or cancel existing cover. You can apply for either a two or five year benefit period and a waiting period of either 30, 60, 90 or 120 days. To apply for or change your income protection cover you must complete the Personal Statement within this booklet.

Telstra Super Casuals, Telstra Super RetireAccess, Telstra Super Division 2, Telstra Super Division 5 and Sensis Super Plus - Defined Benefit members are ineligible to apply for income protection cover. Telstra Super Personal Plus members must be continuously employed and working at least 15 hours per week to apply for income protection cover.

I would like to apply for income protection cover and have completed and attached a Personal Statement.

OR

I would like to change my existing income protection cover benefit period and/or waiting period (please complete Benefit and/or Waiting period section to the right).[†] I have completed and attached a Personal Statement.[‡]

Please note that altering your benefit or waiting period will affect your insurance premiums. To assist with calculating your insurance costs, please see our **Insurance premiums and cover calculator** available in the **Tools and Forms** section of **www.telstrasuper.com.au**

Benefit Period[§] (how long your benefit will be paid for)

2 years 5 years

Waiting period[#] (period during which you must be totally or partially disabled before any benefit is payable. You are not entitled to any benefit for this period.)

30 days 60 days 90 days 120 days

OR

I would like to cancel my income protection cover.

E**Your 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, that 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 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 the insurer knows or, in the ordinary course of its business, ought to know
- disclosure of which is waived by the insurer.

The duty of disclosure applies even after this Application is completed and until the insurer advises acceptance of the Application in writing.

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 avoid the contract within three years of entering into it.

If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid 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.

All questions on this Application are relevant as to whether or not the insurer accepts the risk and, if so, on what terms.

Privacy Statement

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the TAL Privacy Statement.

We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your Application.

We may collect or disclose information relating to you or your Application to or from a range of providers including reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers. You have a right of access to any personal information held about you unless we are legally entitled to deny access. If you want to know more about our approach to privacy please telephone 1800 226 364 or visit www.tal.com.au/privacy.asp.

F**Member declaration****Important information relating to your insurance cover.**

Before making any changes to your insurance cover you should read the product disclosure statement and Insurance Guide (where applicable) relevant to your membership. You can download these documents at www.telstrasuper.com.au or call us for a copy on **1300 033 166**.

I wish to apply for the changes in my insurance cover as indicated.

I have read and understood the insurance details in the product disclosure statement and Insurance Guide (where applicable) relevant to my membership. I have read the Duty of Disclosure in Section E and understand the consequences of non-disclosure. I understand that decreases in cover will take effect when Telstra Super Pty Ltd receives this form (signed and completed). I understand that increases in cover will take effect when my application is approved by the insurer.

Name

Signature X

Date

Office use only

Cessation Date

/ /

New Division

Planner's name

[†] Only eligible members of *Telstra Super Personal Plus, Telstra Super Corporate Plus* and *Sensis Super Plus* can apply for or apply to change their income protection cover.

[‡] A completed Personal Statement is not required if you are applying to increase your waiting period or decrease your benefit period.

[§] If no selection is made you will automatically default to a 2 year benefit period.

[#] If no selection is made you will automatically default to a 90 day waiting period.