

# Continuing Income Protection

## TelstraSuper Personal Plus



Complete this form to transfer your Income Protection cover to your TelstraSuper Personal Plus account.

BLUE SECTIONS FOR YOUR INFORMATION

GREY SECTIONS TO FILL OUT

Save time! Complete in SuperOnline 

**!** **Insurance Changes:** From **4 April 2024** IP cover will increase from 85% to 87% of your base salary (where, in the event of an approved IP claim with a date of disablement after 4 April 2024, the amount paid to your super account in the Fund will increase from 10% to 12%), which may result in an increase to the total cost of this cover. For more information call us on **1300 033 166**.

### What you need to know

We have been advised that you have recently ceased employment with your Corporate Plus eligible participating employer. Subject to meeting eligibility criteria, your Income Protection cover can be transferred to your new TelstraSuper Personal Plus account. To transfer your Income Protection cover, simply complete this form and return it to us, with a copy of your most recent payslip attached, within 120 days of leaving your previous employer. TelstraSuper must also receive a superannuation guarantee contribution from your new employer into your TelstraSuper Personal Plus account within 180 days of leaving your previous employer.

Once we receive your completed form and recent payslip, we will confirm your eligibility and if successful your cover will continue from the date you are transferred to TelstraSuper Personal Plus.

You can also change or apply for cover using our insurance portal (if eligible) available via SuperOnline at [telstrasuper.com.au](https://telstrasuper.com.au)

If you have commenced work in casual employment, you are not eligible for this offer.

If you identify as non-binary, eligibility may depend on you nominating a binary gender via the **Gender affirmation and insurance opt-in** form. This is because the relevant premiums are based on binary gender (male/female) pricing. Contact us on **1300 033 166** for more information or to request a **Gender affirmation and insurance opt-in** form.

If you're signing this form on behalf of another person, you will need to complete and attach an **Authorised Third Party Representative Identification** form available at [telstrasuper.com.au/forms](https://telstrasuper.com.au/forms) and include any certified documents as required.

### Important information

For more information you should read the **TelstraSuper Personal Plus Product Disclosure Statement** and **TelstraSuper Personal Plus Insurance Guide** available at [telstrasuper.com.au/pds](https://telstrasuper.com.au/pds), email [underwriting@telstrasuper.com.au](mailto:underwriting@telstrasuper.com.au) or by calling **1300 033 166**.

#### Election to keep your insurance cover

By completing this form, you have taken the active step of continuing your insurance cover and therefore you're **deemed to be electing to keep all of your insurance cover** now, and in the future. This includes if you transfer to a different TelstraSuper account.

This will ensure that you won't lose your insurance cover as a result of legislation covering low account balance (less than \$6,000), inactivity (your account does not receive a contribution for 16 months) or if you're under 25 years of age.

To make an election to maintain insurance only in particular circumstances and not all of the circumstances specified above or if you want to make any changes to your insurance arrangements contact us on **1300 033 166**.

## 1. Your details currently held by TelstraSuper

Title  Mr  Mrs  Miss  Ms  Other

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Surname\*  Member number\*

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Given name(s)\*  Date of birth\*

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Residential address\*

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Suburb\*  State\*  Postcode\*

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Mobile/contact no.\*  Email address

**\* Mandatory fields**

**Note:** We'll be unable to process this form if your contact or personal details are different to the details we currently hold for you. To check and/or update your details before you submit this form you can:

- log into SuperOnline, or
- call us on **1300 033 166**, or
- complete a **Change of contact details** form to update your contact details or a **Change of member details** form to update your personal details available at [telstrasuper.com.au/forms](http://telstrasuper.com.au/forms) and submit it with this form.

## 2. New employment details

1. A contractor/director and employee of a private company OR  
 Employed on a permanent full-time basis OR  
 Employed on a permanent part-time basis



### You must attach a copy of your payslip

To process your request we require a copy of your most recent payslip. Please ensure you attach a copy to this form.

Casual members are not eligible to apply for income protection cover.

Self-employed members are not eligible to apply unless you are both a director and employee of a private company and the employer Superannuation Guarantee contributions are paid into your TelstraSuper Personal Plus account.

2. Occupation  Industry

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3. Employer

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4. Address

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Contact phone number

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5. Duties of occupation\* (e.g. office work, sales, supervision, manual work, working at heights)

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6. Annual base salary, excluding super, bonuses and commissions (includes packaged items) \$

\*Occupations rated as heavy blue collar are limited to Income Protection with a 2 year benefit period and either 90 or 120 day waiting periods.

### 3. Eligibility questions – only complete if you've had a salary increase

Do not complete this section if you have had a salary decrease or your salary has remained the same since leaving your employer. Your Income Protection cover will continue up to 85% of your base salary as assessed and approved by our insurer MLC Life Insurance.

Only complete this section if you have had a salary increase with your new occupation. We will be able to transfer up to an additional 20% of the value of your previous Income Protection cover.

At the date of this application:

- |  |     |    |
|--|-----|----|
| 1. Have you been told by a doctor, or medical specialist, that you have less than 24 months to live?   | Yes | No |
| 2. Regardless of the hours that you are working, do you have an illness or injury that stops you from performing all your usual work activities at least 30 hours a week?  | Yes | No |
| 3. Due to an illness or injury have you been unable to work for more than 4 weeks in the last 12 months?   | Yes | No |
| 4. Has a life insurance company ever refused you cover or offered you cover subject to special terms such as an exclusion (for example not covering you for a back related condition) or an additional premium amount? | Yes | No |
| 5. Have you ever made a claim, or do you plan to make a claim, for an illness or injury from:  |     |    |
| • Government benefits (such as sickness benefit or invalid pension)  |     |    |
| • Motor accident scheme  |     |    |
| • TelstraSuper or another Superannuation fund  |     |    |
| • Workers' Compensation or a Life insurance policy?  | Yes | No |

If you answered "Yes" to any of the questions above, you are not eligible to transfer your Income Protection cover using this form. However, you may still apply for this cover online or over the phone with our Insurer MLC Life Insurance. Simply log in to your online account or complete an **Insurance Telephone Application Request** form available at [telstrasuper.com.au/forms](http://telstrasuper.com.au/forms)

## 4. Your duty to take reasonable care not to make a misrepresentation

### About this application and your duty

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

### The duty to take reasonable care

When applying for insurance, there is 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. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

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

### Guidance for answering our questions

You are responsible for the information provided to us. When answering our 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.
- You must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

### Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

### Where the Policy Owner and Life Insured are different persons

If the policy owner and life insured under the policy are different persons, a misrepresentation by the life insured has the effect as though it is a misrepresentation by the policy owner.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the representations made to us by you or the Trustee.

### If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

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 for anyone who might need it. If you want, you can have a support person you trust with you.

### What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we 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 we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances,
- what we would have done if the duty had been met – for example, whether we 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 we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.

## 5. Privacy statement

Telstra Super Pty Ltd and MLC Life Insurance take responsibility to protect your privacy very seriously by applying strict security and privacy controls to the way we handle your personal information. Both organisations are bound by obligations imposed by privacy laws including the Australian Privacy Principles.

The way in which Telstra Super Pty Ltd and MLC Life Insurance collect, use, secure, handle and disclose your personal information is set out in the Telstra Super Pty Ltd's Privacy Policy and Privacy Collection Statement which you can read at [telstrasuper.com.au/privacy](https://telstrasuper.com.au/privacy) and in the MLC Life Insurance Privacy Policy which you can read at [www.mlcinsurance.com.au/privacy-policy](https://www.mlcinsurance.com.au/privacy-policy). These documents are also available free of charge upon request using the contact details below.

### Telstra Super Pty Ltd

Privacy Officer  
PO Box 14309  
Melbourne VIC 8001  
Phone: **1300 033 166**  
Email: [privacy@telstrasuper.com.au](mailto:privacy@telstrasuper.com.au)

### MLC Life Insurance

Attention: Privacy Officer  
MLC Life Insurance  
PO Box 23455  
Docklands VIC 3008

## 6. Your declaration and signature

### Read this section carefully before signing

I understand and agree:

I have read and understood the insurance information in the **TelstraSuper Personal Plus Product Disclosure Statement** and **TelstraSuper Personal Plus Insurance Guide**.

My decision to apply for or vary insurance cover is based on the insurance information in the **TelstraSuper Personal Plus Product Disclosure Statement** that I have read and my understanding of that information.

#### I understand and agree that:

(a) I have read and understand the duty to take reasonable care not to make a misrepresentation (Section 4),

(b) the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete, no information material to the assessment of this application has been withheld and the answers given form the basis of the contract for which I am applying or varying,

(c) I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information may be sent to that email address,

(d) no additional insurance is effective until the Insurer accepts this application,

Each person who signs this form on behalf of the applicant named in this form:

- represents and warrants that they are lawfully appointed as guardian, administrator or attorney (as applicable), and
- declares that they are acting in accordance with the terms of the relevant power of attorney, guardianship order or administration order, including that if more than one person must act under the appointing document, all nominated persons must include their name, signature and date on this form below, and
- declares that their appointment remains valid and current as at the date of this form.

State capacity (if applicable)      Guardian      Administrator      Attorney

Name

Signature

X

Date

TelstraSuper only accepts 'wet ink', DocuSign, an uploaded image or a scanned copy of your signature for our forms.



### Please return completed form to TelstraSuper:

Telstra Super Pty Ltd, PO Box 14309, Melbourne, VIC 8001 or email to [underwriting@telstrasuper.com.au](mailto:underwriting@telstrasuper.com.au)

#### Before sending this form to TelstraSuper, please check that you have:

- attached a copy of your most recent payslip
- completed the eligibility questions (if you have had a pay increase)

Telstra Super Pty Ltd, ABN 86 007 422 522, AFSL 236709, is the trustee of the Telstra Superannuation Scheme ABN 85 502 108 833 (TelstraSuper). Telephone 1300 033 166 Website [telstrasuper.com.au](http://telstrasuper.com.au)

Telstra Super Pty Ltd complies with the Privacy Act 1988 (Cth). For further information on privacy visit our website at [telstrasuper.com.au](http://telstrasuper.com.au) to download a copy of our Privacy Policy and Privacy Collection Statement.

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