



## Step 3 – Eligibility statements

**You can apply to increase your Income Protection Cover due to a salary increase by answering the eight questions below.**

At the date of this application:

1. Are you, at the date of this application, due to injury or illness, off work or restricted or unable to fully perform without limitation all of the duties of your current or usual occupation for at least 30 hours per week, even though your actual employment may be on a full-time, part-time or casual basis or you may be unemployed?  Yes  No
2. Have you, in the last 12 months been absent from work or unable to fully perform:
  - i) the duties of your usual occupation (whether employed or unemployed); or
  - ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties;
 due to illness or injury (other than cold or flu) for more than six days?  Yes  No
3. Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through a superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?  Yes  No
4. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 24 months from the date of this application?  Yes  No
5. Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions?  Yes  No
6. Have you ever had, been told you had, or received advice or treatment for any of the following:
 

Any heart condition, heart murmur, stroke, or embolism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B or C, or any liver disease or blood disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epilepsy, Paralysis, multiple sclerosis or other brain or neurological condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Schizophrenia, psychosis or post-traumatic stress disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes or raised blood sugar levels?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any form of malignant cancer, including melanoma and leukaemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Impairment of sight, hearing or speech (other than sight problems corrected by glasses, contact lenses or laser eye surgery)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV or AIDS or are you awaiting results of a HIV test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Within the last 12 months have you:
 

Consulted, been examined, treated by or received advice from any Specialist Medical Practitioner, psychologist or psychiatrist; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
Been admitted to hospital or been advised to have an operation; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had medication prescribed by a medical practitioner that is intended to be used for three months or longer (other than preventative asthma medication or contraceptives)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Had back or neck pain or a mental health condition requiring time off work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Other than what you've already answered, do you intend seeking or have you been advised to seek medical advice or treatment for any current medical concern or are you awaiting the results of any medical tests or investigations?  Yes  No

If you answered 'No' to all questions, you are eligible to apply for this cover.

If you answered 'Yes' to any of the above questions in Step 3, you are not eligible to receive cover for a salary increase using this application. You may still apply to increase your cover by completing the *Adjusting your Insurance Cover* form and the *Member Personal Statement* which are both available on our website [mylifemyinsurance.com.au/forms-publications](http://mylifemyinsurance.com.au/forms-publications) or call **1300 963 720**.



## Your Privacy

The Fund is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information and marketing material about the other products and services offered by us and our related bodies corporate.

If you do not wish to receive marketing material, please contact us on **1300 963 720**.

Our Privacy Policy is available to view at [csf.com.au/privacy](https://csf.com.au/privacy) or you can obtain a copy by contacting us on **1300 963 720**.

When you become a member, we assume that you consent to this handling of your personal information. If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policy lists all other relevant offshore locations.

Our Privacy Policy sets out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1300 963 720** or write to Privacy Officer, MyLife MyInsurance, GPO BOX 4303, Melbourne, VIC 3001.

## Disclosure

### 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.

*Continued over*



# Disclosure (Cont)

## 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 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.

# Step 4 – Sign the form

I understand and agree that:

- I have read the duty to take reasonable care and am aware of the consequences of non-disclosure.
- I understand the duty to take reasonable care continues after I have completed this statement until my application has been accepted by the insurer.
- I have read and understood the information in the current Product Disclosure Statement and the Insurance Guide.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

I declare that:

- The answers to all questions and the declarations on this form are true and correct (including those not in my own handwriting).

I acknowledge that:

- If I do not complete this application correctly, or I do not sign and date this form, the application will not be accepted.
- Insurance cover will only be provided on the terms and conditions set out in the trustee's contract of insurance with the insurer and as agreed between the trustee and the insurer from time to time.
- Any change in cover I make using this form will only start from the date this form is accepted by the insurer.

Member full name

Member Signature

Date

**Please return your completed form, along with either Part B of this form or other notification provided by your employer, to MyLife MyInsurance, GPO Box 4303, Melbourne VIC 3001.**





## Step 2 – Employer details (continued)

Name of person completing this form

Position of person completing this form

## Step 3 – Member salary details

Please provide the members new annual salary based on one of the following definitions

### For Permanent Employees

Total salary package, excluding

- employer superannuation contributions which are not part of a salary sacrifice arrangement,

but including

- Any packaged items taken in lieu of cash (including salary sacrificed superannuation contributions)
- Regular Overtime and Shift allowances (determined by the average over the previous 12 months, or over the period since the member started their current occupation if less)
- Commissions, regular bonuses, fringe benefits and other monetary benefits related to the employment (determined by the average over the previous 3 years, or over the period since the member started their current occupation if less)

### For Non-permanent Employees

Total earnings from employment averaged over the previous 12 months or the period of time since the insured member joined the Fund.

Member's new annual salary

\$ ,

Effective date

/  /

Date member was notified

/  /

## Step 4 – Employer declaration

I declare that all the information provided on this form is true and correct.

Signature

Date

/  /

