

# YOUR 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. 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.

## Privacy

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses your personal and sensitive information is set out in the TAL Privacy Policy available at <http://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1300 209 088.

## Collection and use of personal information

We collect personal information, including, your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information that we collect, for example a birth certificate may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

## Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as 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 superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund
- other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

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



### Section 3. Applying for cover or to increase cover

#### Section 3(a). Application to increase cover — complete if you have cover with NGS Super

If accepted by the insurer, this application will replace any existing level and type of cover you currently hold in NGS Super and will be converted to a fixed sum insured (fixed cover).

##### Life and/or TPD cover

Please note that you can apply to increase your Life and TPD cover. You can apply for a different amount of Life cover to TPD cover. All your Life (which includes a benefit for terminal illness) and TPD cover will become fixed cover if you select this option.

Note: Any additional Life and TPD cover will be subject to a 13 months suicide exclusion from when this cover commences. This is explained in the [Insurance guide](#) available online at [ngssuper.com.au/PDS](http://ngssuper.com.au/PDS)

Life cover amount: \$     ,

TPD cover amount: \$     ,

##### IP cover

NGS Super offers IP cover with a 30, 60 or 90 day waiting period and benefit payment period options of up to 2 and 5 years and to age 65 and 67. All your IP cover will be converted to fixed cover if you increase the amount of your cover, decrease your waiting period and/or increase your benefit payment period.

I wish to increase my cover amount to \$   ,    per month\* (inclusive of any existing cover with NGS Super)

\* Maximum 90% of your monthly income, this includes up to 10% super contribution (excluding to age 67 benefit – for payments made between age 65 and 67)

##### Waiting Period

Are you applying to reduce your IP waiting period?  Yes  No

I wish to select the following IP waiting period (please choose only one)

30 days  60 days  90 days

##### Benefit Payment Period

Are you applying to increase your IP benefit payment period?  Yes  No

I wish to select the following benefit payment period (please choose only one)

up to 2 years  up to 5 years  to age 65  to age 67

#### Section 3(b). Application for cover — complete if you do not have cover with NGS Super

If accepted by the insurer, this cover will be fixed cover. You should refer to the [Insurance guide](#) available at [ngssuper.com.au/PDS](http://ngssuper.com.au/PDS) for more detailed information.

##### Life and/or TPD cover

You can apply for a different amount of Life cover to TPD cover.

I wish to apply for:

Life cover: \$     ,

TPD cover: \$     ,

##### IP cover

I wish to apply for Income Protection cover

\$   ,    per month\*

\* Maximum 90% of your monthly income, this includes up to 10% super contribution (excluding to age 67 benefit – for payments made between age 65 and 67)

##### Waiting Period

I wish to select the following IP waiting period (please choose only one)

30 days  60 days  90 days

##### Benefit Payment Period

I wish to select the following benefit payment period (please choose only one)

up to 2 years  up to 5 years  to age 65  to age 67

## Section 4. Inactive Account Election to maintain your cover

If you have insurance cover in your NGS account and your account becomes **Inactive** for a continuous period of 16 months, your cover will be cancelled unless you have elected to keep it. You must make an election before your account becomes **Inactive**. Generally, an account is **Inactive** where we have not received a contribution or rollover for a period of 16 continuous months.

To maintain your insurance cover and prevent it from being cancelled, simply complete this section.

I confirm that I wish to maintain my insurance cover even when my account is **Inactive** unless I notify you otherwise in writing, or my cover ceases due to the terms and conditions of the NGS Super insurance policy.

By submitting this election, I acknowledge:

- I have read and understood the **Insurance Guide** (and/or the **Insurance Transition guide for ex-QIEC Super members**) relating to the cover I am electing to keep and my decision to opt-in to keep this cover is based on my understanding of the relevant guide
- I understand that the insurance cover will only be provided on the terms and conditions set out in the relevant insurance **Policy** as agreed between NGS Super and TAL Life Limited
- I understand I can at any time apply to decrease or cancel my insurance cover by completing the **Insurance reduction or cancellation form** available at [ngssuper.com.au/forms](http://ngssuper.com.au/forms)

## Section 5. Personal statement

### Section 5(a). Occupation and income details

1.  Self employed  Employed full-time **OR**  Part-time   average hours p/week   weeks p/year

2. Your job title/occupation

               

Industry

               

(e.g. education; credit union etc.)

3. Duties performed, including average percentage of time spent on each.

\_\_\_\_\_    %

\_\_\_\_\_    %

\_\_\_\_\_    %

\_\_\_\_\_    %

4. Annual income before tax \$    ,

### Section 5(b). Insurance and claim history

1. Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special term  No  Yes
2. Are you claiming or have you ever claimed a benefit from any source e.g. Total and Permanent Disability benefit from any Superannuation Fund, Workers' Compensation, Disability pension, Veterans' Affairs or any other insurance cover providing accident or illness benefits?  No  Yes
3. APART FROM THIS APPLICATION, do you have or are you applying for any other Life, TPD or IP insurance? (Please include cover held and/or applied for through TAL or under superannuation.)  No  Yes

If yes to 1, 2 or 3, please provide full details below.

Name of company	Cover type	Sum insured/ monthly benefit	Date of application or claim	State any loadings/ exclusions	Reason for decision/ claim	Duration of claim	Recovery %	Is cover to be replaced
		\$						<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$						<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$						<input type="checkbox"/> No <input type="checkbox"/> Yes



## Section 5(d). Medical details

1. Please provide your: Height  cm Weight  kg

2. Name or address of your usual doctor or medical centre

Given names

Surname

Address

Suburb

State

Postcode

3. Details of last medical consultation with your usual doctor or medical centre

Date

 /  / 

Reason

Outcome/results

4. If you have attended that doctor for less than 12 months, name and address of previous doctor

Given names

Surname

Address

Suburb

State

Postcode

## Section 5(e). Medical history

Please provide details for all 'Yes' answers in General Medical Questionnaire at Section 5(f).

1. Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions?
  - a) Chest pain, high blood pressure, raised cholesterol or any heart / circulatory disorder?  No  Yes
  - b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition?  No  Yes
  - c) Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder?  No  Yes
  - d) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)?  No  Yes
  - e) Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout?  No  Yes
  - f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition?  No  Yes
  - g) Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind?  No  Yes
  - h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse?  No  Yes
  - i) Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)?  No  Yes
  - j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus?  No  Yes
2. Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)?  No  Yes
3. APART FROM TREATING ANY CONDITION ALREADY DISCLOSED, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives)?  No  Yes
4. APART FROM ANY CONDITION ALREADY DISCLOSED, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms?  No  Yes
5. APART FROM ANY CONDITION YOU HAVE ALREADY DISCLOSED, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis?  No  Yes
6. APART FROM ANY CONDITION YOU HAVE ALREADY DISCLOSED, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last 3 years?  No  Yes
7. Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 60?:  
Heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?  No  Yes

If yes, please provide details in the table below.

Relationship to member	Medical condition (e.g. breast cancer, heart attack, type 2 diabetes)	Age when diagnosed	Age at death (if applicable)

## Section 5(f). General Medical Questionnaire

Please provide details of all 'Yes' answers in Section 5(e), Questions 1(a - j) or Question 2-6. Please complete on a separate sheet if required.

Question Number:	Question <input type="text"/>	Question <input type="text"/>	Question <input type="text"/>	Question <input type="text"/>
Specific condition				
A. Date symptoms first started and description of symptoms.				
B. What was the condition and which part and side of the body was affected (if applicable)?				
C. What was the medical diagnosis including results of x-rays and investigations?				
D. What was the frequency (daily, weekly, etc.) of attacks or symptoms?				
E. What was the severity (mild/moderate/severe) and duration of attacks or symptoms?				
F. How long were you unable to work or perform your normal duties/activities?				
G. If a hospital admission was required, please provide date and duration of your stay.				
H. What advice/treatment did you receive?				
I. Are you still receiving treatment? If so, please advise nature and frequency of treatment.				
J. Date treatment/medication ceased (if applicable).				
K. When did you last suffer from any symptoms?				
L. Degree of recovery (%).				
M. Please supply the name and address of all doctors, hospitals or other practitioners consulted.				



## Section 6. Declaration and signature

### I acknowledge that

- I have read and understood my duty to take reasonable care.
- The information provided here is true and complete and I agree that this Declaration shall be held to form part of the application for insurance.
- I understand that the insurance cover will only be provided on the terms and conditions set out in the contract of insurance as agreed between NGS Super and TAL Life Limited.
- I agree to TAL's collection, use and disclosure of my personal information provided in this application.
- I have read and understood the insurance information contained in the current **Product Disclosure Statement** and **Insurance Guide**.

Signature

Date   /   /

Please ensure that you initial any amendments made throughout this form and return your completed form to:

**NGS Super**  
**GPO Box 4303**  
**MELBOURNE VIC 3001**

or email to [NGSAdminTeam@mercerc.com](mailto:NGSAdminTeam@mercerc.com)

## Privacy Collection Statement

NGS Super Pty Limited ABN 46 003 491 487 of **Level 4, 14 Martin Place Sydney NSW 2000** collects personal information from you (or from third parties such as your employer or another super fund) to manage your NGS Super account, keep you informed, improve our products and services or take action on a matter you have contacted us about. If we don't have your personal information, we may not be able to perform these services. We may be authorised to collect your personal information by certain laws, including laws relating to superannuation, taxation and anti-money laundering/counter-terrorism financing.

We disclose personal information as required to manage the Fund, to service providers (including our administrator, our insurer and professional advisers), employers or parties required by law. Personal information may be accessed by service providers overseas, most likely by our administrator's processing centre in India. For any other offshore locations, details of how to access and change your personal information and the privacy complaints process, go to [ngssuper.com.au/pcs](http://ngssuper.com.au/pcs) and [ngssuper.com.au/privacy](http://ngssuper.com.au/privacy) or call us on **1300 133 177**.