



## Section 2. Default insurance category

It's important to advise us of your occupation details, employer details and annual salary to ensure you have the right insurance category as this may impact your sum insured and will impact premium amounts.

1. Are you employed by a school or other body providing education as its primary function, a credit union or other employer in the finance sector?  Yes  No
2. Are the duties of your occupation limited to professional, managerial, teaching, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work and are undertaken entirely (or at least 80%) within an office environment or classroom (excluding workshops)?  Yes  No

Annual Salary \$ , ,

Please refer to the [Insurance Guide](#) at [www.ngssuper.com.au/PDS](http://www.ngssuper.com.au/PDS) for further information on the default insurance category.

## Section 3. Applying to increase cover

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

### 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 cover for terminal illness) and TPD cover will be fixed if you select this option.

Note: If you are accepted for additional Life and TPD cover this will be subject to a suicide exclusion for the first 13 months of your cover commencing. 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 which 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 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; and
- 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(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. In the last 5 years have you engaged in any activity reasonably expected to having an increased risk of exposure to the HIV/AIDS virus? (*This includes unprotected anal sex, sex with a sex worker or sex with someone you know, or suspect to be HIV positive*).  No  Yes
4. 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
5. 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
6. 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
7. 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
8. 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 2-7. 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. Privacy

The Privacy of NGS Super members 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 [tal.com.au/Privacy-Policy](http://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 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; and
- 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 7. Declaration and signature

### Your Duty of Disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably expected to know, may affect the insurer's decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you. You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

### If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, for death cover the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract is for death cover.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

### I acknowledge that

- I have read and understand the Duty of Disclosure notice above and acknowledge that I am bound by it.
- 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 have read and understood the insurance information contained in the current **Product Disclosure Statement** and **Insurance Guide**.

Signature

X

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**

## 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](https://ngssuper.com.au/pcs) and [ngssuper.com.au/privacy](https://ngssuper.com.au/privacy) or call us on **1300 133 177**.

TAL Life Limited ABN 70 050 109 450 AFSL 237848

Issued by NGS Super Pty Limited ABN 46 003 491 487 AFSL No 233154 the trustee of NGS Super ABN 73 549 180 515



Incorporating **qjcsuper** division