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 Life Limited (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 **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).

Insurance increase cover form

Use this form to:

- Apply to increase your Life, Total and Permanent Disablement (TPD), and/or Income Protection (IP) cover (complete steps 1, 2, 3(a), 4, 5, and 6).
- Apply to increase your IP cover as a result of a change in work patterns (complete Steps 1, 2, 3(b) and 6)
- Reduce your IP cover waiting period or increase your IP cover benefit payment period (complete steps 1, 2, 3(a), 4, 5 and 6)
- Apply for Life, TPD, and/or IP cover (complete steps 1, 2, 3(c), 4, 5, and 6.

Save time, apply online

Making changes to your insurance cover via **Member Online** is quick and easy.

Simply login via **ngssuper.com.au/mol** go to the insurance section and click on **'Manage my insurance'**

If you need help

For assistance call us on **1300 133 177** Monday to Friday, 8am–8pm (AEST/AEDT).

Please send your completed form to:
NGS Super GPO Box 4721 MELBOURNE VIC 3001

Step 1. Personal details

Please print in black or blue pen, in capital letters.

NGS member number

Gender M ◯ F ◯

Title

Date of birth / /

Given name(s)

Surname

Residential address

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

May TAL contact you directly to clarify or gather information in relation to this application? ☐ Yes ☐ No

If yes, preferred method of contact: Email ☐ Phone ☐

Contact time

Phone number –

Mobile –

Personal email

Step 2. Your insurance category

It's important to advise us of your occupation details, employer details and annual base salary (excluding superannuation) to ensure you are in the right insurance category as this impacts the amount and cost of your cover.

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 (excluding super) $ ☐ , ☐☐☐ , ☐☐☐

Annual Base Salary includes salary or wage as well as any overtime, bonuses and shift allowances. If you are self-employed please refer to the definition of income used for self-employed Income Protection, as set out in the **Insurance guide**. Please refer to the **Insurance guide** at **ngssuper.com.au/pds** for further information on insurance categories.

Step 3. Applying for cover or to increase cover

Please complete the correct part of this step:

- if you wish to increase your existing Life, TPD or IP cover, complete section **3a** only.
- if you wish to increase your existing IP Default Cover only due to a change in work pattern, complete section **3b** only.
- if you do not currently have cover with NGS Super and wish to apply for cover, complete section **3c** only.

Step 3(a). Application to increase your existing Life, TPD or IP cover

Life and/or TPD cover

Please note that you can apply to increase your Life and/or TPD cover. You can apply for a different amount of Life cover to TPD cover. If your existing cover is age-based Default Cover, both your Life and TPD cover will become fixed cover if you select this option and are approved.

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**

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 years, 5 years and to age 65 and 67. If you have Default Cover and your application to increase cover, reduce the waiting period, or increase the benefit payment period is approved, your default cover will be converted to fixed cover.

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

* Maximum 92% of your monthly income, this includes up to 12% super contribution (excluding to age 67 benefit – for payments made between age 65 and 67, the maximum is 70% of your monthly income. No super contribution is available).

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

Benefit Payment Period

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

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

◯ up to 5 years ◯ to age 65 ◯ to age 67

Step 3(b). Application to increase existing IP Default Cover — due to change in work pattern

This section is only to be completed if you previously reduced your IP Default Cover multiple and now wish to increase your IP Default Cover due to a change in your salary and/or an increase in your work hours.

To be eligible to increase your IP Default Cover you must:

- have had a change in salary and/or work hours (with your current or new employer), which supports an increase being made up to the IP Default Cover amount for your age; and
- apply within 3 months of your change in salary and/or work hours.

You will need to provide satisfactory proof of the increase in salary and/or work hours. Please attach one of the following documents to support your application:

- a photocopy of your most recent payroll statement; or
- a statement from your employer confirming the increase in your salary and/or work hours; or
- Statutory Declaration (certified) confirming the increased salary and/or work hours.

If your application is accepted, any increase in your IP Default Cover will be subject to information set out in the **Cover for your flexible work patterns** section of the **Insurance guide** available at **ngssuper.com.au/pds**

The IP cover amount must be less than or equal to the IP Default Cover amount for my age at the time of application (currently for members aged 27-64 inclusive: $72,000 per annum for NGS Plus and Select and $48,000 per annum for NGS General). See **Cover levels and Costs** section of the ***Insurance guide*** available at **ngssuper.com.au/pds** for more information on Default Cover levels.

I wish to apply for an IP cover amount of $ ☐☐ , ☐☐☐ per annum (this amount will be converted to a multiple of the IP Default Cover applying to your age. Multiples are applied in increments of 0.05. The requested amount of cover will be rounded down to align with a Default Cover Multiple in a 0.05 increment).

I understand:

1. If my application is accepted (subject to the terms of the policy) and I currently have IP Default Cover, a multiple will be applied to my new IP Default Cover. This may mean that my cover amount is rounded down slightly from the amount I have selected above.
2. My Waiting Period and benefit payment period will remain the same as my existing IP cover.

By submitting this application, 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 to increase my IP Default Cover insurance.
- I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by the Fund.
- I agree to TAL's collection, use and disclosure of my personal information provided in this application.
- I have read and understood the **Insurance guide.**
- I understand that the insurance cover will only be provided on the terms and conditions set out in the NGS Super insurance policy documents as agreed between NGS Super and TAL.

Signature ✗ Date ☐☐ / ☐☐ / ☐☐☐☐

Please note, you do not need to complete any other sections below if you are only applying to increase your 'IP Default Cover for a change in work pattern'.

Step 3(c). 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** 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:

I wish to apply for:

◯ Life cover $ ☐☐☐,☐☐☐,☐☐☐

◯ TPD cover $ ☐☐☐,☐☐☐,☐☐☐

IP cover

◯ I wish to apply for Income Protection cover

$ ☐☐☐,☐☐☐ per month*

* Maximum 92% of your monthly income, this includes up to 12% super contribution (excluding to age 67 benefit – for payments made between age 65 and 67, the maximum is 70% of your monthly income. No super contribution is available.

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

Step 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.

By submitting this election, I acknowledge:

- I have read and understood the relevant sections of the **Insurance guide** available at **ngssuper.com.au/pds** 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 this information.
- I understand that the insurance cover will only be provided on the terms and conditions set out in the NGS Super insurance policy documents as agreed between NGS Super and TAL.
- I understand I can at any time apply to reduce or cancel my insurance cover by completing the **Insurance reduction or cancellation form** available at **ngssuper.com.au/forms**

Step 5. Personal statement

Step 5(a). Occupation and income details

1. ◯ Self employed ◯ Employed full-time **OR** ☐☐☐ 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 **$** ☐☐☐ , ☐☐☐

Step 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 ☐ Yes ☐ No

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? ☐ Yes ☐ No

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.) ☐ Yes ☐ No

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

Name of company	Cover type	Sum insured/ monthly benefit	Date of application of claim	State any loadings/ exclusions	Reason for decision/ claim	Duration of claim	Recovery %	Is cover to be replaced
		$						☐ Yes ☐ No
		$						☐ Yes ☐ No
		$						☐ Yes ☐ No

Step 5(c). Habits and activities

1. Do you drink alcohol? ☐ Yes ☐ No

If yes, state the type, number of standard drinks per day and number of days per week when alcohol is consumed.
Standard drink = 1 nip spirits, 1 wine glass (100ml), 10oz/285ml beer

Alcohol drink type

Standard drinks per day

Standard drinks per day

2. Have you smoked in the past 12 months? ☐ Yes ☐ No

If yes, state form and daily quantity.

3. In the last 5 years have you smoked any substance other than tobacco? ☐ Yes ☐ No

If yes, you will be contacted to discuss this further or be sent a drug use questionnaire.

4. Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare-paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? ☐ Yes ☐ No

If yes, you will be contacted to discuss this further or be sent a sports and pastimes questionnaire.

5. Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? ☐ Yes ☐ No

If yes, please provide details below (where, when, duration and reason).

6. Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa? ☐ Yes ☐ No

If no, please advise type of visa, expiry date, plans for applying for permanent residency and nationality/current citizenship.

Step 5(d). Medical details

1. Please provide your: Height cm Weight kg

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

Given name(s)

Surname

Residential address

Suburb State Postcode

Postal address (if different to above)

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 name(s)

Surname

Residential address

Suburb State Postcode

Postal address (if different to above)

Suburb State Postcode

Step 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)

Step 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	Question	Question	Question
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? frequency of treatment.				
L. Degree of recovery (%).				
M. Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

Step 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 NGS Super insurance policy documents as agreed between NGS Super and TAL.
- 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 4721
MELBOURNE VIC 3001

Privacy collection statement

NGS Super Pty Limited ABN 46 003 491 487 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. For offshore locations, details of how to access and change your personal information and the privacy complaints process, go to **ngssuper.com.au/pcs** and **ngssuper.com.au/privacy** or call us on **1300 133 177**.