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).

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

Insurance new member options form

Use this form to:

- Opt in to **Default Cover** within 120 days of the date of your welcome letter, complete Steps 1, 3, 7 and 8.
- Increase your **Default Cover** within 120 days of the date of your insurance commencement letter, complete Steps 1, 3, 4, 5, 7 and 8 (where instructed).

To prevent your insurance cover from automatic cancellation in the event your super account becomes **Inactive**, complete Step 5.

To update your insurance category, complete Step 2.

Eligibility for Default Cover

For new members, you must be eligible to receive **Default Cover**. This means you:

- have an account balance of at least $6,000 and
- are at least 25 years of age.

If you do not meet the above conditions, you will need to use this form to opt in to be eligible for **Default Cover**.

If you do not elect to opt in to **Default Cover**, you can still increase your **Default Cover** once you meet the eligibility conditions mentioned earlier in this form. If you choose to wait, when you become eligible for **Default Cover**, you will have 120 days from the date of your insurance commencement letter to exercise this option and apply for an increase in your cover. You should refer to the current **Insurance guide** for more information.

If you need help

Getting advice on your NGS Super account is easy. Whether it's a simple check in to understand your options or comprehensive advice for you and your family, we have you covered. Contact us on **1300 133 177** to make an appointment or learn more at **ngssuper.com.au/advice**.

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

Personal email

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 –

Job title/occupation

Average number of hours worked (per week) (p/w)

Step 2. Your insurance category

To assist with the allocation of the correct insurance category for you, please answer the following questions to determine whether your premiums and sum insured should be based on those for NGS Plus (or NGS Select):

1. Are you employed by a school, a kindergarten, a P&C Association, or other body providing education as its primary function, a credit union, bank 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 Base 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 the insurance categories.

Step 3. Election to opt in to Default Cover

Please complete within 120 days of your welcome letter date if you wish to receive **Default Cover** without waiting until your account balance is $6,000 and you are at least age 25. You will also need to complete the Short Form Personal Statement in Step 7 below to the satisfaction of the insurer.

This offer is not available if you have already transferred in cover from another super fund or insurance policy.

☐ I confirm I wish to opt in to **Default Cover**. I understand I can apply at any time to decrease or cancel my insurance cover by completing the **Insurance reduction form**.

Step 4. Request to increase cover for Life and TPD

As a new member, you can apply to increase your life cover and TPD cover within 120 days of your age-based Default Cover starting (see Insurance guide for full details).

If your requested cover is approved, your age-based Default Cover will be converted to Fixed Cover. A request to increase either life cover only or TPD cover only, will result in both your default life cover and default TPD cover being converted to Fixed Cover.

If you are aged 65 or older, you cannot apply to increase your TPD cover. If you are aged 70 or older you cannot apply to increase your Life cover.

We must receive your application within 120 days of your Default Cover starting as set out in the insurance commencement letter we send to you, or the date we process and accept your election from Step 3.

I request to increase my Life Cover and TPD cover to the total insured amounts specified here, **including** any existing Default Cover I already hold.

Life cover
$ ☐ , ☐☐☐ , ☐☐☐
(up to $1,140,000)

TPD cover
$ ☐☐☐ , ☐☐☐
(up to $400,000)

I understand the amounts I specify here will replace my existing Default Cover.

What is the difference between Age-based and Fixed Cover?

Age-based Cover is where the amount and cost of your cover changes over time - as your age changes.

Fixed Cover is where the amount of cover stays the same as you age (except for TPD cover which decreases from age 61) with the costs changing over time (generally increasing as you age).

Step 5. Request to increase Default Cover for Income Protection (IP)

Please select either of these options, taking care to only request amounts of IP cover that are supported by your income. Please do not specify a level of cover that exceeds your income, as in the event of a claim, the monthly benefits cannot exceed 92% of your Pre-Disability Income at the time of your claim (80% paid to you as a replacement for your income and 12% paid into your super account).

Important note about how income is defined

It is important to understand the definition of income that you are covering. For individuals who are permanent employees of a business this includes monthly salary or wage as well as overtime, bonuses and shift allowances.

A different definition of income applies to members who are self-employed or not employed on a permanent basis.

Please refer to the definition of Pre-Disability Income in the Insurance guide.

Note: In the event of a claim, the monthly benefit paid by our insurer cannot exceed 92% of a member's Pre-Disability Income. It is therefore generally advised that members only request a level of monthly IP cover up to 92% of their monthly Pre-Disability Income (before income tax).

○ **Option 1**

I am an NGS Plus or NGS Select member aged 27 to 64 with default IP cover and wish to apply for additional cover up to a maximum total insured cover of $7,166 per month ($86,000 per annum). Please note this is subject to your income level supporting your request. You **do not** need to complete the Short Form Personal Statement in Step 7 unless applying for other changes in this form.

I wish to increase my IP cover amount to **$** ☐ , ☐☐☐ per month (gross of income tax)

○ **OR Option 2**

I want to increase my default IP cover up to a maximum total insured cover of $10,000 per month ($120,000 per annum). Please note this is subject to your income level supporting your request and satisfactorily completing the **Short Form Personal Statement in Step 7**.

I wish to increase my IP cover amount to **$** ☐☐ , ☐☐☐ per month

All your default IP cover will be converted to Fixed Cover if your requested increase is approved. Your new increased amount of cover, including your existing cover, cannot exceed $120,000 per annum (gross of income tax).

Step 6. 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. You **do not** need to complete the Short Form Personal Statement in Step 6 unless applying for other changes in this form.

☐ **I confirm that I wish to maintain my insurance cover even when my account is Inactive** unless I notify you otherwise in writing. I understand that my cover may end for reasons other than having an inactive account, as outlined in the **Insurance guide**.

By submitting this election, I acknowledge:

- I have read and understood the **Insurance guide** 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 Documents as agreed between NGS Super and TAL
- I understand I can apply at any time to decrease or cancel my insurance cover by completing the **Insurance reduction** or **cancellation form** available at **ngssuper.com.au/forms**

Step 7. Short form personal statement

All members must complete this step unless stated otherwise above.

Please note if you answer `**Yes'** to any of the questions from 1 to 5 below, you are not eligible to either opt in to **Default Cover** before you are at least age 25 with an account balance of at least $6,000, or increase your **Default Cover** using this form.

If you want **Default Cover** you can wait until your account balance has reached $6,000 and you are at least age 25 and an employer contribution is paid to your account. You must still satisfy all other eligibility conditions for **Default Cover** as outlined in the **Insurance guide**.

If you still wish to apply for insurance cover (or increase existing cover), you will need to complete the **Increase cover form** which includes a Full Personal Statement and is available at **ngssuper.com.au/forms**

Questions:

1. Do you have any medical assessments, procedures or surgeries planned, or are you waiting for any test results? Yes ☐ No ☐

2. Do you have an illness or injury which your doctor has advised may lead to having a limited time to live? Yes ☐ No ☐

3. Have you been diagnosed with any mental or physical health conditions which may result in you having to stop work for 10 or more consecutive days within the next 12 months? Yes ☐ No ☐

4. In the last 12 months, have you, due to illness or injury, (including mental or physical health conditions), been prevented from performing your usual occupational duties partially or completely, for 10 or more consecutive days? Yes ☐ No ☐

5(a). Are you claiming, or are you in the process of lodging a claim for a benefit in connection with an illness or injury (including mental or physical health conditions) from any source? E.g., superannuation, workers' compensation, disability pension, Veterans' Affairs, Motor Vehicle Accident scheme or any other insurance providing accident or illness benefits? Yes ☐ No ☐

5(b). *This question is only applicable to you if your response to question 5(a) is "No".*

Have you ever claimed a benefit for an illness or injury (including mental or physical health conditions) from any source? E.g. superannuation, workers' compensation, disability pension, Veterans' Affairs, Motor Vehicle Accident scheme or any other insurance providing accident or illness benefits? Yes ☐ No ☐

5(c). *This question is only applicable to you if your response to question 5(b) is "Yes".*

Does your response solely relate to a past claim which was closed more than 5 years ago? Yes ☐ No ☐

5(d). *Answer this question if question 5(c) was applicable to you and your response to 5(c) is "Yes".*

Have you fully recovered from that mental or physical injury or illness without any residual symptoms since? Yes ☐ No ☐

Step 8. 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 **NGS Accumulation Product Disclosure Statement** and **Insurance guide**.

Signature ✗

Date / /

Please 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**.

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