

# 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).

# INSURANCE NEW MEMBER OPTIONS FORM

This form can be used to:

- opt in to **Default Cover** within 120 days of the date of your welcome letter (see below for more information) and to increase your **Default Cover** at the same time or
- increase your **Default Cover** within 120 days from the date of your insurance commencement letter.

By completing this form, your insurance category may be updated to reflect your occupation and salary.

## Eligibility for Default Cover

For new members who join NGS Super on or after 1 April 2020, 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**. You can do this by completing Section 3 and Section 4 of this form. If you wish to increase your **Default Cover**, you should also complete Section 5 and 6. Your election for **Default Cover** must be made within 120 days from the date of your welcome letter.

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. 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

If you're unsure of your decision, consider obtaining professional advice. We offer:

- advice at no extra cost through our advice Helpline or
- low-cost advice through NGS Financial Planning.

To make an appointment phone us on **1300 133 177** or complete the **Financial planning enquiry form** on our website at [ngssuper.com.au/advice](http://ngssuper.com.au/advice)

Please send your completed form with relevant documents to:

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

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

Section 1. Personal details
Please print in black or blue pen, in capital letters, one character per box. A ✓

NGS Member number	Gender	Title	Date of birth
<input type="text"/>	M <input type="radio"/> F <input type="radio"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Given name(s)			
<input type="text"/>			
Surname			
<input type="text"/>			
Personal email			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
May TAL contact you directly to clarify or gather information in relation to this application?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, preferred method of contact: Email <input type="checkbox"/>		Phone <input type="checkbox"/>	Contact time <input type="text"/>
Daytime telephone		Mobile	
<input type="text"/>		<input type="text"/>	
Job title/occupation		Average number of hours worked	
<input type="text"/>		<input type="text"/> (p/w)	



## Section 2. Your 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 impacts your sum insured and will premium amounts.

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 salary \$ , ,

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

## Section 3. Election to opt in to Default Cover

Please complete within 120 days of receiving your welcome letter if you wish to receive **Default Cover**. You will also need to complete the Short Form Personal Statement in Section 4.

I confirm that 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 or cancellation form](#) available at [ngssuper.com.au/forms](http://ngssuper.com.au/forms)

## Section 4. Short form personal statement — all members to complete this section

**Please note** if you answer 'False' to any of the statements from 1-5 below or 'True' to statement 6, you are not eligible to either opt in to **Default Cover**, or increase your **Default Cover**. For members opting in for **Default Cover**, this means you will **not be eligible for Default Cover if you submit this form**. If you believe your condition may change, you can wait until you are eligible (your account balance has reached \$6,000 and you are at least age 25). If you still wish to apply for insurance cover (or additional cover), you will need to complete the [Increase cover form](#) which includes a Full Personal Statement and is available at [ngssuper.com.au/forms](http://ngssuper.com.au/forms)

### I confirm the following:

- 1 I am currently able to perform all of the normal duties of my usual occupation for at least 30 hours per week without any restriction (even if I am not employed to work 30 hours per week). True  False
- 2 I do not currently suffer and I have not been diagnosed with an injury or illness that may cause me to be permanently unable to perform my usual occupation in the next two years. True  False
- 3 I have not been diagnosed with an injury or illness that is likely to reduce my life expectancy to less than 12 months. True  False
- 4 I have never made a claim in the 10 years immediately preceding the date of this application and I am not currently intending to make a claim for an illness or injury from the following:  
a. worker's compensation  
b. government benefits (such as sickness benefit, invalidity pension)  
c. motor accident scheme  
d. superannuation fund  
e. life insurance policies. True  False
- 5 I have not within the last 12 months been absent from my usual occupation (employed or unemployed) for more than 10 consecutive days due to an injury or illness. True  False
- 6 I have had an application for life, terminal illness, total and permanent disablement or income protection cover, declined, or offered to me on non-standard terms (e.g. premium loading and/or exclusion) whether accepted by me or not. True  False

## Section 5. Request to increase Default Cover for Life and TPD

Please choose one option below (you will also need to complete the Short Form Personal Statement in Section 4):

### Option 1

Please increase my **Default Cover** by the percentage nominated.

**Note:** the increase must be in increments of 5% up to a maximum of two times (100%).

### Life cover

%

(between 5%-100% of **Default Cover**)

### TPD cover

%

(between 5%-100% of **Default Cover**)

If you choose this option, your cover will continue to be age-based unless you advise us to fix your cover.

OR

### Option 2

Please increase and fix my cover. I request my total insured amount, inclusive of any **Default Cover**, to be:

### Life cover

\$

(up to \$1.14 million)

### TPD cover

\$

(up to \$400,000)

### 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.

With **Fixed Cover**, the amount of cover stays the same (except for TPD cover which decreases from age 61) but the cost changes, and generally increases as you get older.

**NOTE:** Your death and TPD cover will be converted to **Fixed Cover** if you request an increase in cover that is more than two times your current **Default Cover**.

## Section 6. Request to increase Default Cover for Income Protection (IP)

All your default IP cover will be converted to **Fixed Cover** if you select either of these options.

### 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). This is subject to your income level supporting your request.

I wish to increase my IP cover amount to \$  per month

### 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 Section 4.**

I wish to increase my IP cover amount to \$  per month

**The increased amount together with your existing cover amount, cannot exceed the amount of \$120,000 per annum (referred to as the Conditional Acceptance Limit).**

## Section 7. 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 Documents.

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 Documents as agreed between NGS Super and TAL Life Limited and
- 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](http://ngssuper.com.au/forms)

## Section 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 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 return your completed form to:

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

or email to [NGSAdminTeam@mercero.com](mailto:NGSAdminTeam@mercero.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/pcs](http://ngssuper.com/pcs) and [ngssuper.com/privacy](http://ngssuper.com/privacy) or call us on **1300 133 177**.