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

Remove Limited Cover restriction

Use this form to apply to remove a Limited Cover restriction on your Life and/or Total and Permanent Disablement (TPD) and/or Income Protection (IP) cover.

For a description of Limited Cover and when it applies, refer to the **Insurance guide**.

How to complete this form

Complete all sections, including the questions in the Short Personal Health Statement.

If the responses you provide are satisfactory to our insurer, you will receive written confirmation that your cover is no longer subject to a Limited Cover restriction.

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. Short form personal statement

All members must complete this step.

If you answer `**Yes'** to any of the questions from 1 to 5(a) in this section, you're not eligible to remove the Limited Cover restriction using this form.

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. NGS Super or another super fund, workers' compensation, disability pension, Veterans' Affairs, a 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 3. 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**.