



## Section 2. Occupation category

1. 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

2. Do you earn \$100,000 or more per annum?

Yes  No

## 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 fixed sum insured.

### Life and/or disability cover

Please note that you can apply to increase your life and disability (TPD) cover. You can apply for a different amount of life cover to disability (TPD) cover. All your life/TI and disability (TPD) cover will be fixed if you select this option.

Note: If you are accepted for additional life and disability (TPD) cover this will be subject to a "suicide exclusion" for the first 13 months of your cover commencing. These terms are explained in the *Insurance guide* available online at [www.ngssuper.com.au/PDS](http://www.ngssuper.com.au/PDS)

Life cover amount: \$     ,

Disability (TPD) cover amount: \$     ,

### Income Protection (IP) cover

NGS Super offers a 30, 60 or 90 day waiting period with up to 2 year, up to 5 year, to age 65, to age 67 benefit payment period options. All your IP cover will be converted to fixed cover if you increase IP cover, decrease your waiting period and/or increase your benefit payment period.

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

\* Maximum 90% of your income benefit – up to 80% payable as income plus up to 10% super contribution (excluding to age 67 benefit – for payments made between age 65 and 67)

### Waiting Period

Are you applying for (or to reduce your) income protection (IP) waiting period?

Yes  No

I wish to select the following IP waiting period (please choose one)

30 days OR  60 days OR  90 days

### Benefit Payment Period

Are you applying for (or to increase your) benefit payment period?

Yes  No

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

Up to 2 years OR  Up to 5 years OR  to age 65 OR  to age 67



## Section 4. 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 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 we collect; for example, a birth certificate provided as identification 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 5. Declaration and signature

I have read and understood the insurance information contained in the current *Product Disclosure Statement and Insurance Guide*.

I understand and acknowledge that I am bound by the Duty of Disclosure. I declare that 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 on my life now made to the Company.

Signature

Date   /   /

**Please return your completed form to:**

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





## Section 2. Occupation and income details

1.  Self employed  Employed full-time **OR**  Part-time   average hours p/week   weeks p/year

2. Your job title/occupation

               

Industry

               

(eg education; credit union etc)

3. Duties performed, including average percentage of time spent on each.

_____	<input type="text"/> <input type="text"/> <input type="text"/> %
_____	<input type="text"/> <input type="text"/> <input type="text"/> %
_____	<input type="text"/> <input type="text"/> <input type="text"/> %
_____	<input type="text"/> <input type="text"/> <input type="text"/> %

4. Annual income before tax \$    ,

## Section 3. Insurance and claim history

- 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  No  Yes
- 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?  No  Yes
- APART FROM THIS APPLICATION, do you have or are you applying for any other Life, Total and Permanent Disablement (TPD) or Income Protection insurance? (Please include cover held and/or applied for through TAL or under superannuation.)  No  Yes

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

Name of company	Cover type	Sum insured/ monthly benefit	Date of application or claim	State any loadings/ exclusions	Reason for decision/ claim	Duration of claim	Recovery %	Is cover to be replaced
		\$						<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$						<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$						<input type="checkbox"/> No <input type="checkbox"/> Yes

## Section 4. 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

Number of days per week

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.

Continued over





## Section 6. Medical history

Please provide details for all 'Yes' answers in General Medical Questionnaire at Section 7.

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 7. General Medical Questionnaire

Please provide details of all 'Yes' answers in section 6, 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 visit 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.				





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### 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 provided as identification 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 9. Declaration and signature

I understand and acknowledge that I am bound by the Duty of Disclosure. I declare that 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 on my life now made to the Company.

Signature

Date   /   /



## Section 10. Medical evidence authority

NGS Super membership number

Date of Birth

Name of life to be insured

Given name(s)

Surname

Dear Doctor

I have applied to TAL Life Limited (TAL) for insurance and a medical report from your practice is required. Until this report is received by TAL my application for insurance cannot proceed. I have agreed that any Medical Practitioner or any other person who has been or may be consulted by me at any time in the future whether named by me or not shall be and is hereby authorised and directed by me to divulge to TAL, any legal tribunal or any third party engaged by TAL all medical or surgical information acquired with regard to myself. A photocopy or fax of this authority shall be considered as valid as the original. I would be grateful if you could attend to this matter as soon as possible.

Signature of life to be insured

Date

## Submitting this form

Please ensure that you initial any amendments or changes made throughout this form

Send this form, along with the *Insurance Variation Increase cover* form to:

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

If you have any questions please contact us on **1300 133 177**



# PRIVACY COLLECTION STATEMENT

## If you are a member of NGS Super, or you are applying for membership

We may collect your personal information from you or from third parties such as

- your employer
- a previous super fund
- your financial adviser
- our related entities
- publicly available sources.

We may be required or authorised by law to collect your personal information. Relevant laws include the Australian Securities and Investments Commission Act 2001, Corporations Act 2001, Family Law Act 1975 and laws relating to superannuation, taxation and anti-money laundering/counter-terrorism financing.

If we are unable to collect all the personal information we have asked for, we may not be able to administer your NGS Super account or take action on a particular request you have made.

**We will use your personal information to**

- manage your NGS Super account (*Accumulation, Transition to retirement or Income account*)
- give you information about your NGS Super account
- supply you with information about other products and services offered by us or our related companies
- include your relevant account data in statistics and market research.

**We will disclose your personal information to** various organisations (but only as required to manage your NGS Super account or the Fund generally), including

- our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer)
- our insurer
- our professional advisers
- your employer
- other service providers that provide services or products relevant to your NGS Super account
- any relevant government authority that requires your personal information to be disclosed.

In managing your super your personal information may be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policy lists any other relevant offshore locations.

Our **Privacy Policy** sets out in more detail

- how we deal with your personal information
- how to access and seek correction of the information we hold about you
- how you may lodge a complaint if we breach an Australian Privacy Principle
- how we will handle any complaint.

You can view our Privacy Policy at

**[www.ngssuper.com.au/privacy-policy](http://www.ngssuper.com.au/privacy-policy)** or obtain a copy by contacting us on **1300 133 177**.

If you have any other queries in relation to privacy issues, or if you do not wish to receive marketing material, you may contact us on **1300 133 177**. You may also write to the NGS Super Privacy Officer at PO Box 21236 World Square NSW 2002 or online at **[www.ngssuper.com.au/contact-us](http://www.ngssuper.com.au/contact-us)**.

## If you are not a member of NGS Super, and you are not applying for membership

We will use your personal information only to enable us to take action on the particular matter you have contacted us about. In most instances we will not need to collect any further personal information from any other source. We will disclose your personal information only to those organisations mentioned above as are necessary to take action on the matter in question or for the management of the Fund generally.