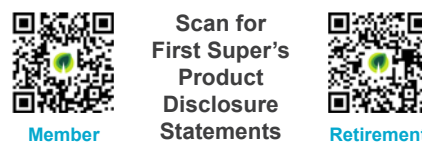


Change or Cancel Your Insurance Cover Form



Use this Form to change your occupation category, apply for fixed cover, reduce or cancel your existing insurance cover, or increase your waiting period.

If you are unsure of how much cover you need, use the Insurance Calculator on our website or speak to your local Coordinator for help.



Please complete this Form using CAPITAL LETTERS and a blue or black pen.

- > To apply to change your occupation category, complete sections 1, 2 & 6.
- > To apply for fixed cover, complete sections 1, 3 & 6.
- > To reduce or cancel your cover or increase your waiting period, complete sections 1, 4 & 6.

- Our insurer, TAL, will be treating this Form as a 'consumer insurance contract'.
- Please answer all the questions truthfully, accurately and completely, and provide additional information wherever requested.
- The member to be insured must complete and sign this application and initial any changes.

! Looking to add more insurance or apply for income protection?

Instead of using this Form, use the *Application for Insurance Cover Form* to apply for more insurance, including income protection, for increased units of cover or for fixed cover. Or apply to increase your cover easily through TAL in your firstonline account.

Privacy – Use and disclosure of personal information

Your privacy with TAL: TAL Life Limited ABN 70 050 109 450 AFSL 237848 ('TAL' or the 'Insurer')

The personal information you provide in the Form is necessary for TAL to provide you with the products and services you have requested from TAL. You do not have to provide TAL with your personal information, but if you do not do so TAL may not be able to provide you with the products or services. TAL complies with the *Privacy Act 1988* and the principles laid out in its Privacy Policy which details information about the entities that TAL usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process.

The way in which TAL collects, uses, secures and discloses your information is set out in the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning **1800 666 136**.

Duty to take reasonable care not to make a misrepresentation – Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on page 4 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, TAL may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount TAL pay may be reduced.

Section 1 | Your personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Surname			
<input type="text"/>			
Given name(s)			
<input type="text"/>			
Gender			
<input type="checkbox"/> Male <input type="checkbox"/> Female			
Residential address			
<input type="text"/>			
Town/Suburb/City		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Postal address <input type="checkbox"/> (Tick box if same as above)			
<input type="text"/>			
Town/Suburb/City		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			

Section 2 | Change your occupation category

You can apply to change your occupation category from Blue Collar/manual to White Collar/non-manual or Professional by answering the following questions. If you are eligible, you will pay lower premiums for your cover.

Occupational Title

WHITE COLLAR/NON-MANUAL

- > Are you solely engaged in a professional, managerial, marketing, accounting, administrative or clerical occupation on a permanent full-time or part-time basis? Yes No
- > Do you spend at least 80% of your working time in an office environment? Yes No
- > Are you actively working and able to perform your usual duties and are not undergoing any rehabilitation program? Yes No

If you have answered 'Yes' to all the above questions you are eligible for White Collar/non-manual premium rates.

PROFESSIONAL

In addition to the requirements set out for 'White Collar/non-manual' premium rates, please answer the following to apply for Professional cover:

- > Are your duties entirely undertaken within an office environment? Yes No
- > Do you earn more than \$125,000 per annum from your occupation? Yes No
- > Do you hold a senior management role **OR** hold tertiary qualifications relevant to your profession **OR** are you a member of a professional institute or registered by a government body related to your profession? Yes No

If you have answered 'Yes' to all the questions in both White Collar/non-manual and Professional section you are eligible for Professional premium rates.

Section 3 | Change from unitised to fixed cover

Complete this section if you want to change your Death and Total and Permanent Disablement cover from unitised to fixed cover. This means the value of your existing insurance cover will stay at its current level and won't decline over time. The premium will increase each year on your birthday.

A Please tick this box if you wish to have fixed insurance cover. Yes No

B: Please complete either (a) or (b) as applicable:

(a) Employer-Sponsored Member

Are you currently employed and capable of performing all of your identifiable duties on a full-time basis (for at least 30 hours per week), without restriction caused by Illness or Injury (whether or not you are actually working those hours)? Yes No

(b) Personal Member

Are you capable of performing all of your identifiable duties for at least 35 hours per week without restriction caused by Illness or Injury (whether or not you are actually working those hours)? Yes No

If you answered 'No', your cover will be provided as Limited Cover, until you are able capable to performing the requirements of either (a) or (b) for 30 consecutive days.

Section 4 | Reduce or cancel insurance cover or increase waiting period

> I want to **reduce** my current level of cover and request the following new units/level of cover. Please note that the amount you enter here will replace your existing level of cover.

	Units	OR	Fixed
Death cover	<input type="text"/>		\$ <input type="text"/>
TPD cover	<input type="text"/>		\$ <input type="text"/>
Income Protection	<input type="text"/>		per month

OR

> I want to **cancel** my insurance cover with First Super. Please indicate which cover you would like to cancel. If you wish to take out insurance with First Super in future, you will need to reapply for this cover, including answering any health questions, and be subject to acceptance by the Insurer.

TPD only Death & TPD (you cannot have more TPD cover than Death cover) Income Protection

OR

> I want to **increase** my waiting period for my Income Protection insurance to:

60 days 90 days

The 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.

Section 6 | Declaration

- > I have read and understand the Duty to take reasonable care on page 4 and understand that this duty applies any time I answer TAL's questions as part of an application for insurance.
- > My answers to the questions are true, accurate and complete, and I have not deliberately withheld any information relevant to this application.
- > I agree to be bound by the terms and conditions set out in the TAL Group Insurance Policy.
- > I have read and understood the Privacy Disclosure Statement entitled 'Privacy – Use and Disclosure of personal information' on page 1 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- > I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- > I have read the insurance section of the current Product Disclosure Statement including the Member Guide Supplement: Insurance Guide.

Please sign here

Date (DD/MM/YYYY)

This application MUST be received within 30 days of the date you sign it.

Please return this completed form by:

 First Super, PO Box 666, Carlton South, VIC 3053


 mail@firstsuper.com.au

Please retain all original documents for future use in case it is required by First Super.

Want to know more? We're here to help.

 1300 360 988

 mail@firstsuper.com.au

 Download the First Super app to manage your account

 firstsuper.com.au

