

# Super Member Income Protection Form



Complete this form to apply for or increase your Income Protection insurance.

Please ensure you have read our [Insurance Guide](#) which includes all relevant tables.

Income Protection insurance is separate from our Death & Total and Permanent Disablement (TPD) or Death Only cover. It provides an income if you're unable to work as a result of an injury, illness or an accident and are receiving reduced or no income. The benefit you receive is paid for a maximum period of either two or five years. You can choose from a 30, 60 or 90-day waiting period. Income Protection insurance is available with or without our Death & TPD or Death Only cover.

**The maximum benefit you can receive is 85%** of your pre-injury or illness salary (before tax). Up to 75% is paid to you as income (less tax) and any amount above this up to 10% is paid as a super contribution into your LUCRF Super account. A maximum monthly benefit of \$30,000 applies (inclusive of the 10% super contribution benefit).

Your Income Protection payment will be reduced if you receive any employment income, workers compensation, social security, other statutory or government payments, or income protection benefits from any other source at the time you make a claim.

**A benefit period of up to five years** is available to permanent employees (that is, employees or contractors who are entitled to accrue sick and annual leave) and casual employees (that is, you're paid on an hourly basis for the period you work and you don't accrue sick or annual leave). To apply for a five-year benefit period, please **also** complete a OnePath Personal Statement available at [lucrf.com.au](#) or by calling **1300 130 780**.

**If you're a casual employee**, you must be working at least 30 hours a week, averaged over the previous six-month period. **You'll need to provide payslips or other evidence showing both your income and the hours you worked during the six months prior to the date you completed this application.** In the event of making a claim, a further six months of payslips are required to demonstrate you have worked at least 20 hours per week, averaged over the previous six months.

## Applying for Income Protection

Are you applying within 90 days of the date of your welcome letter?

YES  NO

If you ticked YES, complete steps 1, 2 and 3, all the steps in **Section A**, and step 6.

**OR**

Are you applying more than 90 days after the date of your welcome letter or for cover above \$700 per week?

YES  NO

If you ticked YES, see below.

For cover up to \$7,000 per month → complete steps 1, 2 and 3, all the steps in **Section B**, and step 6.

For cover above \$7,000 per month → complete steps 1, 2 and 3, all the steps in **Section B**, and step 6. A OnePath Personal Statement must also be completed.

### IMPORTANT

**Only complete Section A OR Section B in this form (as applicable). Do not complete both sections.**

### Insurance cover above \$7,000 per month

If you're applying for more than \$7,000 per month of cover (even if you're applying as a new member within 90 days of your welcome letter), you also need to complete and attach a OnePath Personal Statement.

To obtain a copy of the OnePath Personal Statement, please call us on **1300 130 780** or download a copy from [lucrf.com.au](#).



Issued 1 October 2018 L.U.C.R.F Pty Ltd ABN 18 005 502 090 AFSL 258481 as Trustee for Labour Union Co-operative Retirement Fund ABN 26 382 680 883 (LUCRF Super).

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# Member Income Protection Form

## Step 1 Your details

Please read our Personal Information Collection Statement at [lucrf.com.au/privacy](http://lucrf.com.au/privacy).

LUCRF Super member number (please contact us if you don't know your member number)

Date of birth (dd/mm/yyyy)

**Gender** (tick one box only):  Female  Male  Other

Please tick [✓] the appropriate box: Mr  Mrs  Miss  Ms  Other (please specify)

First name(s)

Last name

### Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State/Territory Postcode

### Postal address – if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State/Territory Postcode

### Contact details

Email address

Mobile phone

Work phone

Home phone

## Step 2 Your work category

To ensure you're charged the correct premium for your insurance cover, we need to identify the work category that best represents the type of work you do.

What's the name of your current employer?

What's your main occupation?

Are you engaged in any other occupations? YES  NO

If yes, please specify your other occupation(s)

1. Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary-type duties? (This includes the total amount of time spent in all occupations as advised above) YES  NO

If YES, go to questions 2 and 3.

If NO, go to questions 4 and 5.

**Only complete questions 2 and 3 if you answered YES to question 1.**

2. Do you have a university degree qualification relevant to the field of your main occupation OR are you an executive or senior managerial white-collar worker and not self-employed OR are you a member of a professional institute? YES  NO

3. Is your current annual salary package (including the Superannuation Guarantee contribution) \$150,000 or more? YES  NO

**Only complete questions 4 and 5 if you answered NO to question 1.**

4. Do you have a recognised trade qualification relating to your occupation OR does your occupation require you to perform light manual work OR are you a supervisor of blue-collar workers and your duties include up to 10% of light manual work? (e.g. an electrician, mechanic, printer, greengrocer, carpenter, plumber etc.)? YES  NO

5. Are you a skilled or semi-skilled worker whose duties include heavy manual work OR are you required to operate heavy machinery (e.g. qualified wall/floor tiler, glazier, bulldozer driver, forklift driver)? YES  NO

## Step 3 Your current employment status

Please complete this section to apply for Income Protection insurance cover.

**I am a casual employee** (tick  one box only):

To be considered a casual employee, you must be paid on an hourly basis for the period you work, and must not be entitled to accrue sick or annual leave.

Yes  No

If you answered YES to being a casual employee, have you averaged at least 30 working hours per week over the previous six-month period?

Yes  No

You'll need to provide payslips or other evidence which show both your income and the hours you worked over the six months prior to the date of this application.

Are you considering a change in your current occupation, duties, working hours, employment situations or financial situation?

Yes  No

**OR**

**I am a permanent employee** (tick  one box only):

To be considered a permanent employee, you must be entitled to accrue sick and annual leave.

Yes  No

If you answered YES to being a permanent employee, are you currently working at least 15 hours per week?

Yes  No

**Please select your benefit period** (tick  one box):

2 years  5 years (for 5 years, please also complete a OnePath Personal Statement)

**Please select your waiting period** (tick  one box):

30 days  60 days  90 days

## SECTION A: Insurance offer for new members

### Step 4 Within 90 days of your welcome letter

If you don't currently have Income Protection insurance with us you can obtain total Income Protection cover of up to \$700 per week before tax (\$36,400 gross per year).

#### How much Income Protection cover are you applying for?

A total benefit of \$  per week (benefit must be a multiple of \$100)

### Step 5 Screening questions (for cover of up to \$700 per week and within 90 days of your welcome letter)

**IMPORTANT:** Your responses to the questions below will be checked at the time you make a claim. Therefore, you must answer all of these questions truthfully and accurately. If you don't, any insurance claim you make may be reduced or declined.

1. Other than for colds, flus, minor upper respiratory tract infections or minor headaches,
  - a are you now off work due to illness or injury? YES  NO
  - b have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? YES  NO
2. Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury (even if you're currently working less than 30 hours per week for non-medical reasons)? YES  NO
3. Have you ever made or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), workers' compensation or any other form of compensation (including Centrelink payments) due to injury or illness? YES  NO
4. Have you been diagnosed with a medical condition that's expected to reduce your life expectancy to less than 12 months from today? YES  NO
5. Have you ever had an application for life, trauma or disability insurance declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion? YES  NO
6. Other than for colds, flus, minor upper respiratory tract infections or minor headaches,
  - a do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment? YES  NO
  - b are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? YES  NO

You must be able to truthfully answer NO to all of the above questions to be eligible for increased cover within our automatic acceptance levels.

If you answered YES to any of the above questions, you can still apply for additional cover by completing a OnePath Personal Statement.

## SECTION B: Insurance for existing members

### Step 4 After 90 days of the date of your welcome letter or for cover above \$700 per week

#### How much Income Protection cover are you applying for?

A total benefit of \$  per week (benefit must be a multiple of \$100)

If you're employer-sponsored and applying for more than \$7,000 per month of Income Protection cover (because you earn a gross salary of at least \$98,800 per year), you'll need to complete a OnePath Personal Statement. To obtain a copy please call us on **1300 130 780** or download one from **lucrf.com.au**.

### Step 5 Health questions (for cover of up to \$7,000 per month and if you have an employer making contributions to your super)

**IMPORTANT:** Your responses to the questions below will be checked at the time you make a claim. Therefore, you must answer all of these questions truthfully and accurately. If you don't, any insurance claim you make may be reduced or declined.

1. Other than to combat a cold or flu,
  - a. are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness? YES  NO
  - b. are you currently receiving any form of medical treatment or taking any form of medication? YES  NO
  - c. have you taken more than a total of 7 consecutive days off work over the past 12 months due to illness or injury? YES  NO
2. Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:
  - a. cancer, a tumour or growth including breast lumps or skin lesions/moles (even if you haven't seen a doctor), high blood pressure, high cholesterol, a heart complaint, a murmur, palpitations or chest pain, a stroke, a thyroid or glandular disorder, or diabetes? YES  NO
  - b. back or neck pain/disorder, musculoskeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind, chronic fatigue syndrome, epilepsy or a neurological disorder, or a mental/nervous disorder including stress, anxiety or depression? YES  NO
  - c. kidney, bowel, bladder, gall bladder, liver disease or disorder, a lung or other organ disorder, hepatitis, a hernia, a blood disorder, sleep apnoea, asthma or a persistent cough or any lung complaint, or any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? YES  NO
3. Have you ever tested positive for Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS), or are you suffering from AIDS or any AIDS-related conditions? YES  NO
4. Have you ever had an application for life, disability, trauma or income protection declined? YES  NO
5. a. What's your current height? (cms)
- b. What's your current weight? (kgs)

#### Personal Plan members

To apply for, or change your insurance cover as a LUCRF Super Personal Plan member, you'll also need to complete a OnePath Personal Statement. To obtain a copy, please call us on **1300 130 780** or download one from **lucrf.com.au**.

## Step 6 Sign and date this form

### Duty of disclosure

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer, OnePath Life Limited (Insurer), anything that they know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before they extend, vary or reinstate the contract. The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for, or
- is of common knowledge, or
- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us (Trustee) and the Insurer anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

If you do not tell the Trustee and Insurer something that you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that we must tell the Insurer.

### If you do not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If you do not tell the Insurer or Trustee anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer, the Insurer may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time, vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have. However, this right does not apply if the contract provides cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

### I declare that:

- The answers that I have provided to all questions in this application are true and correct.
- I have read the duty of disclosure and understand the consequences available to OnePath Life if I fail to tell them any matter relevant to its decision to provide insurance. I understand that the duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I understand that my insurance will not become effective until OnePath Life has accepted my application for insurance cover in writing.
- I have read and understood the information contained in the Insurance Guide and the relevant Super Member Guide – Product Disclosure Statement.
- If I give OnePath Life information about someone else, I will inform them of the contents of this authorisation so that they understand how their information may be used and disclosed.
- I understand that if my application for cover is accepted, insurance cover will be provided to me on the terms contained in the Trustee's insurance policy with OnePath Life as changed from time to time.
- I have read OnePath Life's Privacy Statement detailing how OnePath Life manages personal information. It is available in the Insurance Guide, at [lucrf.com.au](http://lucrf.com.au) or by calling OnePath Life Customer Services on 133 667. It can also be downloaded from [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy).
- I consent to OnePath Life collecting, using, storing and disclosing my personal information (including health information) to assess and process my application, as well as to manage and administer my insurance in accordance with OnePath Life's Privacy Statement.
- I understand that OnePath Life may require additional information or medical tests to enable assessment of my application and I authorise any medical practitioner or other health professional to release to OnePath Life or any other organisation appointed by OnePath Life any medical information needed in connection with my application.
- I understand that if I fail to attend any required medical appointments, my application may not be finalised and insurance cover may not be offered by OnePath Life.
- I acknowledge that if I do not complete the form correctly or I do not sign and date this declaration, my application will not be considered by OnePath Life.
- I consent to the collection, use and disclosure of my personal information in accordance with the LUCRF Super Personal Information Collection statement and the Privacy Policy available at [lucrf.com.au/privacy](http://lucrf.com.au/privacy) or by calling 1300 130 780.

### Signature



Date (dd/mm/yyyy)

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## Checklist

Before you send this form to us, make sure you have:

- answered the screening and health questions honestly and accurately
- indicated the amount of cover you wish to apply for
- completed and attached a OnePath Personal Statement (if required)
- attached payslips or other evidence showing your income and the hours you worked over the previous six months (casual employees only)
- signed and dated this form.

## Send this form to:

LUCRF Super  
PO Box 211  
North Melbourne VIC 3051  
Or scan and email it to:  
[mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au)

If you need any help completing this form, please call us on **1300 130 780** or email [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au).