

Change of Income Protection Insurance Waiting and/or Benefit Period Form

Complete this form if you already have Income Protection (IP) insurance and want to change your waiting and/or benefit period.

Please print clearly using an in boxes where required.

Step 1 | Your details

Please read our Personal Information Collection Statement at lucrf.com.au/privacy.

LUCRF Super member number

(please call **1300 130 780** if you don't know your member number)

Date of birth

/ /

Gender

Male Female Other

Title

Mr Mrs Miss Ms Other (please specify)

First name(s)

Last name

Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State

Postcode

Postal address – if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State

Postcode

Contact details

Email address

Home phone

()

Work phone

()

Mobile



Step 2 | Opt-in to keep your insurance

By law, if your account becomes inactive (does not receive any amounts, such as contributions or rollovers, for 16 continuous months), any insurance cover you have with us will be cancelled. You can choose to keep your insurance if this happens by crossing the box below:

I want my insurance cover to continue. I understand this election will apply as long as my account is open, or until I choose to cancel my insurance cover. I will be notified at regular intervals how my insurance can be subsequently cancelled if desired.

Step 3 | 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)

To determine your work classification, answer the following questions (please cross):

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 4 | Change of waiting and/or benefit period

Complete this section to change your IP insurance waiting and/or benefit period.

Please select your benefit period (cross one box):

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

Please select your waiting period (cross one box):

30 days 60 days 90 days

Note: Changes to your cover will be effective from the date your application is accepted by the insurer. Changes to your waiting and/or benefit period may result in a decrease or increase in premiums payable.

Step 5 | 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 have provided information about another person in this application, I declare that I have the consent of that person to do so. I understand that OnePath Life requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au/privacy-policy.
- 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 Policy which describes how they collect, use, store and disclose personal information (including health and other sensitive information) which is available at OnePath Life's website (onepath.com.au/insurance/privacy-policy) or by calling Customer Service on 133 667.
- I consent to OnePath Life collecting, using, storing and disclosing my personal information (including health and other sensitive information) to assess and process my application, as well as to manage and administer my insurance in accordance with OnePath Life's Privacy Statement available at lucrf.com.au.
- 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 or by calling **1300 130 780**.

Signature



Date

/ /

Checklist

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

- completed all relevant steps
- completed and attached a OnePath Personal Statement (if required)
- signed and dated this form at Step 5.

Send this form to:

LUCRF Super
PO Box 211
North Melbourne VIC 3051

Or scan and email it to: 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.