

Complete this form if you want to apply for or increase your Death & Total and Permanent Disablement (TPD) or Death Only insurance cover. Before completing the form, **please ensure you have read our Insurance Guide** which includes all relevant tables.

Insurance Your options

Our insurance options give you flexibility to tailor cover that best suits your personal circumstances. Your insurance options are as follows:

LUCRF Super insurance options

Products	Types of cover	Work categories
Death & TPD Provides a benefit to you if you become totally and permanently disabled or suffer a terminal illness (upon acceptance), or to your dependants, nominated beneficiaries or legal personal representative (your estate) in the event of your death (upon acceptance).	Fixed Premium or Fixed Amount	Light Blue, White Collar or Professional
Death Only Provides a benefit to you if you suffer a terminal illness, or to your dependants, nominated beneficiaries or your legal personal representative (your estate) in the event of your death (upon acceptance).	Fixed Premium or Fixed Amount	Light Blue, White Collar or Professional
Income Protection Provides you with temporary financial support if you're unable to work through illness, injury or accident (upon acceptance). You must complete a Member Income Protection Form if you want to apply for or increase this type of cover.	Fixed Amount 30, 60 or 90-day waiting period	Light Blue Heavy Blue, White Collar or Professional

Types of Death & TPD and Death Only cover

- Fixed Premium (default)**
 This is where the premium (cost) of your insurance is set at a fixed cost per unit. While the premium will remain the same, the total insured amount will reduce as you age.
- Fixed Amount**
 This type of cover provides a specific dollar amount of insurance. While the amount of cover is fixed and doesn't change, the premium you pay will increase as you age.

Work categories

To reflect the various risks associated with different jobs, there are three work categories under which you can be insured for Death & TPD and Death Only insurance.

Light Blue (default) You're a skilled or unskilled worker who performs light manual work and you're involved in non-hazardous industries and/or tasks. Unless you advise otherwise, this is the default category applied to you.

White Collar Your work is limited to professional, administrative, clerical, secretarial, or similar desk-bound (sedentary) tasks that don't involve manual work and are undertaken at least 80% of the time within an office environment.

Professional Your current annual salary package (including Superannuation Guarantee contributions) is \$150,000 or more per annum and you spend at least 80% of your time in an office environment. You're also:

- a professional white-collar worker with a university degree qualification relevant to the field of your main occupation
- OR**
- an executive or senior managerial white-collar worker and not self-employed.

In the event of a claim, our insurer will assess your details including whether you have fully disclosed all relevant information. Insurance eligibility conditions are set out in the policy document.



050.91

Issued 1 October 2018 by 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).

LUCRF055_0818

Insurance offer for new members

Increase your default cover within 90 days of the date of your welcome letter

If you have an employer who pays super contributions into your account, you're between 14 and 69, and you meet our insurer's eligibility requirements, you're automatically allocated default insurance cover of 1 unit of Light Blue Fixed Premium Death & TPD cover (\$2.55 per week*). Full-time and permanent part-time Woolworths NSW employees also receive default Income Protection insurance of \$500 per week before tax, with a 30-day waiting period and a two-year benefit period (under the Light Blue work category).

Provided you have a contributing employer, and you apply within 90 days of the date of your welcome letter, you can increase your default cover up to the automatic acceptance level (AAL)[^]. This means that provided you answer the screening questions in Section A (to the satisfaction of the insurer), you don't have to provide any medical evidence to increase your 1 unit of Death & TPD cover to either:

- a maximum of 4 units of Death & TPD

OR

- a maximum of 6 units of Death Only.

By choosing to increase to Death Only cover, your TPD cover will cease from the date your application is accepted.

Any cover in excess of \$1.1 million will require completion of a OnePath Personal Statement.

You can also apply for \$700 per week (before tax) of Income Protection cover with a two-year benefit period (or increase your cover to \$700 per week before tax if you're a permanent Woolworths NSW employee). If you'd like to apply for or increase your Income Protection insurance, complete a Member Income Protection Form available at lucrf.com.au or by calling **1300 130 780**.

*Cost of insurance is deducted directly from your super account on a quarterly basis.

[^]Automatic acceptance of cover is only available once per account. Any future LUCRF Super accounts you hold may also be eligible for automatically issued cover. You're only eligible for insurance cover on one LUCRF Super account at a time.

Applying to increase your cover

Are you applying within 90 days of the date of your welcome letter and for cover within the AAL?

YES NO

If you ticked YES, complete step 1, all the steps in **Section A**, and step 4.

OR

Are you applying more than 90 days after the date of your welcome letter or for cover above the AAL?

YES NO

If you ticked YES, see below.

For cover up to \$1.1 million → complete step 1, all the steps in **Section B**, and step 4.

For cover above \$1.1 million → complete step 1, all the steps in **Section B**, and step 4. A OnePath Personal Statement must also be completed.

IMPORTANT

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

Insurance cover above \$1.1 million

If you're applying for more than \$1.1 million of cover, you also need to complete and attach a OnePath Personal Statement (even if you're applying as a new member within 90 days of the date of your welcome letter).

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

Converting your cover

If you'd like to convert your existing insurance between Fixed Premium and Fixed Amount cover, you must complete our Member Insurance Conversion Form. To obtain this form, please call us on **1300 130 780** or download a copy from lucrf.com.au.

Member Insurance Election Form

Step 1 Your details

Please read our Personal Information Collection Statement at 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)

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

Your current employer

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 tick):

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? YES NO
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 and do you spend at least 80% of your time in an office environment? YES NO

SECTION A: Insurance offer for new members

Step 2 Your insurance selection

Death & TPD

Total number of insurance units you wish to hold after this application is processed

units of insurance cover



This number needs to include your existing Death & TPD cover, including any default cover. For example, if you already have 1 unit and you'd like an additional 3 units, you need to apply for 4 units.

OR

Total amount of fixed cover (must be a multiple of \$1,000)

\$

This number needs to include your existing Death & TPD cover, including any default cover. For example, if you already have \$100,000 of cover and you'd like an additional \$50,000 of cover, you need to apply for \$150,000 of cover.

OR

Death Only

Total number of insurance units you wish to hold after this application is processed

units of insurance cover



This number needs to include your existing Death Only cover, including any default cover. For example, if you already have 1 unit and you'd like an additional 5 units, you need to apply for 6 units.

OR

Total amount of fixed cover (must be a multiple of \$1,000)

\$

This number needs to include your existing Death Only cover, including any default cover. For example, if you already have \$100,000 of cover and you'd like an additional \$50,000 of cover, you need to apply for \$150,000 of cover.

Step 3 Screening questions (for increased cover up to our AAL and within 90 days from the date of your welcome letter for new members)

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.

- Other than for colds, flu, minor upper respiratory tract infections or minor headaches,
 - are you now off work due to illness or injury? YES NO
 - have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? YES NO
- 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
- 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
- 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
- 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
- Other than for colds, flu, minor upper respiratory tract infections or minor headaches,
 - 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
 - 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 2 Your insurance selection

Death & TPD

Total number of insurance units you wish to hold after this application is processed

units of insurance cover



This number needs to include your existing Death & TPD cover, including any default cover. For example, if you already have 4 units and you'd like an additional 2 units, you need to apply for 6 units.

OR

Total amount of fixed cover (must be a multiple of \$1,000)

\$

This number needs to include your existing Death & TPD cover, including any default cover. For example, if you already have \$100,000 of cover and you'd like an additional \$50,000 of cover, you need to apply for \$150,000 of cover.

AND/OR

Death Only

Total number of insurance units you wish to hold after this application is processed

units of insurance cover



This number needs to include your existing Death Only cover, including any default cover. For example, if you already have 4 units and you'd like an additional 2 units, you need to apply for 6 units.

OR

Total amount of fixed cover (must be a multiple of \$1,000)

\$

This number needs to include your existing Death Only cover, including any default cover. For example, if you already have \$100,000 of cover and you'd like an additional \$50,000 of cover, you need to apply for \$150,000 of cover.

Step 3 Health questions (for cover of up to \$1.1 million for existing members)

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 seven 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)

If you've ticked YES to any of these questions and/or are applying for more than \$1.1million of cover and/or are a Personal Plan member, you'll need to complete a OnePath Personal Statement. If you've truthfully ticked NO to all of the above health questions **AND** you're applying for less than \$1.1 million of cover, you'll be provided with the cover you've chosen from the date specified in your letter of confirmation.

Step 4 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 or by calling OnePath Life Customer Services on 133 667. It can also be downloaded from 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 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 or health questions honestly and accurately
- indicated the amount of cover you wish to apply for
- completed and attached a OnePath Personal Statement (if required)
- 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

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