

# Insurance Cover Form (Pension)



ALL SECTIONS MUST BE COMPLETED

PLEASE  NOT

PLEASE USE BLOCK LETTERS

ARE YOU A CURRENT MEMBER OF SPEC Super

YES  NO

SPEC Super MEMBER NUMBER

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Note: if you have changed your name since first becoming a member please attach a Certified copy of your Marriage Certificate, Deed Poll or a Statutory Declaration as proof.

## PERSONAL DETAILS

DATE OF BIRTH

		/			/														
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TITLE

<input type="checkbox"/>	MR	<input type="checkbox"/>	MS	<input type="checkbox"/>	MRS	<input type="checkbox"/>	MISS
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GENDER

<input type="checkbox"/>	MALE	<input type="checkbox"/>	FEMALE
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FIRST NAME

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MIDDLE NAME

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FAMILY NAME

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## RESIDENTIAL ADDRESS

STREET NUMBER

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STREET NAME

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SUBURB/TOWN

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STATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSTCODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSTAL ADDRESS (If same as above, write "as above")

PO BOX

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SUBURB/TOWN

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STATE

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POSTCODE

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## EMAIL AND PHONE DETAILS

EMAIL ADDRESS

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YOUR TELEPHONE NUMBER

(			)																
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MOBILE NUMBER

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## WHEN TO COMPLETE THIS FORM

Complete this application if you are applying for any of the following:

- Death cover
- Increase to Death cover
- Converting from Unit Based Cover to Fixed Amount Insurance Cover

## HOW MUCH COVER CAN YOU HAVE?

SPEC Pension members are eligible to apply for and/or increase their Death insurance cover up to a maximum of \$5,000,000.

PLEASE COMPLETE ALL RELEVANT PARTS OF THIS FORM

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## SHORT FORM PERSONAL STATEMENT

### A - YOUR DETAILS

NAME OF SUPERANNUATION FUND

S	P	E	C		S	u	p	e	r		
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SPEC Super MEMBER NUMBER

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EMPLOYER

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OCCUPATION

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SALARY OR YEARLY REMUNERATION

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### B - SHORT PERSONAL STATEMENT

If you answer 'Yes' to any of the questions below, please do not continue completing this section. Instead a Full Personal Statement will need to be completed, please contact SPEC Super for a copy.

- Will your total cover for Death exceed \$800,000 if this application is accepted? No  Yes
- Has an application for life, disability, trauma, accident or sickness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? No  Yes
- Are you claiming or have you ever claimed a benefit from any source, eg. TPD benefit from any superannuation fund, worker's compensation, disability pension, Veterans' Affairs pension or any other insurance policy providing accident or sickness benefits? No  Yes
- Are you at the date of this application, due to injury, accident or illness:
  - a off work? No  Yes
  - b restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week), even though your actual employment can be on a full-time, part-time or casual basis? No  Yes
- Have you lost the sight of an eye or the total and permanent loss of the use of a limb ('limb' includes whole hand or whole foot)? No  Yes
- Please provide the following details: Height cm and Weight kg  
 Height  (cm) Weight  (kg)
- Excluding the contraceptive pill and inhaled asthma medication, have you been advised to take, or been given prescribed medication by a medical practitioner that has intended to be used for three months or longer within the last year (including but not limited to blood pressure, diabetes, oral steroids for asthma or depression medication)? No  Yes
- Have you been unable to work because of sickness or injury for more than two consecutive weeks in the last three years? No  Yes
- Have you undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery for any illness or injury that would affect your long-term health and require ongoing medical supervision. This includes, but is not limited to:
  - cancer or diabetes
  - high blood pressure, cholesterol or any heart complaint
  - alcohol or drug abuse
  - stroke, paralysis, neurological disorder or multiple sclerosis
 No  Yes
- Have you been infected with, or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or hepatitis B and C? No  Yes
- Have you received any medical advice, or undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery, for any of the following:
  - a Any injury or complaint of the back, neck, knee or shoulder requiring time off work in the last twelve months and/or any disease, disorder or degeneration to the muscles, tendons, bones, discs or joints? No  Yes
  - b Depression or mental disorder (including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post traumatic stress, behavioural or nervous disorder)? No  Yes
  - c Chest pain, asthma, bronchitis or any other lung complaint requiring hospitalisation within the last five years? No  Yes
  - d Disorders of the kidney, bladder, prostate, ovaries, gall bladder, bowel, or liver? No  Yes
  - e Epilepsy? No  Yes

PLEASE COMPLETE ALL RELEVANT PARTS OF THIS FORM

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## C - DUTY OF DISCLOSURE

### Your Duty Of Disclosure

Before you enter into, or become insured, under a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate your insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is of common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know or
- as to which compliance with your duty is waived by the insurer.

### Non-disclosure

If you fail to comply with your Duty of disclosure and the insurer would not have covered you on any terms if the failure had not occurred, the insurer may avoid the cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid your cover at any time. An insurer who is entitled to avoid your cover may, within three years of issuing it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

## D - DECLARATION

I have read the Duty of disclosure in this Personal Statement and I am aware of the consequences of non-disclosure.

I understand that the Duty of disclosure continues after I have completed this statement until my application for cover has been accepted by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA) in writing.

### I authorise:

- the insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers);
- the insurer and any person appointed by the insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me;
- any hospital, doctor or other person who has treated or examined me to give to CMLA any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

### I declare that:

- the answers to all the questions and the declarations on this Personal Statement are true and correct (including those not in my own handwriting);
- I have not withheld any information which may affect CMLA's decision to provide insurance.
- I acknowledge that the answers I have provided, together with any special conditions, will form the basis of the contract of insurance.
- I have read and understood Privacy of your Personal Information.
- I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.
- I have read and understand the obligations outlined in the Duty of Disclosure.

A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if requested.

### Signature of life to be insured

SIGNATURE

DATE

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## PRIVACY OF YOUR PERSONAL INFORMATION (CommInsure)

Personal information is information or opinion that allows others to identify you. It includes your name, age, gender, contact details as well as your health and financial information. CommInsure are part of the Commonwealth Bank Group. We will act to protect your personal information in accordance with the National Privacy Principles or an industry privacy code. The Group is a collection of related organisations that provide banking, finance, insurance, funds management, financial planning and advice, superannuation, stockbroking and other services. The Group values your trust and aims to help you manage and build wealth over a long period. The protection of your personal information is a vital part of this relationship. It is supported by our long experience of keeping personal information confidential. We collect personal information to provide you with the products and services you request as well as information on other products and services offered by or through us. The law may also require us to collect personal information. We will tell you who collects the personal information, advise you of their contact details, your right of access to that information and what will happen if you choose not to provide the information. Personal information may be used and disclosed within the Group to administer our products and services, as well as for prudential and risk management purposes and, unless you tell us otherwise, to provide you with related marketing information. We also use the information we hold to help detect and prevent illegal activity. We co-operate with police and other enforcement bodies as required or allowed by law. We disclose relevant personal information to external organisations that help us provide services. These organisations are bound by confidentiality arrangements. They may include overseas organisations. You can seek access to the personal information we hold about you. If the information we hold about you is inaccurate, incomplete or outdated, please inform us so that we can correct it. If we deny access to your personal information, we will let you know why. For example, we may give an explanation of a commercially – sensitive decision, rather than direct access to evaluative information connected with it.

HAVE YOU COMPLETED ALL SECTIONS?

HAVE YOU COMPLETED THE RELEVANT SECTIONS ON THE PERSONAL STATEMENT, IF APPLICABLE?

HAVE YOU ATTACHED ANY SUPPORTING DOCUMENTATION, IF APPLICABLE?

RETURN COMPLETED FORM TO: SPEC SUPER PO BOX 1109 MILTON QLD 4064

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