

Insurance Application and Personal Health Statement Form

Use this form to apply for Tailored cover or to increase your current amount of Tailored cover.

Bendigo SmartStart Super's insurer is TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL).

General risks of replacing cover

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you. If you decide to replace existing cover you hold with another Superannuation Fund or insurer, please do not cancel your existing cover until we have told you that your application has been accepted, and on what terms. This is because there are some risks associated with replacing your existing cover, such as:

- If you have experienced any new health issues you may not be covered for these under your new cover
- A claim may have been accepted under your existing cover if the health issue did not exist when you first took out the existing cover
- You may also be subject to waiting periods before you can make a claim on the new cover

Your 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 your 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 your 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 else 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.

All questions on this Insurance Application and Personal Health Statement Form are relevant as to whether or not TAL accepts the risk, and if so, on what terms. Consequently, all questions must be answered correctly and completely. Block letters should be used. A dot or dash is not acceptable. Please mark questions with an X where appropriate.

Step 1 Personal details

Title	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Member number (only complete if existing member)	<input type="text"/>		
Current residential address	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
Home phone	<input type="text"/>	Work phone	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
May TAL contact you directly to clarify or gather information in relation to this application?			<input type="checkbox"/> No <input type="checkbox"/> Yes
(if yes, specify contact number and best time of day to call):	<input type="text"/>		

Step 2 Occupation details

2.1 Self-employed Employee Employee Part-time Hours p/week Weeks p/year

2.2 Your occupation

Industry

2.3 Duties performed and the percentage of time in each

2.4 Earned Income (excluding superannuation contributions)¹ \$, .

¹Earned Income comprises your current wages or salary plus any commission and all other regular payments of benefits paid to you by your employer. If you are self-employed, your average net income per year for the previous two years. For the full definition of Earned Income refer to the Bendigo SmartStart Super Insurance Guide available on our website.

Step 3 Cover Requested

3.1 Death Only and Death and TPD Cover

Nominated amount of cover

Benefit Type	Existing Sum Insured	Additional Sum Insured	New Total Sum Insured
Death	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total & Permanent Disablement (TPD)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

OR

Nominated Premium

Note: Sum insured will decrease with age; premium remains fixed

Type of cover Death only Death & TPD Nominated premium per week (eg. \$2.00 per week) \$

If you wish to cancel you Default Cover you will need to complete the Insurance Variation or Cancellation form available from our website.

Note: TPD cover is not available without death cover. You must apply for death and TPD cover if you wish to have TPD cover. Your TPD cover cannot exceed the amount of death cover.

3.2 Income Protection (IP)

Existing monthly benefit	Additional monthly benefit	New total monthly benefit
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Income level (% of your salary) - **(please choose one option)**

75% Other (enter value)

Waiting period (days) **(please choose one option)**

30 60 90

Benefit period **(please choose one option)**

2yr 5yr to age 65

Superannuation contribution benefit (optional)

Do you want the superannuation contribution benefit? No Yes

% of salary % (up to 10% of salary, limited to the actual level of the contribution made)

Maximum benefit for income protection cover is 75% of Earned Income (plus up to 10% of salary for a superannuation contribution benefit if elected) subject to a maximum of \$30,000 per month).

Step 4 Your insurance and claim history

- 4.1 Apart from this application, do you have or are you applying for any other Life, Total and Permanent Disablement (TPD) or Income Protection (IP) insurance? (Please include cover held or applied and/or applied for through TAL or under superannuation). No Yes
- 4.2 Are you claiming or have you ever claimed a benefit from any source e.g. Total and Permanent Disablement benefit from any superannuation fund, workers' compensation, disability pension, Veterans' Affairs or any other insurance cover providing accident or illness benefits? No Yes
- 4.3 Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? No Yes

If yes to 4.1, 4.2 or 4.3, please provide full details below:

NAME OF COMPANY	COVER TYPE	SUM INSURED/ MONTHLY BENEFIT	DATE OF APPLICATION OR CLAIM	STATE ANY LOADINGS / EXCLUSIONS	REASON FOR DECISION / CLAIM	DURATION OF CLAIM	RECOVERY	IS COVER TO BE REPLACED
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="checkbox"/> No <input type="checkbox"/> Yes

Step 5 Your habits and activities

5.1 Do you drink alcohol? No Yes

If YES, State type, number of standard drinks per day and number of days per week when alcohol is consumed. A standard drink = 1 nip spirits, 1 x 100ml glass of wine, 1 x 10oz/285ml of beer.

5.2 In the last 12 months, have you used any tobacco, e-cigarettes, vapes or products containing nicotine, including patches? No Yes

If YES, please advise quantity per day, week or month:

<input type="checkbox"/> Cigarettes	<input type="text"/>
<input type="checkbox"/> Cigars/Pipe Tobacco	<input type="text"/>
<input type="checkbox"/> E-cigarettes or vapes	<input type="text"/>

Nicotine replacement e.g. patches or gum

Other - please provide details

5.3 In the last 5 years have you smoked any substance other than tobacco, e-cigarettes or vapes? No Yes

If YES, state substances smoked, frequency of use, date first smoked and date last smoked.

5.4 Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare-paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? No Yes

If YES, state activities performed, frequency of participation, level of participation (e.g. amateur or professional), maximum depth/speed, equipment used and location (if applicable).

5.5 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? No Yes

If YES, state where, when, duration and reason.

5.6 Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa? No Yes

If NO, state type of visa you hold, expiry date, plans for applying for permanent residency and nationality/current citizenship.

Step 6 Medical details

6.1 Please state your: Height (cm) Weight (kg)

6.2 Name and address of your usual doctor or medical centre

Doctor's last name

Doctor's given name

Doctor's address

Suburb State Postcode

6.3 Details of last medical consultation with your usual doctor or medical centre Date: / /

Reason

Outcome/Result

6.4 If you have attended that doctor for less than 12 months, state name and address of previous doctor

Doctor's last name

Doctor's given name

Doctor's address

Suburb State Postcode

Step 7 - Your family history

Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 60?: Heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

No Yes - Provide details in the table below.

Relationship to member	Medical condition (eg breast cancer, heart attack, type 2 diabetes)	Age when diagnosed	Age at death (if applicable)

Step 8 Your Medical History

Please provide details for all 'Yes' answers in the general medical questionnaire at section 9.

8.1 Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions?

- a) Chest pain, high blood pressure, raised cholesterol or any heart / circulatory disorder? No Yes
- b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? No Yes
- c) Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder? No Yes
- d) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)? No Yes
- e) Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout? No Yes
- f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? No Yes
- g) Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind? No Yes
- h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse? No Yes
- i) Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)? No Yes
- j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus? No Yes

8.2 Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)? No Yes

8.3 Apart from treating any condition already disclosed, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives)? No Yes

8.4 Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms? No Yes

8.5 Apart from any condition already disclosed, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis? No Yes

8.6 Apart from any condition already disclosed, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last 3 years? No Yes

Step 9 General medical questionnaire

Please provide full details for all Yes answers to questions 8.1(a) to (j) and 8.1 to 8.6. Please complete a separate sheet if required.

Question no.	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>
a) Date first symptoms first started and description of symptoms.				
b) What was the condition and which part and side of the body was affected (if applicable)?				
c) What was the medical diagnosis including results of x-rays and investigations?				
d) What was the frequency (daily, weekly, etc) of attacks or symptoms?				
e) What was the severity (mild/moderate/severe) and duration of attacks and symptoms?				
f) How long were you unable to work or perform your normal duties/activities?				
g) If a hospital visit was required, please provide the date and duration of your stay.				
h) What advice/treatment did you receive?				
i) Are you still receiving treatment? If so, please advise nature and frequency of treatment.				
j) Date treatment/medication ceased.				
k) When did you last suffer from any symptoms?				
l) Degree of recovery (%).				
m) Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

Step 10 Financial adviser details (if applicable)

Name of financial adviser:

Phone number:

Email address:

Step 11 Insurance opt-in election

We are required to cancel your insurance cover if no contributions have been received into your account for a period of 16 continuous months (inactive), unless you instruct us otherwise in writing.

I elect to maintain insurance cover held in respect of this account in the event my account becomes inactive.

I understand that insurance premiums for the insurance cover I have elected to retain will continue being charged to my account and I can request to cancel my insurance at any time. My cover will continue to be subject to the existing insurance terms and conditions.

Step 12 Privacy statement

Bendigo Superannuation Pty Ltd (Bendigo Super)

Bendigo Super collects, uses, and discloses your personal information (including health and sensitive information) on behalf of TAL so that TAL may assess, verify and process your application and any claim made. If the information requested is not provided, your application for insurance or any insurance claim may not be processed.

In order to manage your insurance cover under the group insurance policies, Bendigo Super and its agents may collect or disclose information relating to you or your application or any claim you may make to TAL, financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers or claim investigators and other third party service providers.

Bendigo Super's Privacy Policy contains information about how Bendigo Super will handle your personal information.

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1800 033 426.

If you have provided Bendigo Super with information about another person, you undertake to advise them that:

- Bendigo Super collects holds and uses the personal information for the purposes set out in this privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

You should read Bendigo Super's Privacy Policy which contains information about how you can gain access to and seek correction of your personal information, how you can complain about a breach of the privacy laws by Bendigo Super and how Bendigo Super will deal with a complaint. Bendigo Super's Privacy Policy is available at bendigosuperannuation.com.au or by telephoning 1800 033 426.

TAL

The way in which TAL collects, uses, discloses and secures your personal information is set out in their Privacy Policy which is available at www.tal.com.au/Privacy-Policy or free of charge on request. This document explains how you can gain access to and seek correction of your personal information and what to do if you have a privacy related complaint against TAL.

Collection and use of personal information

TAL collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that TAL may assess and administer insurance related matters. In certain circumstances TAL may be required to collect personal information of a sensitive nature such as lifestyle and medical history information.

TAL may take steps to verify the information it collects; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or TAL may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

TAL discloses relevant personal information to external organisations that help TAL provide services and may also disclose some of your personal information to other parties such as the following:

- Claims assessors and investigators, claims managers and reinsurers
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide)
- For members of the Plan where TAL is the insurer, to Bendigo Super, or administrator of the superannuation fund
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney
- If required or authorised to do so, regulatory bodies and government agencies
- Other insurers that have, or have had, an arrangement without superannuation fund, or to which your insurance is transferred by your superannuation fund
- Other organisations to whom TAL outsources certain functions such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants

There are situations where TAL may also disclose your personal information in circumstances where it is

- Required by law (such as to the Australian Tax Office), and
- Authorised by law (eg under Court Orders or Statutory Notices)

Access

Under current privacy legislation, you are generally entitled to access the personal information TAL holds about you. An access charge may apply, but not to the request itself. If you wish to access your personal information, TAL asks that you put this request in writing and send it to the following:

Bendigo SmartStart
GPO Box 264
Melbourne VIC 3001
Email: superannuation@bendigobank.com.au

Changes to your personal information

TAL's goal is to ensure that the personal information it holds is complete, accurate and up to date. Please contact TAL via its Customer Care Centre, if there is any change to the details that you have previously provided to TAL, such as your postal or email address, telephone numbers, name or other contact details. Please also contact TAL if you believe that the information TAL has about you is not accurate, complete, or up to date.

Additional Information and further questions

Information regarding privacy rights is available at the website of the Office of the Privacy Commissioner at www.oaic.gov.au

If you have any questions or would like further information on the TAL privacy and information handling practices, please refer to the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy

Step 13 Declaration

- I confirm that to the best of my knowledge and belief all the answers to the questions in this Application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge I have read the current *Bendigo SmartStart Super Product Disclosure Statement (PDS)* and the current *Bendigo SmartStart Super Insurance Guide*.
- I acknowledge and agree that the information contained in the PDS is a summary of the main terms and conditions of the insurance offered under the Plan and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Bendigo Super's Client Services Team on 1800 033 426.
- I acknowledge that I have read the notice explaining my duty to take reasonable care above.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and complete.
- I acknowledge that I may be asked to complete a Medical Consent Authority to allow collection of health information from my health providers. Failure to complete the consent form may cause TAL to not consider my application or delay my application.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of the Bendigo Superannuation Plan insurance policy.
- I have read the privacy statement in Step 12 of this application, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by Bendigo Super or TAL or its external service providers / contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information Bendigo Super or TAL collects on this form or future forms in relation to this insurance.
- I am electing that the insurance cover is to be provided to me if I meet all eligibility criteria and conditions, even though I may be under age 25 years and/or my account balance is less than \$6,000.

Full name of member

Signature of member Date / /

Please send completed forms to:

Bendigo SmartStart Super
GPO Box 264
Melbourne VIC 3001

OR Email: superannuation@bendigobank.com.au