

# Bendigo SmartOptions Super<sup>®</sup>

## Insurance Application and Personal Health Statement Form



This form should be used to obtain insurance cover via the group insurance policies.

Your duty of disclosure to the insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL), is set out below.

### Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

### 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, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time, vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

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 OR  Employee  Full-time OR  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)<sup>1</sup> \$ ,  .

<sup>1</sup>Earned 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 SmartOptions Super Insurance Guide available on our website.

## Step 3 Insurance application

### (i) Death only or Death and TPD cover

#### Nominated amount of cover

Death sum insured \$ ,  ,   
 TPD sum insured \$ ,  ,

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.



#### 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) \$  .

### (ii) Income protection cover<sup>2</sup>

I wish to apply for:

Annual benefit (excluding superannuation contribution benefit): \$ ,  .

#### 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)

Waiting period:  30 days  60 days  90 days  
 (please choose one option)

Benefit period:  2 years  5 years  to age 65  
 (please choose one option)

<sup>2</sup>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).

3.1 Is this an increase?  No  Yes

3.2 Have you ever held or applied for any life, disability, accident & sickness or trauma insurance, that was declined, postponed, premium increased or modified, or had a current policy cancelled or renewal reissued?  No  Yes

3.3 Have you claimed on any type of disability, trauma, accident & sickness policy or such benefits as Workers' Compensation or Motor Vehicle Third Party?  No  Yes

3.4 Do you have, or are you applying for, any other life or disability cover?  No  Yes

If Yes to 3.2, 3.3 or 3.4, please provide full details below.

| Name of company | Cover type | Sum insured/<br>amount claimed | Date of application<br>or claim | Accepted/Loaded<br>Exclusion/Declined/<br>Claim reason | Existing cover to<br>be replaced                         |
|-----------------|------------|--------------------------------|---------------------------------|--|--|
|                 |            |                                | / /                             |  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                 |            |                                | / /                             |  | <input type="checkbox"/> No <input type="checkbox"/> Yes |
|                 |            |                                | / /                             |  | <input type="checkbox"/> No <input type="checkbox"/> Yes |

## Step 4 Habits and activities

4.1 Do you drink alcohol?  No  Yes

If YES, state the type and daily quantity (in standard units).

Standard Unit = 1 nip (30ml) spirits, 1 wine glass (100ml), 1 glass of beer (285ml)

4.2 Have you smoked in the past 12 months?  No  Yes

If YES, state the type and daily quantity

4.3 Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs?  No  Yes

If YES, please provide full details

  


4.4 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, please contact our Client Services Team to obtain a sports and pastimes statement.

4.5 Do you intend travelling outside Australia within the next 2 years?  No  Yes

If YES, please provide full details (where, when, duration and reason)

  


4.6 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 to 4.6, please provide details

## Step 5 Personal statement

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

5.2 Name and address of your usual doctor

5.3 Details of last medical consultation with your usual doctor

/  /

Reason

Outcome/Result

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

5.5 a) Within the LAST THREE YEARS have you consulted, been examined, treated by, or received advice from any doctor, psychologist, psychiatrist, chiropractor, physiotherapist or any other health care professional (naturopath etc) or been in hospital or been advised to have an operation or taken any medication, drugs, stimulants, sedatives or tranquilisers?

No  Yes

b) Have you EVER had an ECG, X-ray, transfusion, mammogram, ultrasound or any other investigation?

No  Yes

c) Have you EVER had any blood tests which revealed an abnormality?

No  Yes

e.g. raised blood sugar, liver function, kidney function results, or anaemia, etc?

d) Do you plan to seek any medical examination, advice, treatment or surgery for any current health condition, in the future?

No  Yes

5.6 Please provide full details for all 5.5 'Yes' answers.

| Question | Dates (From/To) | Name/Address of doctor, hospital or clinic | Condition, medications, treatment & time off work | Recovery % |
|----------|-----------------|--|---|------------|
|          |                 |  |   |            |
|          |                 |  |   |            |
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|          |                 |  |   |            |
|          |                 |  |   |            |
|          |                 |  |   |            |

## Step 6 Personal statement (cont'd)

6.1 Have you ever had, been advised that you had, or received advice or treatment for any of the following:

- |   |                          |    |                          |     |
|---|--------------------------|----|--------------------------|-----|
| a) High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder?                | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| b) Bowel, stomach or intestinal problem, gallbladder, hepatitis or liver disease?   | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| c) Epilepsy, stroke, paralysis, multiple sclerosis or fainting attacks?   | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| d) Depression, anxiety, panic attacks, stress, chronic fatigue, fibromyalgia or any other mental or nervous condition?                | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| e) Diabetes, sugar in urine, pancreatic or thyroid problems?  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind?  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| g) Disease, injury or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis?           | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| h) Impairment of sight, hearing or speech?  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| i) Asthma, bronchitis, sleep apnoea, or any lung complaint?   | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| j) Leukaemia, haemochromotosis, anaemia, or any blood problems?   | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| k) Kidney, prostate, or bladder problem?  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| l) Psoriasis, eczema, any skin problems?  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| m) Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury?                              | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| n) Has the virus which causes AIDS (the Human Immunodeficiency Virus) ever infected you or are you carrying antibodies to that virus? | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| o) Have you ever engaged in any activity/ies reasonably accepted to having an increased risk of exposure to the HIV/AIDS virus?       | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |

### Females only

- |  |                          |    |                          |     |
|--|--------------------------|----|--------------------------|-----|
| p) Have you ever had any gynaecological conditions (eg. endometriosis, abnormal pap smear, etc)  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| q) Have you ever had any complications of pregnancy or childbirth?   | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| r) Are you currently pregnant?<br>If yes, what is the expected delivery date? <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |
| s) Have you ever had a breast lump (even if you have not seen a doctor about it)?  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes |

Please provide details for all Yes answers in the General Medical Questionnaire at Step 7 (below).

6.2 Has any of your immediate family (mother, father, brother or sister) suffered from diabetes, heart condition or stroke, cancer, kidney disease, mental health problems, Huntington's disease or any hereditary disorder?

No  Yes

If YES, please complete (complete step 6.3 or provide further details below.

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|  |

6.3 Family history. Please give details of your family medical history.

| Relationship to member | Current age | Medical condition (e.g. breast cancer, type 2 diabetes, stroke) | Age when diagnosed | Age at death (if applicable) |
|------------------------|-------------|---|--------------------|------------------------------|
|                        |             |   |                    |                              |
|                        |             |   |                    |                              |
|                        |             |   |                    |                              |
|                        |             |   |                    |                              |
|                        |             |   |                    |                              |

Step 7 General medical questionnaire

Please provide full details for all Yes answers in 6.1 a to s. 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"/> |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <b>Specific condition</b>   |                             |                             |                             |                             |
| 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?                       |                             |                             |                             |                             |
| 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?<br>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 8 Medical authority

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I agree that any Medical Practitioner or any other person who has been or may hereafter be consulted by me whether named by me or not will be hereby authorised and directed by me to divulge to TAL or any legal tribunal all medical or surgical information he/she may have acquired with regard to myself. A copy of this authorisation shall be considered as effective and valid as the original.

Full name of member

Signature of member

Date  /  /

## Step 9 Financial adviser details (if applicable)

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Name of financial adviser:

Phone number:

Email address:

## Step 10 Privacy statement

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### Sandhurst

Sandhurst 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.

Sandhurst 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.

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 Sandhurst with information about another person, you undertake to advise them that:

- Sandhurst 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 Sandhurst'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 Sandhurst and how Sandhurst will deal with a complaint. Sandhurst's Privacy Policy is available at [www.sandhursttrustees.com.au](http://www.sandhursttrustees.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](http://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 Sandhurst, 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 SmartOptions  
GPO Box 264  
Melbourne VIC 3001  
Email: [superannuation@bendigobank.com.au](mailto: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](http://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](http://www.tal.com.au/Privacy-Policy)



## Step 11 Declaration

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- 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 SmartOptions Super Product Disclosure Statement (PDS)* and the current *Bendigo SmartOptions Super Insurance Guide*.
- I acknowledge and agree that the information contained in the PDS is only 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 Sandhurst's Client Services Team on 1800 033 426.
- I acknowledge that I have read the notice explaining my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.
- 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 no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to TAL, Sandhurst, or any lawfully constituted tribunal any and all information concerning this application, including but not limited to my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- 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 10 of this application, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by Sandhurst 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 Sandhurst or TAL collects on this form or future forms in relation to this insurance.

Full name of member

Signature of member  Date  /  /

**Please send completed forms to:**

Bendigo SmartOptions Super  
GPO Box 264  
Melbourne VIC 3001

OR Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)