

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

## Occupational Duties Questionnaire & Smoker Declaration



Please PRINT your answers within the boxes in CAPITAL LETTERS using a BLACK or BLUE pen. Mark answer boxes with an [X].

### 1. Member details

Member Number

Title

Surname

Given name(s)

Current residential address

Unit No  Street No

Street name

Town/Suburb  State  Postcode

Employer's name

Employer's industry

Position/Title

Gross salary \$

What is the nature of your duties and the environment performed in (e.g. office, warehouse, building site, underground) and the percentage of time performing each (total 100%)

Details of any tertiary qualifications

In the last 12 months have you smoked tobacco or any other substances, including marijuana?  Yes  No

If Yes, frequency of use and when last smoked

Other than as set out below I declare the following:

1. I ceased smoking tobacco and/or other substances on:  /  /
2. I have no intention of smoking tobacco or any other substance again.
3. I was not advised to cease smoking for medical reasons.
4. Since the date of my application, my health has not changed.
5. I have no intention of seeking medical advice or treatment in the near future.

#### NON-SMOKER DECLARATION

If you are unable to agree with any of the declarations numbered 1 to 5 above, please detail below how your circumstances are different e.g. when your Doctor has advised you to stop smoking for health reasons or you have suffered particular symptoms of an illness or condition since your application was made:

Note: A false declaration will result in TAL reducing the sum insured payable to the level that the premium paid should have purchased had the declaration been made correctly, ie you or your family could receive a payment of less than half the expected amount if you do not comply with your legal duty of disclosure as explained below.

## 2. Your duty of disclosure

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When you enter into a contract of insurance with TAL you have a duty under the Insurance Contracts Act 1984 to disclose to TAL every matter that you know, or could reasonably be expected to know, is relevant to TAL's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to TAL before you extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by TAL;
- that is common knowledge;
- that TAL knows or in the ordinary course of his business, ought to know;
- that is waived by TAL.

If the information you have provided to us is inaccurate or incomplete, this may be treated as a misrepresentation.

If you fail to comply with your duty of disclosure or have made a misrepresentation and TAL would not have entered into all or part of the contract on any terms if the failure or misrepresentation had not occurred, TAL may avoid all or part of the contract within three years of entering into it. If your non-disclosure or misrepresentation is fraudulent, the insurer may avoid all or part of the contract at any time.

TAL who is entitled to avoid all or part of the contract of life insurance may, within three years of entering into 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; and/or
- not made a misrepresentation.

## 3. Privacy statement

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Privacy laws protect your privacy. The way in which Sandhurst and TAL collect, use, disclose and handle your information is described in the Sandhurst and TAL's Privacy Policies. Please be aware that the Duty of Disclosure explained in the current Bendigo SmartOptions Super Insurance Guide and in Section 2 of this declaration form applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in this form. Sandhurst and TAL may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made.

Sandhurst and TAL may collect or disclose information relating to you or your application or any claim you may make to or from each other and a range of services including: 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 or current or former employers or lawyers, claim investigators and other third party service providers. If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless Sandhurst or TAL is legally entitled to deny access.

If you have provided Sandhurst and TAL with information about another person, you undertake to advise them that:

- Sandhurst and TAL collect hold and use the personal information for the purpose set out in Sandhurst's and TAL's privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

If you want to know more about Sandhurst's or TAL's approach to privacy, please contact Sandhurst on 1800 033 426 or TAL on 1300 209 088.

## 4. Member declaration

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I confirm that the statements made in this declaration form are true and correct.

Yes  No

- I acknowledge that 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 and understand that this duty also applies until formal notification of acceptance.
- I authorise and direct any medical or other practitioner to divulge at any time to TAL Life Limited, Sandhurst or to any lawfully constituted tribunal any and all information concerning my state of health and medical history acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.
- I have read the Privacy Statement in Section 3, 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.

Member signature

Date

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**Contact details:**

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