

Income Protection Application Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

1. Completing this Form

This form can be used to apply for cover or to make changes to your existing cover.

2. Your RecruitmentSuper Membership Details

Your RecruitmentSuper Member Number (if known)

Male

Female

Surname (Mandatory*)

Title

Date of Birth (Mandatory*)

Given Name (Mandatory*)

Previous Surname (if different)

Unit / Street Number

Street Name

Suburb / Town

State

Postcode

Email Address** (Please **do not** leave any spaces empty, continue word on next line if necessary)

Phone (After Hours)

Mobile**

Phone (Business Hours)

Fax

* If these fields are not completed, we may not be able to complete your request.

** Providing your mobile number/email address means you are willing to receive important information about your RecruitmentSuper account and other benefits and services by SMS or email.

3. Your choice of cover

I wish to apply for new cover

OR

I wish to make amendments to my existing cover

I choose a waiting period of 28 days 60 days 90 days

Amount of income you wish to protect (your gross annual earnings) \$

Please note you cannot receive an insured benefit which exceeds your actual gross income, averaged over the past 12 months.

4. Workers Compensation Status

I am not covered by Workers' Compensation and wish to insure against work related claims. I understand that this option will increase my premiums by 25%.

I am covered by Workers Compensation or I am not covered but do not wish to insure against work related claims.

5. Duty of Disclosure

Before you enter into a contract of general or 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 these matters to the insurer before you renew, extend, vary or reinstate this contract of general insurance. Your duty, however, does not require disclosure of any matter:

- that diminishes the insurer's risk
- that is of common knowledge
- that the insurer knows, or in the ordinary course of business should know
- as to which compliance with your duty of disclosure is waived by the insurer.

Non-Disclosure in relation to Contracts of General insurance

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Pre-Existing Condition Exclusion

I understand that disablement resulting directly or indirectly from a *Pre-Existing Condition* is excluded from cover under this insurance. A *Pre-Existing Condition* is any medical condition, whether or not final diagnosis was reached, for which I have received medical attention, sought or received treatment, undergone tests or taken prescribed treatment in the past six months, prior to commencement of cover under this policy.

6. Privacy Statement

The information requested on this form is required in order to administer your membership. It may also be provided to specific organisations to provide services to you on our behalf. Your personal information will not be used or disclosed for any other purpose without your consent. If you do not provide the information requested, RecruitmentSuper may not be able to administer your account. You may have access to the information RecruitmentSuper holds about you. If you would like a copy of our Privacy Statement, please visit our website or call 1300 304 000.

7. Declaration

I have read and understood the Product Disclosure Statement and agree to be bound by the terms and conditions contained in it. I have read and understood the Duty of Disclosure and if I have anything to declare it is set out on an attached piece of paper.

I declare that to the best of my knowledge and belief, the information I have provided is true and correct.

Signed

Date

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8. Please return this form to:

RecruitmentSuper
GPO Box 4839
Melbourne Vic 3001

For further information:

Phone: 1300 304 000
Fax: 1300 304 444
Email: info@recruitmentsuper.com.au
Website: www.recruitmentsuper.com.au

Professional Associations Superannuation Limited
(ABN 14 056 917 303 AFSL 222590 RSE L0000352)
as Trustee of Professional Associations Superannuation
Fund (PASF) (ABN 78 984 178 687 RSE R1000429).
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