

# Insurance Application Form

PLEASE COMPLETE FORM IN BLOCK LETTERS IN BLACK INK

## 1. Important information for you

Complete this form if you are applying for Death and Total & Permanent Disablement cover for amounts less than and including \$600,000.

## 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. Insurance

Eligible members are automatically covered by AutoCover, as described in the Product Disclosure Statement and on our website. If AutoCover is insufficient for your needs, then you may apply for ChoiceCover by completing this section of the form.

**AutoCover required** (Maximum 1 Unit)

**ChoiceCover required** (Maximum 10 Units). Number of ChoiceCover units

### 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.

