

Apply for, or change your Voluntary Cover

Protect your family's financial well-being

You can use this form to:

- Apply for, or increase your Voluntary Cover Death cover, or Death and Total and Permanent Disability (TPD) cover,
- Apply for, or increase your Income Protection (IP) cover, or
- Apply to remove the Limited Cover restriction from my existing cover.

Please refer to your Product Disclosure Statement and Insurance Booklet for details on your insurance options.

In considering your insurance needs you may wish to seek the advice of a licensed or appropriately authorised financial adviser.

If you need help

For assistance or to access the Privacy Policy and your personal information call the Helpline on **1800 682 525**.



This form can be completed digitally or by hand with a black or blue pen in uppercase with one character per box.

Step 1: Complete your personal details

| | |
|--|---------------------------------------|
| Title: Mr <input type="radio"/> Mrs <input type="radio"/> Ms <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/> | Date of birth <input type="text"/> |
| Given names <input type="text"/> | |
| Surname <input type="text"/> | |
| Postal address <input type="text"/> | |
| Suburb <input type="text"/> | State <input type="text"/> |
| Postcode <input type="text"/> | Telephone number <input type="text"/> |
| | Mobile number <input type="text"/> |
| E-mail <input type="text"/> | |
| Account/Membership number <input type="text"/> | |
| Plan/ Product name <input type="text"/> | |

Duty to Take Reasonable Care

About this application

When you apply for life insurance, the Insurer conducts a process called underwriting. It's how the Insurer decides whether they can cover you, and if so, on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give to the Insurer in response to their questions is vital to their decision.

The duty to take reasonable care

When applying for insurance, there is 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 applies to a new contract of insurance and 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. There are different remedies that may be available to the Insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the Insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, the Insurer may do this when a claim is made.

Before the Insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

Guidance for answering their questions

You are responsible for the information provided to the Insurer. When answering their questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the Insurer 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.

Changes before your cover starts

Before your cover starts, the Insurer may ask about any changes to your circumstances which the Insurer reasonably considers to be relevant in assessing your application that mean you would now answer their questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions the Insurer may ask. Ask us, the Insurer or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the Insurer's questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the Insurer

If, after the cover starts, you think you may not have met your duty, please contact the Insurer immediately and they'll let you know whether it has *any impact on the cover*.

Step 2: Apply for, or change your existing Death cover, or Death and TPD cover

Apply for Death cover, or Death and TPD cover

What would you like to do:

☐ Apply for Death cover.

How much Death cover is required

\$, ,

☐ Apply for TPD cover*

How much TPD cover is required

\$, ,

☐ Apply for Death and TPD cover.

How much Death and TPD cover is required

\$, ,

Increase my existing Death cover, or Death and TPD cover

What would you like to do:

☐ Increase my existing Death cover.

How much additional Death cover is required

\$, ,

☐ Increase my existing TPD cover*

How much additional TPD cover is required

\$, ,

☐ Increase my existing Death and TPD cover.

How much additional Death and TPD cover is required

\$, ,

There is no limit to the amount of Death cover you can apply for however the maximum TPD amount is \$3 million.

*You can apply for TPD cover amount that is greater than Death cover, however you must hold a minimum of \$50,000 or 1 unit of Death cover.

Step 3: Apply for, or change your existing Income Protection (IP) cover

Apply for IP cover

IP cover is only available to you if you are gainfully employed for at least 15 hours per week, and not working in a Hazardous Occupation.

What would you like to do:

☐ Apply for IP cover

How much cover is required \$, per month

Employment Type ☐ Self-employed ☐ Employee

Change my existing IP cover

☐ Increase my existing cover

How much additional cover is required \$, per month

☐ Increase my benefit period to 5 years

☐ Decrease my waiting period to 30 days

☐ Apply for my Superannuation Contributions to be covered at 12%

The maximum amount of cover you can apply for is up to 87% of your Salary (including the 12% superannuation contribution), to a maximum of \$30,000 per month.

Note: The insurer may request additional information from you. The granting of the insurance cover will be subject to the provision of satisfactory evidence of good health, salary details and other evidence. Cover will only commence once the Insurer accepts your application.

Step 4: Apply to remove the Limited Cover restriction from your insurance cover

Complete this section if you would like to remove the Limited Cover restriction from your existing cover.

I currently have the following cover:

☐ Death cover

\$, , OR units

☐ IP cover

\$,

☐ Death and TPD cover

\$, , OR units

Step 5: Your occupation and income details

Please note: For Income Protection (IP), Insured Persons in Hazardous Occupations will not be eligible for cover under the Policy. Further, Insured Persons in Blue Collar or Heavy Blue Collar occupations will not be eligible for cover with a benefit period to age 65.

1. Please select your employment status and complete details

☐ Self-employed

☐ Employee full-time

☐ Employee part-time

a) Hours worked per week

b) Weeks worked per year

2. Occupation name

3. Industry

4. Duties performed including % of time in each

\$

Step 6: Your Insurance and claim history

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 the Insurer or under superannuation.)
YES ☐ NO ☐
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?
YES ☐ NO ☐
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?
YES ☐ NO ☐

If yes to 1, 2 or 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

Reason for decision / claim

Recovery

%

Is cover to be replaced?

YES ☐ NO ☐

Name of company

Cover type

Sum Insured / Monthly benefit

\$

Date of application or claim

/ /

State any loadings / exclusions

Reason for decision / claim

Reason for decision / claim

Recovery

%

Is cover to be replaced?

YES ☐ NO ☐

Step 6: Your Insurance and claim history (continued)

Name of company

Cover type

Sum Insured / Monthly benefit

\$

Date of application or claim

/ /

State any loadings / exclusions

Reason for decision / claim

Reason for decision / claim

Recovery

%

Is cover to be replaced?

YES ☐ NO ☐

Step 7: Your habits and activities

1. Do you drink alcohol?

YES ☐ NO ☐

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.)

2. Have you smoked in the past 12 months?

YES ☐ NO ☐

If **Yes**, state form and daily quantity.

3. In the last 5 years have you smoked any substance other than tobacco?

YES ☐ NO ☐

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

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?

YES ☐ NO ☐

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

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?

YES ☐ NO ☐

If **Yes**, state where, when, duration and reason.

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?

YES ☐ NO ☐

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

Step 8: Medical details

1. What is your height (in centimeters) and weight (in kilograms)?

Height cm Weight kg

Should we require further medical information from your health providers we will seek your consent via requesting you to complete a "Consent for accessing health information".

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

3. Details of last medical consultation with your usual doctor or medical centre

Date

Reason

Outcome/results

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 9: 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 65: 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?

YES ☐ NO ☐

If **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 10: Your medical history

Please provide details for all **'Yes'** answers in the general medical questionnaire at Step 11.

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? YES ☐ NO ☐
 - b. Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? YES ☐ NO ☐
 - c. Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder? YES ☐ NO ☐
 - d. Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)? YES ☐ NO ☐
 - 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? YES ☐ NO ☐
 - f. Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? YES ☐ NO ☐
 - g. Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind? YES ☐ NO ☐
 - h. Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse? YES ☐ NO ☐
 - 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)? YES ☐ NO ☐
 - 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? YES ☐ NO ☐
2. Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)? YES ☐ NO ☐
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)? YES ☐ NO ☐
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? YES ☐ NO ☐
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? YES ☐ NO ☐
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? YES ☐ NO ☐

Step 11: General medical questionnaire

Please provide details for all 'Yes' answers in Step 10, Q's 1a-j and Q's 2-6. Please complete on a separate sheet if you need to provide additional information

YES ☐ NO ☐

If **Yes**, provide details in the table below.

| | Question Number <input type="checkbox"/> | Question Number <input type="checkbox"/> | Question Number <input type="checkbox"/> |
|---|--|--|--|
| 1. Date symptoms first started and description of symptoms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. What was the condition and which part and side of the body was affected (if applicable)? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. What was the medical diagnosis including results of x-rays and investigations? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. What was the frequency (daily, weekly, etc.) of attacks or symptoms? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. What was the severity (mild/moderate/severe) and duration of attacks or symptoms? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. How long were you unable to work or perform your normal duties/activities? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. If a hospital visit was required, please provide date and duration of your stay. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. What advice/treatment did you receive? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Are you still receiving treatment? If so, please advise nature and frequency of treatment. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Date treatment/medication ceased (if applicable). | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. When did you last suffer from any symptoms? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12. Degree of recovery (%). | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Your Privacy

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies.

If you do not wish to receive marketing material, please contact us on **1800 682 525**.

Our Privacy Policy is available to view at mercersuper.com.au or you can obtain a copy by contacting us on **1800 682 525**.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, the fund's administrator, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to our administrator's processing centre in India. Our Privacy Policy lists all other relevant offshore locations.

Our Privacy Policy sets out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1800 682 525** or write to our Privacy Officer, **GPO Box 4303, Melbourne, VIC, 3001**

Step 12: Sign and return the form

Before submitting this application, you should read and understand the Product Disclosure Statement (and its incorporated documents) which sets out information in relation to your insurance cover (including the premium rates that will apply). You can obtain a copy of the Product Disclosure Statement at mercersuper.com.au/pds or by calling the Helpline on **1800 682 525**. You should consider obtaining professional advice if you are unsure about your insurance cover.

If my request is agreed to, I understand that:

- The provision of the above cover will be subject to me providing satisfactory evidence of good health to the Insurer.
- If you are increasing cover, decreasing the waiting period or increasing the benefit period, or applying for new cover, the above cover will not be provided until the Insurer has advised me in writing of its acceptance.
- The above cover will be payable in addition to any other benefit payable from the trustee on my Death or TPD or Total Disability or Partial Disability (as applicable).
- The cost of the above cover will be deducted from my super account. Premium rates that apply are available in the Insurance Booklet.
- I agree any remaining insurance to continue, even if my account is, or becomes, inactive*; has not had a balance of at least \$6,000 ever; or I am under age 25. This declaration includes any additional benefit that I may add to my account in the future, until I notify otherwise.
- I have read the 'Duty to take reasonable care' section included in this form and understand its contents and what is meant by my duty to take reasonable care. I also understand that my duty to take reasonable care continues after I have completed this form until the insurer accepts my application and cover commenced in the MST.

* inactive means no contributions or rollovers have been received for a continuous period of 16 months (or longer) in my superannuation account

Signature

X

Date

□□/□□/□□□□

3 easy ways to return your form

To make submitting your completed form as simple as possible, we've provided three easy options for you to choose from. Please read through the choices below and select the one that's most convenient for you.



Use Member Online

The fastest and more secure way to send back your forms is through the contact us page within Member Online. Simply save and attach the PDF of your completed form and you're done.

www.mercersuper.com.au



Email Us*

Another way to send back your form is via email. It's quicker if you use your email address you use to log in and send to

MST@Mercer.com

Please see below note for submitting forms via email.



Post it back

Otherwise, you can always send it back to us using the below postal address

**Mercer Super Trust,
GPO Box 4303,
Melbourne, VIC 3001**

*Email note:

This is a 'no-reply' mailbox and should only be used to submit a form.

- Only one form per email can be accepted to ensure each form and its supporting documentation is processed correctly.
- A total of 6 attachments per form/email with a maximum size limit of 14MB.
- The file formats accepted are PDF, JPEG, PNG and JPG.

If you have an inquiry, please submit this via the contact us page or call the helpline on **1800 682 525**.