

Special offer to increase insurance

NEW EMPLOYER-SPONSORED MEMBERS ONLY (AS APPLICABLE)*

This form must be completed in full. This form is for legalsuper Employer-sponsored members to:

1. Increase their existing Death and Total and Permanent Disablement (TPD) cover [or Death Only cover] from the Default Cover Level to the Automatic Acceptance Level; and/or
2. Apply for Salary Continuance (SC) cover of up to \$6,000 per month with a two-year benefit period.
If you wish to vary your insurance cover in any other way, please complete the relevant forms available at legalsuper.com.au

You can only apply to increase your cover with this form if you are: (1) an Employer-sponsored member; (2) eligible for default Death and TPD or Death Only cover within 60 days of the issue date stated on your welcome letter;

(3) aged less than 70;

(4) aged less than 65 years for SC cover; and

(5) you answer the questions in Section 2 [Screening Questions] to the satisfaction of the Insurer and you sign and date this application in Section 6 [Declaration and signature]. Please carefully read Section 1 [Important Notices] and Section 6 [Declaration and signature]. Once you have read the declaration, please sign and date the form and return this to legalsuper at the address shown above.

It will not be accepted if unsigned and undated.

Some words or terms in this form have a special meaning in the Insurer's policy documents.

These words appear capitalised and are explained in the *Employer Sponsored Super & Personal Super Additional Information* document.

Please use **BLOCK LETTERS** and **BLACK INK** when completing this form.

* Please note that the whole or only parts of this form may not be applicable to you if your employer entered into a separate Death, TPD and/or Salary Continuance insurance arrangement with the Trustee. We will let you know if separate insurance arrangements apply to you and provide you with a copy of your employer's *Insurance Guide*. You should read your employer's *Insurance Guide* to determine if this whole form or only parts of it are not applicable to you.

Return this completed form to either:

Email: mail@legalsuper.com.au

OR

Post: legalsuper
Locked Bag 5081
Parramatta NSW 2124
Phone: 1800 060 312

To be eligible to increase your insurance under a special offer, you must return this completed, signed and dated form within 60 days of the issue date stated on your welcome letter

Please refer to the legalsuper *Product Disclosure Statement (PDS)* and *Employer Sponsored Super & Personal Super Additional Information* document and Target Market Determination (TMD) available online at legalsuper.com.au/pds for full terms and conditions that apply to your application.

1. Important Notices

A) Previous applications

The Insurer will not assess your application if you have previously applied under this special offer – whether your application was approved or declined. You will need to apply for additional cover by providing health evidence.

B) Terms and conditions

Legal Super Pty Ltd, as trustee of legalsuper, has taken out a contract of insurance with Zurich Australia Limited (ABN 92 000 010 195) AFSL (232510) to provide the insurance benefits in legalsuper. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

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. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

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 also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. 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, they may do this when a claim is made.

About this application

When you apply for life insurance, the insurer conducts a process called underwriting. It's how they decide whether they can provide cover, 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 personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to them in response to their questions is vital to their decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, we may pass on to the insurer personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to us.

Guidance for answering our questions

You are responsible for the information you provide to the insurer. When answering our questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume the insurer will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell the insurer about any changes that mean you would now answer our questions differently. It could save time if you let them know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and the insurer will let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, the insurer may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with them.

If you need help

It's important that you understand this information and the questions the insurer asks. Ask us for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put the insurer in the position they would have been in if the duty had been met.

For example, the insurer may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what the insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before they exercise any of these remedies, the insurer will explain their reasons, how to respond and provide further information, and what you can do if you disagree.

2. Screening Questions

The questions that you answer in section 2 of this form must be answered on the same day that you sign and date this form. This form will not be accepted if it is unsigned and undated.

If you answer 'Yes' to any of questions 1 to 4 you cannot proceed with this application and will need to apply for cover by completing the Personal Health Statement, available online at legalsuper.com.au/forms

If you answer 'No' to all of questions 1 to 4 (including both parts 4a) and 4b)) continue to answer questions 5 and 6.

IMPORTANT: Your responses to the questions below will be checked at the time you make a claim. Therefore, you must answer all questions truthfully and accurately. If you don't, any insurance cover you receive under this application may later be reduced or refused. Please read information on the duty to take reasonable care not to make a misrepresentation in this form.

QUESTIONS 1 to 4

- Other than for cold, flu, minor upper respiratory tract infection or minor headache:
 - Are you now off work due to illness or injury? Yes No
 - Have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? Yes No
- Have you been diagnosed with a medical condition that is expected to reduce your life expectancy to less than 24 months from today? Yes No
- Have you ever had an application for life, trauma or disability insurance declined, deferred, accepted with a premium loading (other than for smoking) or issued with a restriction or exclusion? Yes No
- Other than for cold, flu, minor upper respiratory tract infection or minor headache, do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment? Yes No
 - Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? Yes No

QUESTIONS 5 and 6

Only complete these questions if you answered 'No' to all of questions 1 to 4 (including both parts 4a) and 4b)) above

- Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury? (even if you are currently working less than 30 hours per week for non-medical reasons) Yes No

If you answered 'Yes' to this question you are entitled only to Limited Cover for Death & TPD cover (but you are not eligible for Salary Continuance cover under this Special offer and will need to apply for cover by completing the Personal Statement).

- Have you ever made or are you entitled to make a claim for
 - Any TPD benefit from any source, or Yes No

If you answered 'Yes' to this question you are entitled only to Death Only cover (but you are not eligible for Salary Continuance cover under this Special offer and will need to apply for cover by completing the Personal Statement).

 - Other than any TPD claim disclosed in questions 6a, any type of sickness, accident or disability benefit(s), Workers' Compensation or any other form of compensation (including Centrelink payments) due to illness or injury? Yes No

If you answered 'Yes' to this question you are entitled only to Limited Cover for Death & TPD cover (but you are not eligible for Salary Continuance cover under this Special offer and will need to apply for cover by completing the Personal Statement).

3. Personal details

legalsuper Membership Number (if known)

Mr Mrs Ms Miss Dr Justice

Gender

Male Female

Surname

Given Names

Date of birth (dd/mm/yyyy)

Postal Address

Town or Suburb

State

Postcode

Telephone number

Mobile number

Email

Occupation

- Judge
 Barrister
 Solicitor/Lawyer
 Management staff
 Administration/Support staff

Other (please specify)

Current Employment Status

Please tick the option that applies to you:

- Permanently employed: working on a permanent full-time or part-time basis, receiving a fixed salary and accruing entitlements for sick leave and annual leave.
 Contractor: employed under a written contract of services for a minimum of 15 hours each week for a continuous 12 month period and are, under the contract, having salary and superannuation guarantee contributions paid for you.
 Casual: performing identifiable duties with your employer and working on a temporary as required basis, paid on an hourly, daily or weekly basis for the period actually worked, without any commitment from your employer or principal that your engagement is ongoing and no entitlement to holiday leave or sick leave.
 Self-employed
 Unemployed
 Other (please explain)

4. Increase your existing Death & TPD cover (or Death Only cover) from the Default Cover Level to the Automatic Acceptance Level

Choose how many additional units of Death and TPD cover (or Death Only cover) you would like to take out (on top of your existing units).

- I wish to apply for Additional Death Only units
 I wish to apply for additional Death and TPD Units

Additional units of cover

Your age upon receiving default cover	1	2	3	4
24 years and under	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 to 44 years	<input type="checkbox"/>	<input type="checkbox"/>	n/a	n/a
45 years and older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n/a

Note that you cannot hold more than \$3 million TPD cover at any time.

5. Apply for Salary Continuance (SC) cover

Important Notes:

- To be eligible for the Salary Continuance Special Offer you must have truthfully answered 'No' to all parts of the six Screening Questions in Section 2 of this form; and
- In the event of a claim your responses to these questions will be checked by the Insurer to determine your eligibility for this special offer. Please read the information on the duty to take reasonable care not to make a misrepresentation in this form.
 - What is your current Salary? Note: for members who are employed this is before tax and excluding employer superannuation contributions. For members who are self-employed or working as a partner or a director, Salary is gross income after costs and expenses (but before income tax). Please note that at claim time the definition of Salary used to calculate the Monthly Benefit depends upon whether you are an employee, or self-employed or working as a partner or a director. Please refer to the *Employer Sponsored Super & Personal Super Additional Information* document for the Insurer's definition of Salary.

\$, per year (annual salary)

- Please indicate the amount of SC cover you require under this special offer (including any existing cover up to a maximum monthly gross benefit of \$6,000 including a superannuation contribution benefit):

\$, per month (before tax)

The maximum monthly benefit you are entitled to cannot be higher than 86.5% of your monthly Salary (any amount selected in excess of 75% is paid as a Superannuation Contribution Benefit to your legalsuper account to a maximum of 11.5%).

- Do you work at least 15 hours per week on a regular basis? Yes No
- Are you employed in or engaged on a Casual Basis (defined by the Insurer as you are performing all the normal duties of your occupation, are working on an hourly, daily or weekly basis without any commitment from your Employer or principal that your engagement will be on-going and have no entitlement to holiday leave or sick leave)? Yes No

You are not eligible for the Special offer for Salary Continuance if you answered 'No' to 4c or 'Yes' to 4d.

- Please choose one of the following Waiting Period options by inserting a cross [X] in the relevant box:

30 days 60 days 90 days

The Waiting Period is the period you must remain Totally Disabled or Partially Disabled before any benefit becomes payable. You are not entitled to any benefit during the Waiting Period.

Benefits are payable monthly in arrears. This means that your first payment will be paid no earlier than 30 days after the expiry of your chosen Waiting Period.

If you require cover above \$6,000 per month and/or a benefit period of 5 years or 'to age 60' or 'to age 65', please complete the *Superannuation change details form and Personal Health Statement.*

6. Declaration and signature

- I have read and understand the insurance information contained in the most recent version of legalsuper's *Superannuation Product Disclosure Statement, Employer Sponsored Super & Personal Super Additional Information* document and TMD, available online at legalsuper.com.au and, if applicable to me, the *Insurance Guide* related to my employer's insurance arrangements with the Trustee.
- The answers that I have provided to all questions in this application are true and correct (including those not in my own handwriting).
- I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.
- I understand that my insurance will not become effective until Zurich has accepted my application for insurance cover in writing.
- I consent to Zurich collecting, using, storing and disclosing my personal information (including health and other sensitive information) to assess and process my application, as well as to manage and administer my insurance in accordance with the Zurich Privacy Policy which is available at Zurich's website zurich.com.au/important-information/privacy or by calling Customer Services on 133 667. The parties to whom Zurich may routinely disclose the information include: the policy owner and the policy owner's administration services provider; any related company of Zurich; any agent, contractor or service provider that helps Zurich carry out its activities; and organisations that assist Zurich to prevent unlawful activity.

I understand that some of the recipients of this information may be located outside of Australia and may not be established in or do not carry on business in Australia. Zurich's Privacy Policy contains information about where these overseas recipients are located and also details: how I can access and correct my information; how I can raise concerns about privacy breaches; and how Zurich will deal with these matters.

- If I give Zurich information about someone else, I will inform them of the contents of this authorisation so they understand how their information may be used and disclosed.
- I have read and understood the legalsuper privacy policy (available at legalsuper.com.au). I consent to my personal information being collected and used in accordance with the policy.
- I understand that if my application for cover is accepted, insurance cover will be provided to me on the terms contained in legalsuper's insurance policy with Zurich, as changed from time to time.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by Zurich.
- I understand that increases to insurance fees will apply and insurance deductions from my account will be adjusted.
- I understand I can only apply to increase cover under the special offer if I am eligible for default Death and TPD or Death Only cover within 60 days of the issue date stated on the welcome letter.
- I understand that I can only apply once under the special offer to increase my Death & TPD or Death Only cover and/or apply for SC cover. I understand that legalsuper will process the first 'special offer' application that it receives from me (whether by post or electronically).

Member's signature

Date (dd/mm/yyyy)

This offer and the information above is provided to new legalsuper members in the Employer-Sponsored Division only. This offer does not take into account your objectives, financial situation or needs. You should read the legalsuper *Superannuation Product Disclosure Statement (PDS), Employer Sponsored Super & Personal Super Additional Information* document and TMD, available free of charge online at legalsuper.com.au, or by calling **1800 060 312** (8am to 8pm [AEST/AEDT] Monday to Friday) before deciding whether to acquire or obtain cover under the Group Life Insurance Policy or Group Income Protection Policy. The Group Life Insurance Policy and Group Income Protection Policy are issued by Zurich Australia Limited (ABN 92 000 010 195) AFSL (232510), to Legal Super Pty Ltd as policy owner.