Work Events Cover Application Form

EMPLOYER SPONSORED MEMBERS ONLY (AS APPLICABLE)*

Instructions for completing this form

- Please attach the required documents as set out in section 2 'Evidence Required'.
- You must complete each section of this form. We will not accept this form if it is unsigned or undated.
- Please return the completed form along with the attachments to: legalsuper, Locked Bag 5081, Parramatta NSW 2124

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

* Please note that this form may not be applicable to you if your employer entered into a separate Salary Continuance / Income Protection 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.

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

When to use this form

Work Events Cover allows you to increase your Income Protection (IP) cover once in any 12 month period, without having to provide medical evidence when a specific Work Event occurs. You can apply for a maximum of three Work Events based increase during your membership with legalsuper.

A specific Life Event is any of the following:

- 1. Completion of an approved practical legal training course and gaining a practicing certificate.
- 2. Admission to the bar.
- 3. Appointment as a Senior Associate, Principal, Practice Manager or equivalent.
- 4. Appointment as Partner.
- 5. Appointment as a:
 - King's Counsel;
 - Senior Counsel

You can increase your cover under Work Events Cover by the following amounts:

1. Where you currently do not have any existing IP cover with legalsuper:

You can apply for an Insured Benefit of up to \$5,000 per month, subject to the Insured Benefit not exceeding 86.5% of your monthly Salary (of which 75% is paid as a Disability benefit and up to 11.5% is paid as a Superannuation Contribution Benefit).

2. Where you currently have IP cover with legalsuper:

You can increase the Insured Benefit by up to 10%, subject to the Insured Benefit after the increase not exceeding the lesser of:

- 86.5% of their monthly Salary; and
- \$10,000 per month.

Increase in cover (as applicable) will be on the same terms and conditions that already apply to your cover under this Policy.

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.

Return this completed form to either:

Email: mail@legalsuper.com.au

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

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 we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we 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 us in response to our questions is vital to our decision.

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

Guidance for answering our questions

You are responsible for the information you provide to us. 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 we 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 us about any changes that mean you would now answer our questions differently. It could save time if you let us 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 we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we 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 us.

If you need help

It's important that you understand this information and the questions we ask. 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 us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we 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.

This form will not be accepted if it is unsigned and undated.

1. Eligibility Conditions

To be eligible for Work Events Cover, you must be able to answer 'True' to all questions noted below. If you answer 'False' to any of these questions you are not eligible for any Work Events Cover. I confirm that:

- I am aged under 55 at the time of applying;
- I have not received an increase as part of Work Event or Life Event in the last 12 month period, and not received a total of three Work or Life Events based increase during my entire membership with legalsuper;
- · I have not previously applied for an increase based on the same 'Work Event' reason;
- · I have not had a previous application for Work Events or Life Events Cover declined;
- This application has been completed and submitted within 180 days of the occurrence of the Work Event:
- · I have not made, not been entitled to make, nor am I entitled to make a Total and Permanent Disablement (TPD) claim in relation to my insurance cover through legalsuper, or any other source;

True	False
True	False

- I have not received, nor do I intend to currently apply for, or entitled to apply for/claim for any form of sickness, accident or disability benefit(s) from any source such as a life insurer or workcover authority;
- · I currently work at least 15 hours per week on a regular basis and I am not employed on a Casual Basis: True False

True

True

False

False

• I have provided proof of the relevant Work Event, as described in in the table below.

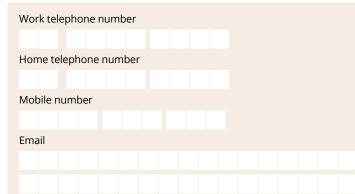
2. Evidence Required

Work Event	Evidence to be provided
Completion of an approved practical legal training course and gaining a practicing certificate.	A copy of the practicing certificate.
Admission to the bar	Copy of written correspondence from the relevant admission authority confirming admission to the bar.
Appointment as a Senior Associate, Principal, Practice Manager or equivalent.	Written confirmation provided by a director or senior partner of the practice.
Appointment as Partner	Written confirmation provided by a director or senior partner of the practice.
Appointment as a: • King's Counsel; • Senior Counsel	Copy of written correspondence from the relevant admission authority confirming appointment as King's Counsel or Special Counsel (as applicable).

3. Personal details

legalsuper Membership Number (if known)

Mr	Mrs	Ms	Miss	Dr	Jus	tice	
Gender							
Male	Fem	ale					
Surname							
Given Nam	es						
Date of birth (dd/mm/yyyy)							
Postal Addr	ess						
Town or Su	burb						
State		Postcode					
							Page 2 of 4



4. Employment details

1. Occupation
2. Current Employment status
Permanently Employed – full time or part-time basis;
Contractor;
Self Employed;
Other (please provide details)
3. How many hours do you work a week? (if working less than 15 hours per week, you are not eligible for increase in IP cover).
Hours
4. What is your current annual income earned through personal exertion, before tax, and including superannuation contributions, but after deduction of business expenses?
\$
5 Details of Income Protection (IP) cover you

5. Details of Income Protection (IP) cover you wish to apply for

A. I **currently do not have** any existing IP cover with legalsuper and would like to apply for:

Cover amount: \$	/month
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Note: Maximum cover available is \$5,000/month and cover amount cannot exceed 86.5% of your monthly salary.

Waiting Period:	30 Days	60 Days	90 Days
Benefit Period:	2 years	5 years	

B. I **currently have** existing IP cover with legalsuper and would like to apply for:

%

Percentage increase:

Note: You can increase your benefit amount by up to 10%, subject to the Insured Benefit after the increase not exceeding the lesser of:

- 86.5% of their monthly Salary; and
- \$10,000 per month.

Increase in cover (as applicable) will be on the same terms and conditions with the same Waiting Period and Benefit Period that already applies to your cover under this Policy.

6. Declaration and signature

- I have read and understood the questions in this Work Events Cover Application.
- I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete (including those not in my own handwriting).
- I understand that all the information I have provided in connection with this application will be used by Zurich to determine whether to increase my insurance cover.
- I understand that the increased cover I have applied for will not become effective until I am notified in writing that my application has been accepted.
- I understand and accept that all terms and conditions that currently apply to my existing cover provided by Zurich will also apply to any increased cover.
- 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 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 authorise any person referred to in this application form to verify any aspect of it, and disclose any information that they may possess about me to Zurich in relation to my application.
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statement on this form (see Section 7).

Signature of insured member

Date (dd/mm/yyyy)

7. Privacy Statement

In this section 'we', 'us' and 'our' refers to Zurich Australia Limited. 'You' and 'your' refers to policy owners and life insureds. Any reference to your personal information includes any health or other sensitive information we may hold about you.

We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from zurich.com.au/important-information/privacy

We may disclose your personal information to certain third parties as outlined below. Unless you consent to such disclosure we will not be able to consider the information you have provided.

Issued 1 July 2024 Legal Super Pty Ltd. ABN 37 004 455 789 AFSL 246315 as Trustee for legalsuper ABN 60 346 078 879 legalsuper.com.au

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us to detect and protect against consumer fraud;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (or parties acting on behalf of the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of Zurich Insurance Group Ltd group), including for carrying out any group business functions;
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry our business functions, enhance customer service and undertake analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so. Examples of such laws are:

- the Family Law Act 1975 (Cth) enables certain persons to request information about your interest in a superannuation fund
- the disclosure obligations to third parties under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at zurich.com.au/ important-information/privacy

Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at zurich. com.au/important-information/privacy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party;
- how you may access and seek correction of the personal information we hold about you; and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: GPO Box 75 Sydney NSW 2001

Email: privacy.officer@zurich.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 36 67.

More information can be found in our Privacy Policy at zurich.com.au/ important-information/privacy

Overseas recipients

We may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in Zurich's Privacy Policy at zurich.com.au/important-information/privacy

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