

# Occupational rating form

Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund 98 503 137 921



Important: Please make sure you've answered all questions. If all questions are not answered, your application may be delayed as the form may be returned. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated.

Call 13 11 84  
Web [sunsuper.com.au](http://sunsuper.com.au)  
Mail GPO Box 2924 Brisbane Qld 4001

## Member details

Member number	<input type="text"/>	Office use only	<input type="text"/>
Title	<input type="text"/>	First name	<input type="text"/>
Middle name/s	<input type="text"/>	Last name	<input type="text"/>
Date of birth (dd/mm/yyyy)	<input type="text"/>	Gender	<input type="text"/>
Street address / PO Box	<input type="text"/>		
Suburb / Town	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Email address	<input type="text"/>		
Home phone number	<input type="text"/>	Daytime phone number	<input type="text"/>
		Mobile phone number	<input type="text"/>

## Your insurance cover

The information you provide about your occupation below may result in you maintaining your Income Protection cover and improved premium rates. Any changes are subject to acceptance by the Insurer. Sunsuper will confirm, in writing, the assessment to you.

## Details of your occupation

Are you currently employed? Yes  No  If Yes, please complete the details of your occupation below.

Name of your employer	<input type="text"/>																										
Occupation	<input type="text"/>	List the <b>principal duties</b> of your occupation, and the <b>percentage of time</b> at work spent doing each (E.g. office work 20%, site inspection 80%).	List the <b>primary locations</b> of your occupation, and the <b>percentage of time</b> at each location (E.g. office 20%, home 30%, suburban driving 50%).																								
Industry	<input type="text"/>	<table><tr><td>1</td><td><input type="text"/></td><td><input type="text"/></td><td>%</td></tr><tr><td>2</td><td><input type="text"/></td><td><input type="text"/></td><td>%</td></tr><tr><td>3</td><td><input type="text"/></td><td><input type="text"/></td><td>%</td></tr></table>	1	<input type="text"/>	<input type="text"/>	%	2	<input type="text"/>	<input type="text"/>	%	3	<input type="text"/>	<input type="text"/>	%	<table><tr><td>1</td><td><input type="text"/></td><td><input type="text"/></td><td>%</td></tr><tr><td>2</td><td><input type="text"/></td><td><input type="text"/></td><td>%</td></tr><tr><td>3</td><td><input type="text"/></td><td><input type="text"/></td><td>%</td></tr></table>	1	<input type="text"/>	<input type="text"/>	%	2	<input type="text"/>	<input type="text"/>	%	3	<input type="text"/>	<input type="text"/>	%
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(E.g. Mining, Manufacturing, Construction Agriculture, Fishing, Retail, Tourism).																											
Your annual income	<input type="text"/>																										

## Declaration

I understand that my occupation rating will only change if accepted by the Insurer. The information I've given in this application and any separate statements I've given with it are true. I've disclosed everything that the Insurer needs to know when deciding whether to change my occupational rating.

I acknowledge I've read the Duty of Disclosure.

### Your Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter 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 those matters to the insurer before you renew, extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter; that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that the insurer knows or, in the ordinary course of its business ought to know; as to which compliance with your duty is waived by the insurer.

### Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer wouldn't have entered into the contract on any terms if the failure hadn't occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you'd disclosed all relevant matter to the insurer.

### Privacy

By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature we or the Insurer may collect about you in the normal course of our and the Insurer's respective Privacy Policies for the purposes of assessing your application. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of the Insurer's privacy policy is available from [aia.com.au](http://aia.com.au).

Member to sign here	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
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Please return your application to Sunsuper, GPO BOX 2924 Brisbane QLD 4001.

We are committed to respecting the privacy of personal information you give us. Our formal Privacy Policy sets out how we do this. If you would like a copy of Sunsuper's Privacy Policy, please let us know. We have also published our Privacy Policy on our website [sunsuper.com.au](http://sunsuper.com.au).