

# Occupational rating form



☎ 13 11 84 [sunsuper.com.au](http://sunsuper.com.au)  
Reply Paid 2924 Brisbane Qld 4001

**Important:** Before completing this form please ensure you read and understand your Duty of Disclosure located at [sunsuper.com.au/dutyofdisclosure](http://sunsuper.com.au/dutyofdisclosure)

**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. Please tick boxes where appropriate. Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated.  
\*Denotes mandatory field.

Did you know you can complete this request quickly and easily in *Member Online*? Simply visit [sunsuper.com.au/memberonline](http://sunsuper.com.au/memberonline)

**Member number**

## 1 Personal details

Title  First name\*  Middle name

Last name\*  Date of birth (DD/MM/YYYY)\*  Gender\*

Street Address / PO Box\*

Suburb/Town\*  State\*  Postcode\*  Home phone number  Daytime phone number\*

Personal email address  Mobile phone number

**Note:** Unless you have elected to receive printed information, Sunsuper will confirm this change electronically if we can. We'll email or SMS you when information is ready to view online through *Member Online* or the Sunsuper app. If you would prefer information is posted to you, change your preferences in *Member Online*, the Sunsuper app or call us on 13 11 84.

## 2 Details of your occupation

**2A** Are you currently working?    
If 'No', go to Section 2B

Name of your employer  Industry (E.g. Mining, Manufacturing, Construction, Agriculture, Fishing, Retail, Tourism)

Occupation  Your annual income \$  Degree/Trade qualified

List the **principal duties** of your occupation, and the **percentage of time** at work spent doing each (E.g. office work 20%, site inspection 80%).

Principal duties	Percentage of time	Primary locations	Percentage of time
<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 1.2em; font-weight: bold; border: none; border-radius: 5px; padding: 2px 5px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 1.2em; font-weight: bold; border: none; border-radius: 5px; padding: 2px 5px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 1.2em; font-weight: bold; border: none; border-radius: 5px; padding: 2px 5px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 1.2em; font-weight: bold; border: none; border-radius: 5px; padding: 2px 5px;" type="text" value="%"/>
<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 1.2em; font-weight: bold; border: none; border-radius: 5px; padding: 2px 5px;" type="text" value="%"/>	<input type="text"/>	<input style="width: 50px; text-align: center; font-size: 1.2em; font-weight: bold; border: none; border-radius: 5px; padding: 2px 5px;" type="text" value="%"/>

List the **primary locations** of your occupation, and the **percentage of time** at each location (E.g. office 20%, home 30%, suburban driving 50%).

**2B** What is your employment status? Please specify if you are unemployed, a student, or home duties  Permanent full time  Permanent part time  Casual  Contractor

**2C** Hours that you work a week (on average): Under 15 hours  15 hours to 60 hours  Greater than 60 hours

**2D** When did you commence employment with your current employer? (DD/MM/YYYY)

**2E** If you are a contractor when does your employment contract cease? (DD/MM/YYYY)

➔ Please continue over page

### 3 Personal statement

Please answer Yes or No in the following questions

- |           |                                                                                                                                                                                                                                   |                             |                              |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>3A</b> | Are you absent from work or restricted, due to injury or illness, from carrying out all the usual duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| <b>3B</b> | Have you been off work for more than 10 consecutive days in the last two years for the same medical condition?                                                                                                                    | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| <b>3C</b> | Have you ever had an application for Income Protection cover (or similar) declined by any insurer?                                                                                                                                | <input type="checkbox"/> NO | <input type="checkbox"/> YES |
| <b>3D</b> | Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today?                                                                                                                      | <input type="checkbox"/> NO | <input type="checkbox"/> YES |

### 4 Authorisation and declaration Sign this application form and return to Sunsuper

I understand that insurance cover will commence from the date the application is 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 insure me.

I acknowledge and have read my Duty of Disclosure at [sunsuper.com.au/dutyofdisclosure](https://www.sunsuper.com.au/dutyofdisclosure) and all of my details on this form are correct.

#### 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. A copy of Sunsuper's privacy policy can be obtained by visiting [sunsuper.com.au](https://www.sunsuper.com.au).

A copy of the Insurer's privacy policy can be obtained by visiting [aia.com.au](https://www.aia.com.au). These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

Member to sign here\*



Date (DD/MM/YYYY)\*

Please return the form to Sunsuper  
Reply Paid 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy) or call 13 11 84.

Sunsuper Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of the Sunsuper Superannuation Fund ABN 98 503 137 921 MySuper Authorisation 98 503 137 921 996