

# Your duty to take reasonable care not to make a misrepresentation

## About your duty

When you apply for life insurance as a member of Sunsuper, the insurer may conduct a process called underwriting. It's how the insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions which the insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the insurer's decision.

## The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the insurer. 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

If you do not meet your legal duty, this 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 you provided was true. For example, the insurer may do this when a claim is made.

## Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

- 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 or not, you should include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), you should check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that Sunsuper or the insurer will contact your doctor for any medical information.

## Changes before your cover starts

Before your application is accepted, the insurer may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

## If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it.

## What can the insurer 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). These 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:

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

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

- Whether you took reasonable care not to make a misrepresentation (this depends on all of the relevant circumstances);
- 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; and
- in some cases, how long it has been since the cover started.

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

# Sunsuper for life Business

## Personal health summary

**Important:** Please provide us with as much information as possible. 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.  
If you are under 18 please contact us before completing this form.

**Member number**  
if already a member

### 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 if you have information to view in *Member Online*. If you would prefer information is posted to you in the future, change your preferences in *Member Online*, the Sunsuper app or by contacting us.

### 2 Details of your occupation

**2A** **Are you at work?**   Note: This means you must be performing your normal paid duties for your employer.

**Your occupation**  **Degree/trade qualification**

**Industry (e.g. Mining, Manufacturing, Construction, Agriculture, Retail)**  **Name of your employer**  **Your annual Salary**  \$ Refer to the Sunsuper for life Business Insurance guide for the definition of 'Salary'.

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%)

1  %    2  %    3  %

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

1  %    2  %    3  %

**2B** **Employment status:** Permanent full time  Permanent part time  Contractor  **What is the duration of your contract?**  months

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

### 3 Details of insurance cover

I would like to apply for the following cover in excess of the Automatic Acceptance Limit (AAL):

Death and Total & Permanent Disability     Death only     Total & Permanent Disability only     Income Protection<sup>1</sup>

1. If Income Protection is included in the Standard insurance arrangements of your employer plan, the maximum amount available will be outlined in your Plan information factsheet, available on your employer's Sunsuper for life Business microsite.

Please refer to the *Sunsuper for life Business Insurance guide* and *Sunsuper for life Business Plan information factsheet* for insurance details, available on your employer's Sunsuper for life Business microsite.

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## 4 Personal health statement

a) Are you an Australian or New Zealand citizen or do you hold a visa that entitles you to reside permanently in Australia (as approved by the Department of Immigration and Citizenship)? (If 'No' please advise what type of visa you hold)

YES NO

b) How many standard drinks do you consume per week on average?

One standard drink = approximately: one nip (30 ml) spirits, or 100 ml wine, or 10 oz/285 ml full-strength beer

Standard drinks per week

c) Have you smoked tobacco or any other substance during the last 12 months? (If yes, please provide details E.g. 30 cigarettes per day)

YES NO

d) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?

(If yes, provide details including (i) substance used, (ii) dates, (iii) details of the advice, treatment or counselling received)

YES NO

e) What is your height and weight?

 cm

 kg

Due Date (DD/MM/YYYY)

f) If female, are you pregnant? If yes, please provide estimated due date

YES

NO

g) Do you intend to travel or reside overseas? (If yes, please provide details)

YES NO

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

h) Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? (If yes, please provide details)

YES NO

Activity	Frequency	Professional or Amateur	Maximum height, speed and/or depth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

i) Have any of your immediate family (father, mother, brother, sister), prior to the age of 60, (living or dead) ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members. (If yes, please provide details)

YES NO

Relationship	Condition	Approximate age of onset	Age of death (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

j) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner? ..... YES  NO

k) 1. In the last 5 years, have you had sexual intercourse without a condom with the following persons?

i. Someone who might have exposed you to the Human Immunodeficiency Virus (HIV) infection. (This may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you.) ..... YES  NO

ii. Someone who injects non-prescribed drugs ..... YES  NO

iii. Someone who is a sex worker ..... YES  NO

iv. Someone who is infected with Human Immunodeficiency Virus (HIV) infection ..... YES  NO

v. Someone who is infected with Hepatitis B (You may answer 'No' if you are vaccinated and have immunity for Hepatitis B.) ..... YES  NO

vi. Someone who is infected with Hepatitis C ..... YES  NO

2. In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)? ..... YES  NO

**l) Have you ever suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following:**

- i) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke .....YES  NO
- ii) Asthma, chronic lung disease, sleep apnoea or other respiratory disorder .....YES  NO
- iii) Indigestion, gastric or duodenal ulcer or any bowel disorder .....YES  NO
- iv) Diabetes, abnormal blood sugar, gout or thyroid disorder .....YES  NO
- v) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder .....YES  NO
- vi) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches, or any neurological disorder including multiple sclerosis .....YES  NO
- vii) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia .....YES  NO
- viii) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles .....YES  NO
- ix) Psoriasis or eczema, skin disorder, defect in hearing or sight .....YES  NO
- x) Cancer, cyst, mole or tumour of any kind .....YES  NO
- xi) Liver, kidney or bladder disorder, renal colic or stone .....YES  NO
- xii) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia .....YES  NO
- xiii) Hepatitis B or C or are a Hepatitis B or C carrier, Acquired Immune Deficiency Syndrome (AIDS) sufferer or infected with the HIV virus .....YES  NO

**For completion by females only**

Have you ever had or been advised to have treatment for:

- xiv) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? .....YES  NO
- xv) An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries? .....YES  NO
- xvi) Abnormal vaginal bleeding within the last 12 months? .....YES  NO

- m) Any other illness, disease or disorder: (do not include: Colds, flu, hay fever, dental related matters, uncomplicated pregnancies [including caesarean sections, miscarriage], abortions and menopause.) .....YES  NO
- n) Have you had any medical examinations, consultations, X-rays, pathology tests or procedures in the last 5 years relating to a matter not previously disclosed in this application? .....YES  NO
- o) If not previously disclosed in this application, have you occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs in the last 5 years? (Do not include non prescription medications or drugs such as Panadol.) .....YES  NO
- p) If not previously disclosed in this application, are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure? .....YES  NO

For every "Yes" answer in questions l to p above, please provide full details in the table below.

Question number	Illness, Injury or Tests	Date of Injury/ Illness	Date of last symptoms	Time off work	Degree of recovery (%)	What treatment did you receive? (e.g. medication, operation)	Name and address of doctor, physiotherapist, chiropractor or hospital

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## 5 Medical practitioner details

Name of Doctor

Street address/PO Box

Suburb/Town

State

Postcode

Phone number

Fax number

Email address

Date of consultation

Patient of this Doctor or Medical Practice since

Reason for last consultation

Outcome of last consultation

If your last consultation was not with your usual Doctor OR you've been attending your usual Doctor for less than 2 years, please provide the following details:

Name of usual Doctor or Medical Practice

Street address/PO Box

Suburb/Town

State

Postcode

Phone number

Fax number

Email address

I authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

## 6 External insurance Write the details of your existing policy

Do you have any existing insurance, or applications in progress (with any insurer) including life, disability or trauma insurance.

Existing Policy number

Year of commencement

Policy owner

Insurer

Type of Insurance:

Death cover

Trauma

Total & Permanent Disability

Income Protection cover

Business Expenses

Will you be retaining your existing policies?

## 7 Insurance history

Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?

If yes, please provide type of cover and reason for decision

Have you ever claimed benefits from any source (excluding unemployment), e.g. accident, sickness, workers compensation, social security, disability insurance or disability pension?

If yes, please provide benefit type and reason

## 8 Authorisation and declaration Sign this application form and return to Sunsuper:

### Privacy

By completing this form you consent to the collection, use and disclosure of any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you and exchange with third parties located in Australia and overseas, in the manner outlined in our and AIA Australia's respective privacy policies as updated from time to time. Policies are available by visiting [sunsuper.com.au/privacy](http://sunsuper.com.au/privacy) and [aia.com.au](http://aia.com.au). These policies are consistent with the requirements of the *Privacy Act 1988*.

### I declare that:

- I acknowledge and have read my *Duty to take reasonable care not to make a misrepresentation* and all of my details on this *Personal health summary form* are correct.
- I have received, read and accept the *Sunsuper for life Business Insurance guide* and *Plan information factsheet*.
- I understand all the conditions I must meet to be eligible to obtain additional insurance cover, I agree that my additional insurance cover will not commence until my application for additional insurance cover has been accepted by the Insurer. I acknowledge insurance cover is provided by an external insurance company.
- By signing this *Personal health summary*, I consent to the collection and disclosure of information about me for the purposes shown above.

Member to sign here\*

Full name (print in BLOCK letters)\*

Date application completed (DD/MM/YYYY)\*

Please return the form to Sunsuper via [sunsuper.com.au/contact-us](http://sunsuper.com.au/contact-us) OR Reply Paid 2924 Brisbane Qld 4001