

Tailored insurance



Important

You can apply for Tailored cover through *Member Online*, our secure online service. Just visit [sunsuper.com.au](https://www.sunsuper.com.au) and follow the prompts to *Member Online*. If you're not signed up for *Member Online* - it's simple - just contact us and we'll have you set up in no time.

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

Note: When Tailored cover is approved any existing cover you had will be replaced by cover/premium based on your occupation classification.

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

Important: Please provide us with as much information as possible. Please tick box 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 years of age please contact us on 13 11 84 before completing this form.

Member number
if already a member

1 Personal details

Title	First name*	Middle name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Last name*	Date of birth (DD/MM/YYYY)*	Gender*		
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F		
Street Address / PO Box*	Country of Birth*			
<input type="text"/>	<input type="text"/>			
Suburb/Town*	State*	Postcode*	Home phone number	Daytime phone number#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Personal email address	Mobile phone number			
<input type="text"/>	<input type="text"/>			

*Please provide a daytime phone number where we can reach you if we have additional questions about your application.

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 the information to be posted, you can 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? YES NO	Your occupation	Degree/Trade qualified			
If 'No', go to Section 2B	<input type="text"/>	YES NO			
Industry (e.g. Mining, Manufacturing, Construction, Agriculture, Retail)	Name of your employer	Your annual income			
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>			
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 What is your employment status?	Permanent full time <input type="checkbox"/>	Permanent part time <input type="checkbox"/>	Self employed <input type="checkbox"/>	Casual <input type="checkbox"/>	Contractor <input type="checkbox"/>
Please specify if you are unemployed, a student, home duties, or retired <input type="text"/>					
2C Hours that you work a week (on average):	Under 15 hours <input type="checkbox"/>	15 hours to 60 hours <input type="checkbox"/>	Greater than 60 hours <input type="checkbox"/>	Please note: if you are working less than 15 hours per week you will not be eligible to apply for Income Protection.	
2D When did you commence employment with your current employer?	<input type="text"/> DD/MM/YY	If you are a contractor when is the expiry date of your contract?	<input type="text"/> DD/MM/YY		

3 Death and/or Total & Permanent Disability cover If you are not applying for Death and/or Total & Permanent Disability cover, go to section 4

I wish to apply for: (Please select Fixed cover OR Fixed premium)

3A Fixed cover – Please enter the amount of cover you would like:	Death and Total & Permanent Disability (including Assist) cover in equal amounts of \$ <input type="text"/>	OR	Death cover of \$ <input type="text"/>	AND/OR	Total & Permanent Disability (including Assist) cover of \$ <input type="text"/>
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OR

➔ Please continue over page

3 Death and/or Total & Permanent Disability cover continued

3B Fixed premium – Total Death and Total & Permanent Disability (including Assist) Premium \$ per week **OR** Death premium \$ per week **AND /OR** Total & Permanent Disability (including Assist) premium \$ per week

If applying for Total & Permanent cover, select your Total & Permanent Disability Cover type

Total & Permanent Disability cover pays if you're unable to work ever again due to illness or injury. The payment structure will depend on the type of cover you elect. A detailed explanation and comparison of the two types of cover is available in the *Sunsuper for life Insurance guide* at sunsuper.com.au/pds

Total & Permanent Disability Assist- Default option
 If you are suffering from long term injury or sickness we may provide early intervention and occupational rehabilitation support. Where you are Totally & Permanently Disabled and you continue to meet the Total & Permanent Disability Assist definition, you may receive up to six support payments over a minimum of five years, or in some limited circumstances a single lump sum payment.

OR
 Total & Permanent Disability
 If you are Totally & Permanently Disabled and meet the Total & Permanent Disability definition, you may receive a single lump sum payment.

4 Income Protection cover If you are not applying for Income Protection cover, go to section 5

I wish to apply for:

4A a Monthly Income Protection benefit of: \$

4B a Benefit Period of: 2 years 5 years to age 65 Please note: if you are a casual or a contractor you will only be eligible to apply for a 2-year Income Protection Benefit Period.

4C a Waiting Period of: 30 days 60 days 90 days 180 days Please note: the maximum Income Protection amount available is 85% of your "income", 75% is paid as income and 10% is paid as a superannuation contribution to your Super-savings account.

4D I do NOT want to have my Income Protection cover indexed on 1 July each year

5 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)

b) How many standard drinks do you consume per week on average? Standard drinks per week
 One standard drink = approximately: one nip (30 ml) spirits, or 100 ml wine, or 10 oz/285 ml full-strength beer

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)

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)

e) What is your height and weight? cm kg

f) If female, are you pregnant? If yes, please provide estimated due date (DD/MM/YYYY) / /

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

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)

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

5 Personal health statement continued

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)

j) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?

YES NO

k) In the past 5 years have you:

i. Engaged in male to male sexual activity **without** a condom (except in a relationship between you and only one other person where neither of you has had sex **without** a condom with anyone else in the past 5 years)?

YES NO

ii. Had sex **without** a condom:

- with someone you know or suspect to be HIV positive or
- with someone who injects non prescribed drugs or
- with a sex worker or as a sex worker?

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 5l to 5p, 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

6 Medical practitioner details

Name of Medical Practitioner or Medical Centre

Street Address / PO Box

Suburb/Town

State

Postcode

Phone number

Fax number

Email Address

What was the date of your last consultation?
(DD/MM/YYYY)

How long have you been
attending this practice?

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.

7 External insurance Write the details of your existing policy

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

YES

NO

Existing Policy number

Year of commencement

Policy owner

Insurer

Type of Insurance:

Death cover

Trauma

Total &
Permanent
Disability
cover

Income
Protection
cover

Business
Expenses

Will you be retaining
your existing policies?

8 Insurance history

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

YES

NO

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?

YES

NO

If yes, please provide benefit type and reason

9 Financial adviser

Please communicate with my financial adviser where possible regarding this form. I have attached (or previously provided) a signed third party authority for my financial adviser to access information about my Sunsuper account(s).

Please communicate with my financial adviser about this form via email. I acknowledge email is not a secure form of communication.

Adviser name/Company:

10 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 and 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 of Disclosure and all of my details on this *Tailored insurance application* form are correct.

- I have received, read and accept the *Sunsuper for life Insurance guide*
- I understand all the conditions I must meet to be eligible to obtain tailored insurance cover, I agree that my tailored insurance cover will not commence until my application for tailored insurance cover has been accepted by the Insurer. I acknowledge insurance cover is provided by an external insurance company.
- By signing this *Tailored insurance application* form, I consent to the collection and disclosure of information about me for the purposes shown above.
- I acknowledge and have read my Duty of Disclosure at sunsuper.com.au/dutyofdisclosure and all of my details on this form are correct.

Member to sign here*

Full name (print in BLOCK letters)*

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 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