

# Bendigo SmartStart Super® - Life Events Cover form

## - Application to increase insurance cover

You can use this form to apply for Life Events Cover to increase your existing cover in the event of certain circumstances.

### Life Events

You can increase your existing cover upon the occurrence of any of the following 'Life Events':

- your marriage; or
- the birth of your child; or
- the adoption of a child by you; or
- your dependent child starts secondary school; or
- your divorce; or
- you take out a mortgage to purchase your primary place of residence (either alone or jointly with another person); or
- you increase your existing mortgage for renovating your primary place of residence.

You can **also** increase your existing Income Protection Cover if you have had a recent salary increase.

You may apply for an increase of your cover due to a Life Event or salary increase occurring only once in any 12 month period.

**To assist you in completing this application you will need to refer to the current Bendigo SmartStart Super Insurance Guide (Guide) which is available on our website at [bendigobank.com.au/super](http://bendigobank.com.au/super).**

***Italicised terms in this form have the same meaning as the terms defined in the Glossary of terms contained in the Guide.***

To apply for this increase in cover, you need to:

- submit this application to us within 90 days of the life event occurring or within 30 days of the date of distribution of your annual member statement issued by Bendigo SmartStart Super (the Plan) following the life event; or 60 days from the effective date of your salary increase; and
- provide us with satisfactory evidence of the occurrence of the life event within the required time frame as outlined above. Refer to Step 5 of this form for the required evidence.

You **are not** eligible to apply for a Life Events Cover increase if:

- you are age 60 or above; or
- you are engaged in a *Hazardous Occupation*; or
- you are not eligible according to Step 4 of this form.

**Any increase in cover does not commence until you receive confirmation in writing that your application to increase cover has been accepted by the insurer, TAL Life Limited ABN 70 050 109 450, AFSL 237484 (TAL).**

### Duty of Disclosure

**Your duty of disclosure to the trustee, Sandhurst Trustees Limited ABN 16 004 030 737 AFSL 237906 (Sandhurst), and the insurer, TAL Life Limited ABN 70 050 109 460 AFSL 237848 (TAL), is set out below.**

#### Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you may know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

#### If you do not tell the insurer something:

If the insurance is for the life of another person and that person does not tell the insurer everything they should have, this may be treated as a failure by you to tell us something that you must tell us.

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If you failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

## Step 1. Member details

Member number

Title  Surname

Given name(s)

Date of birth  /  /  Sex Male  Female

Residential address

Town/Suburb  State  Postcode

Postal address

Town/Suburb  State  Postcode

Email

Preferred contact phone number (during business hours)\*

\*To save unnecessary delays, we may contact you by telephone to clarify any answers you have provided.

### Occupation\*

Name of current employer

Employment status:

Self-employed  Employee (full time)  Employee (part-time)  (Hours per week)

Not working  Domestic duties  Casual

**Reminder:** You must be working at least 15 hours per week to be eligible for Income Protection cover.

Your main occupation (job title)

Industry of your main occupation

Brief description of your occupational duties including percentage of time in each

Earned Income# per  week  fortnight  year \$

**\*Your application will not be accepted if your occupation is classified as a Hazardous Occupation.**

#Earned income means:

- If you are an employee: the wages or salary last agreed between you and your employer plus any commission and all other regular payments or benefits paid to you by your employer in the last 12 months, which when combined TAL reasonably considers as your remuneration package.
- If you are self-employed: the income from your personal exertion, calculated by averaging your net income per year for the previous two years. Net income means your gross income from personal exertion less all expenses incurred by you in earning that income but does not include investment income, profit distributions or similar payments.

### Amount of existing cover in the Plan

You can login to your account via the Quick Links on our secure website at [bendigobank.com.au/super](http://bendigobank.com.au/super) to find out your current insurance arrangements or refer to your latest member statement.

<b>Death only</b>	<input type="text"/>	
<b>Death and Total and Permanent Disablement</b>	<input type="text"/>	
<b>Income Protection</b>	<input type="text"/>	<b>Insured percentage of your Earned Income</b> <input type="text"/>
	<b>(per month)</b>	<b>%</b>

## Step 2. Life Event

Please complete the applicable details below:

Type of Life Event	Date of Life Event
Birth of your child	/ /
Adoption of a child by you	/ /
Your child starts secondary school	/ /
Your marriage	/ /
Your divorce	/ /
New mortgage (date of drawdown of the new mortgage) for the purchase of primary place of residence	/ /
Increase of existing mortgage (date of drawdown of the additional mortgage renovating your primary place of residence)	/ /
	Date of Salary Increase
Salary increase	/ /

## Step 3. Additional Cover Required

What is the additional amount of Death only, Death and Total and Permanent Disablement (TPD) or Income Protection cover required? Please see below for the maximum increase that may be available.

Type of cover	Additional Amount required
• Death only	\$
• Death and Total and Permanent Disablement	\$
• Income Protection	\$ (per month)

### Death only or Death and TPD cover

The amount of additional cover you nominate must be the same type as your existing cover (Death only or Death and TPD) and cannot exceed the lesser of:

- (1) 25% of your existing cover in the Plan; or
- (2) the total amount or amount of increase of the mortgage you are taking out (where applicable); or
- (3) \$200,000.

Please note that:

- (1) the maximum total level of Death only, or Death and TPD cover after the increase is \$3,000,000 (for amounts above this, you will need to complete the Insurance Application and Personal Health Statement available on our website); and
- (2) your TPD cover cannot exceed your Death cover.

### Income Protection cover

The additional cover amount you nominate for income protection cannot exceed the lesser of:

- (1) 25% of your existing cover in the Plan; or
  - (2) \$2,500 per month; or
- 75% of your Earned Income plus superannuation contributions benefit of up to 10% of your Earned Income.

The total level of income protection cover after the increase will be the lesser of the following:

- \$25,000 per month; or
- your selected insured percentage of Earned Income; or
- 75% of your Earned Income, plus superannuation contributions benefit of up to 10% of your Earned Income (if you have selected this cover).

## Step 4. Eligibility Questions

### At the date of this application:

1. Please complete either a, b or c, as applicable.

a. For an employed person:

i) Are you currently off work, or restricted or unable to fully perform without any limitation all the duties of your usual occupation on a full-time basis (for at least 30 hours per week), due to illness or injury, even if your actual employment may be full-time, part-time or casual?

Yes  No

b. For an unemployed person whose sole occupation is NOT the performance of unpaid Domestic Duties:

i) Are you currently restricted or unable to actively seek employment and/or fully perform, without any limitation due to illness or injury, all the duties and work hours of a gainful occupation reasonably suited to you having regard to your education, training and experience?

Yes  No

c. For an unemployed person whose sole occupation is the performance of unpaid Domestic Duties:

Are you:

- i) unable to fully perform your unpaid domestic duties due to illness or injury;
- ii) in receipt of social security benefits in relation to an illness, injury, or disability which you may have; or
- iii) in receipt of unemployment benefits including but not limited to any benefits payable in respect of return to work programs, work start training programs, or similar work experience/training initiatives?

Yes  No

2. Have you, in the last 12 months been absent from work or unable to fully perform, due to illness or injury (other than cold or flu) for more than six days:

- i) the duties of your usual occupation (whether employed or unemployed); or
- ii) your unpaid Domestic Duties if you are unemployed and your sole occupation is the performance of unpaid domestic duties?

Yes  No

3. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application?

Yes  No

4. Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover refused?

Yes  No

5. Have you ever had an insurance application for death only, death and total and permanent disablement, terminal illness or income protection (including accident or sickness) cover modified or offered on non-standard terms in regards to medical or other conditions?

Yes  No

6. Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through the Plan, another superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?

Yes  No

7. Have you successfully applied for an increase in death or death and total and permanent disablement cover due to a Life Event in the last 12 months from the date of this application?

Yes  No

**Note:** If you answered "Yes" to any of the Eligibility questions in Step 4, you are not eligible to increase your existing Death only, Death and TPD, or Income Protection cover due to a Life Event or salary increase using this form. You may still apply to increase your existing Death only, Death and TPD, or Income Protection cover by completing an Insurance Application and Personal Health Statement which is available from our website at [bendigobank.com.au/super/forms](http://bendigobank.com.au/super/forms) or contact our Client Services Team on 1800 033 426.

## Step 5. Attachments

The table below outlines the documents you need to attach to this application as evidence of your Life Event or salary increase.

Type of Life Event	Evidence required*
Birth of your child	Birth certificate
Adoption of a child by you	Order effecting an adoption or an entry in a public official record of the adoption of a child
Your child starts secondary school	Statutory declaration (refer to Step 7)
Your marriage	Australian marriage certificate issued by a register of births, deaths and marriages or an equivalent overseas marriage certificate recognised in Australia
Your divorce	Divorce order (marriage certificate and Decree Nisi (Divorce papers))
New mortgage for the purchase of your home (primary residence)	<ol style="list-style-type: none"> <li>Mortgage statement / Official statement from the lender stating: <ul style="list-style-type: none"> <li>Name of borrower</li> <li>Date and amount of drawdown; and</li> <li>Address of security</li> </ul> </li> <li>Statutory declaration declaring primary residence (refer to Step 7)</li> <li>Proof of settlement letter from your lawyer.</li> </ol>
Increase of existing mortgage your home (primary residence)	<ol style="list-style-type: none"> <li>Mortgage statement / Official statement from the lender stating: <ul style="list-style-type: none"> <li>Name of borrower</li> <li>Date and amount of drawdown; and</li> <li>Address of security</li> </ul> </li> <li>Proof of settlement letter from your lawyer</li> <li>Statutory declaration from applicant declaring primary residence (refer to Step 7)</li> <li>Quotation for renovation/ improvement</li> </ol>
Salary increase	Evidence required*
Increase of salary	<ol style="list-style-type: none"> <li>If you are an employee, a letter from your employer confirming an increase to your annual wages; or</li> <li>If you are self-employed, financial statements, including a Profit and Loss Statement, indicating an increase to the annual income generated by you from your personal exertion.</li> </ol>

Documentary evidence attached to this Statutory Declaration must be a 'certified copy'. A 'certified copy' is a true copy of an original document that has been sighted and certified by an 'acceptable person' and noted as follows: 'I certify that I have sighted the original document and this is a true copy of it.' This certification must have the certifier's full name, title, registration number (where applicable) and be signed and dated.

A list of people authorised to certify a copy of an original document is available on our website at [bendigobank.com.au/super/forms](http://bendigobank.com.au/super/forms)

## Step 6 Insurance opt-in election

We are required to cancel your insurance cover if no contributions have been received into your account for a period of 16 continuous months (inactive), unless you instruct us otherwise in writing.

I elect to maintain insurance cover held in respect of this account in the event my account becomes inactive.

I understand that insurance premiums for the insurance cover I have elected to retain will continue being charged to my account and I can request to cancel my insurance at any time. My cover will continue to be subject to the existing insurance terms and conditions.

## Step 7. Statutory declaration

Please complete this declaration if you are applying for increased cover due to any of the following Life Events:

- Your child starting secondary school.
- A new mortgage for the purchase of your home (primary residence).
- Increasing your existing mortgage for renovating your home (primary residence).

I,  (name)  
of  (address)

do solemnly and sincerely declare that: (tick appropriate box):

my child has started secondary school on  /  /  (dd/mm/yyyy)

the address above and the property described is/will be my primary residence.

I make this solemn declaration by virtue of the Statutory Declarations Act 1959 (Act) or equivalent legislation and subject to the penalties provided by the Act for making false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

**Declared at**  (address)

this  day of  (month) of  (year)

**Signature of member**

**Date**

/  /

**Authorised witness**

Witnessed by (signature)

Print name

Contact address

## Step 8. Privacy Statement

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Sandhurst collects, uses, and discloses your personal information (including health and sensitive information) on behalf of TAL so that TAL may assess, verify and process your application and any claim made. If the information requested is not provided, your application for Life Events Cover or any insurance claim may not be processed.

Sandhurst and its agents may collect or disclose information relating to you or your application or any claim you may make to TAL, financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers or claim investigators and other third party service providers.

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1800 033 426.

If you have provided Sandhurst with information about another person, you undertake to advise them that:

- Sandhurst collects holds and uses the personal information for the purposes set out in this privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

You should read Sandhurst's privacy policy which contains information about how you can gain access to and seek correction of your personal information, how you can complain about a breach of the privacy laws by Sandhurst and how Sandhurst will deal with a complaint. Sandhurst's privacy policy is available at [www.sandhursttrustees.com.au](http://www.sandhursttrustees.com.au) or by telephoning 1800 033 426.

### **TAL**

#### **Collection and use of personal information**

TAL collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that TAL may assess and administer insurance related matters. In certain circumstances TAL may be required to collect personal information of a sensitive nature such as lifestyle and medical history information.

TAL may take steps to verify the information it collects; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or TAL may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

#### **Disclosure of personal information**

TAL discloses relevant personal information to external organisations that help TAL provide services and may also disclose some of your personal information to other parties such as the following:

- Claims assessors and investigators, claims managers and reinsurers
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide)
- For members of Bendigo SmartStart Super where TAL is the insurer, to Sandhurst, or administrator of the superannuation fund
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney
- If required or authorised to do so, regulatory bodies and government agencies
- Other insurer that have, or have had, an arrangement without superannuation fund, or to which your insurance is transferred by your superannuation fund
- Other organisations to whom TAL outsources certain functions such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants

There are situations where TAL may also disclose your personal information in circumstances where it is

- Required by law (such as to the Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices)

#### **Access**

Under current privacy legislation, you are generally entitled to access the personal information TAL holds about you. An access charge may apply, but not to the request itself. If you wish to access your personal information, TAL asks that you put this request in writing and send it to the following:

Bendigo SmartStart  
GPO Box 264  
Melbourne VIC 3001  
Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

### Changes to your personal information

TAL's goal is to ensure that the personal information it holds is complete, accurate and up to date. Please contact TAL via its Customer Care Centre, if there is any change to the details that you have previously provided to TAL, such as your postal or email address, telephone numbers, name or other contact details. Please also contact TAL if you believe that the information TAL has about you is not accurate, complete, or up to date.

### Additional Information and further questions

Information regarding privacy rights is available at the website of the Office of the Privacy Commissioner at [www.oaic.gov.au](http://www.oaic.gov.au)

If you have any questions or would like further information on the TAL privacy and information handling practices, please refer to the TAL Privacy Policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy)

## Step 9. Declaration and signature

- I acknowledge that I have read the current Bendigo SmartStart Super Product Disclosure Statement (including the current Bendigo SmartStart Super Insurance Guide).
- I acknowledge and agree that the information contained in the current Bendigo SmartStart Super Product Disclosure Statement is only a summary of the main terms and conditions of the insurance offered under Bendigo SmartStart Super and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Sandhurst's Client Services Team on 1800 033 426.
- I acknowledge the Life Events Cover increase will not be payable if my claim arises from suicide or an intentional self-inflicted act or injury within the first 13 months of the commencement of the increased cover.
- I acknowledge that I have read the notice explaining my duty of disclosure on page 1 of this form and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief, all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise TAL and Sandhurst to contact any relevant authority to obtain confirmation of any information I have provided on this form, and to obtain copies from that authority of relevant documents. A photocopy of this authority is as effective and valid as the original.
- I acknowledge that I may be asked to complete the Medical Consent Authority to allow collection of health information from my health providers. Failure to complete the consent form may cause TAL to not consider my application or delay my application.
- I acknowledge that the increase in cover will not commence until this application has been accepted by TAL.
- I have read the Privacy Statement in Step 8 of this form, and consent to my personal information (including health and sensitive information) being collected, used and disclosed by Sandhurst or TAL or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process this application or any claim I may make. This consent applies to any health and sensitive information Sandhurst or TAL collects on this form or future forms in relation to this insurance.

### Signature

### Date

 /  / 

### Contact details:

Sandhurst Trustees Limited

Bendigo SmartStart

GPO Box 264

Melbourne VIC 3001

Phone: 1800 033 426

Fax: 03 6215 5800

Email: [superannuation@bendigobank.com.au](mailto:superannuation@bendigobank.com.au)

Website: [bendigobank.com.au/super](http://bendigobank.com.au/super)