

Application to reinstate your insurance cover cancelled on or after 1 July 2019 due to government legislation

For BUSSQ members

About this application form

You can apply to reinstate your previously held cover (which may be Death & TPD cover, or Death Only cover, or Income Protection cover or a combination of these types of cover) by completing this Application Form if cover was cancelled by the Trustee after a period of 16 months in which no contributions or rollovers were received into your account. This cancellation by the Trustee was necessary to comply with section 68AAA(1) of the SIS Act, amended in accordance with the Protecting Your Super Package Act.

This completed form must be received by BUSSQ within 2 months of when your cover ended due to government legislation, as advised by BUSSQ to you. You can email your application to super@bussq.com.au

BUSSQ will advise you in writing of the date your cover restarts and where relevant, the terms to apply.

Important information

Your cover will be backdated to when it ended to ensure there is no gap in your cover. This means that premiums will be deducted from your super account from the date your cover ended.

A. Your details

Member number

Title Mr Mrs Ms Miss Doctor Other

Surname

First name Date of birth (dd/mm/yyyy) / /

No. and street (home)

Suburb/Town State Postcode

Home phone Business phone Mobile phone

Email

B. Duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer when applying for insurance. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

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 or recommending insurance.

If you do not meet your duty

Not meeting your legal duty 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 we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund, or ask to extend or make changes to existing insurance benefits, the fund trustee may pass on to us personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information you provide to us. When answering our questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume we will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application, please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and we'll let you know whether it has any impact on the cover.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty answering our questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

C. At Work questions

As at the date of signing this form:

1. Are you actively performing, or capable of performing, all the duties of your usual occupation?

- Yes
 No

2. Are you in receipt of, or are you entitled to claim, income support benefits in respect of an illness or injury from any source including workers' compensation benefits, statutory transport accident benefits or disability income benefits (including government income support benefits)?

- Yes
 No

3. Are you working your usual hours free of any limitation due to illness or injury?

- Yes
 No

4. Are you employed or self-employed for reward or financial benefit, or the hope of reward or financial benefit, in any business, trade, profession, vocation, calling, occupation or employment?

- Yes
 No

If your answer to questions 1, 3 and 4 is **yes**, and your answer to question 2 is **no**, your cover will be reinstated from the date your cover ended, so there is no gap in your cover.

If your answer to any of the questions 1, 3 or 4 is **no**, or your answer to question 2 is **yes**, New Events Cover will be provided until you have been At Work for 30 consecutive days.

"At Work" means my answers to all of questions 1, 3 and 4 are **yes** and my answer to question 2 is **no**.

"New Events Cover" means cover for claims that arise from an illness that became apparent or an injury that occurred on or after the day that your cover started or restarted under this policy.

Declaration

- I have read and understood my duty to take reasonable care not to make a misrepresentation and that the statements and answers provided in this Questionnaire are true, accurate and complete.
- I acknowledge that my cover will be reinstated and backdated to the day after my cover ended to ensure there is no gap in my cover. I understand that premiums will be deducted from my superannuation account to pay for cover from the day after my cover ended, as requested in this application.
- I acknowledge any restrictions that previously applied to my cover, such as exclusions (due to medical conditions and/or hazardous recreational activities) or loading of premiums to be higher than standard rates, will continue to apply to my reinstated cover. If my previous cover was Limited Cover then any reinstated cover will also be Limited Cover. If any pre-existing condition exclusion applied to my previous cover, this will apply to any reinstated cover.
- I understand and acknowledge that if I am not At Work (as defined above in this form) on the date of signing this form, any reinstated cover will be provided as New Events Cover (as defined above in this form) until I have been At Work for 30 consecutive days.
- I understand that Zurich's liability in respect of this application will be subject to Zurich accepting the information contained on this form and providing written acceptance of the application to the policy owner.
- I consent to the collection, use, storage and disclosure of my personal information as described in Zurich's Privacy Policy, which is available at zurich.com.au/important-information/privacy
- I understand that the insurance I have applied to reinstate will not become effective until my application is accepted by BUSSQ.
- I understand that my insurance cover will not be reinstated if this form is not receipted by BUSSQ within 60 days of the date my cover ended due to government legislation, as advised to me by BUSSQ.

Signature of member

X

Date (dd/mm/yyyy)

/ /

BUSSQ
Phone: MY BUSSQ (1800 69 2877)
Email: super@bussq.com.au
Website: bussq.com.au

Zurich Australia Limited (Zurich) ABN 92 000 010 195 AFSL 232510

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