

Application to change occupational classification

Group risk insurance – For BUSSQ Premium Choice and MySuper Members

Instructions

- All sections must be completed in black or blue ink and in BLOCK CAPITAL letters.
- Please return the completed form to: BUSSQ, GPO Box 2775, Brisbane Qld 4001.

When to use this form

Please complete this form if you:

- are an insured member of the BUSSQ Premium Choice Division or the MySuper Division; and
- wish to change the occupational classification which applies to your cover with BUSSQ.

You can apply to change your classification between the following options, as set out in the table below:

Type of cover	Member division	Occupational classification
Income Protection	Premium Choice	White Collar, Light Blue and Heavy Blue Collar
	MySuper	Not applicable
Death only	Premium Choice	White Collar, Light Blue and Heavy Blue Collar
Death and Total and Permanent Disablement (TPD) cover	MySuper	Manual and Non Manual

The cost of your insurance cover will be matched to your occupational classification.

Important notice

Insurance is provided under a group insurance policy issued by Zurich to BUSS(Queensland) Pty Limited ABN 15 065 081 281, trustee for the Building Unions Superannuation Scheme (Queensland) (BUSSQ).

Zurich will assess and determine your application, and will also decide what classification applies to your occupation based on the information you provide in this form. BUSSQ will notify you of the decision in writing.

Changing your occupational classification will change the premium you pay, but not the amount of your cover. However, Total and Temporary Disablement (TTD) cover does not apply to Non Manual workers – by switching from the Manual to Non Manual insurance scale, you will be effectively opting out of TTD cover entirely.

For definitions of the occupational classification, please refer to the most recent version of the MySuper or Premium Choice Division BUSSQ Product Disclosure Statement (PDS), available online from bussq.com.au

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 recommencing 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.

1. Member details

BUSSQ membership number

Title Mr Mrs Ms Miss Doctor Other

Surname Given name(s)

Date of birth (dd/mm/yyyy) / / Male Female

Residential address (this cannot be a PO Box)

Street

Suburb State Postcode

Country

Home phone Work phone Mobile phone

Email

What is your current occupation?

What is your current annual salary (including average bonus for the last three years)?

I authorise Zurich's underwriting service representative to contact me by phone if further information is required

I can be contacted during the following times: Monday Tuesday Wednesday Thursday Friday

Between am/pm and am/pm

Please tick your preferred contact method: home phone work phone mobile phone

2. Change the occupational classification of your cover

To change your occupational classification, please answer all the following questions

a. As at the date of signing this application, I declare that:

- I am not off work due to injury or illness or restricted from performing any of the usual duties of my current occupation due to injury or illness, on a full-time basis of at least 30 hours per week (even if not currently working on a full-time basis for non-medical reasons)
 True
 False
- I have not been paid, am not eligible to be paid, nor have I lodged a claim for any type of sickness, accident or disability (including total and permanent disability or terminal illness) benefit(s) from any source such as a life insurer or WorkCover authority
 True
 False
- I have not taken more than a total of seven consecutive days off work over the past 12 months due to illness or injury (other than for cold or flu)
 True
 False
- All the duties of my current occupation are limited to sedentary duties and do not involve any manual work
 True
 False
- I spend at least 50% of my working time in an office environment
 True
 False
- I am currently employed for at least 15 hours per week on an ongoing basis
 True
 False

If you answered “False” to any of the questions above, you cannot change your occupational classification to the Non Manual or White Collar scales.

b. Please identify the income producing duties of your current occupation and the approximate percentage of time spent on each duty per week. The list below represents the physical nature of duties only.

Type of work	% of time	Please describe your specific duties and where they are performed Please note that the examples are a guide only
Sedentary		(e.g. filing, computer work, answering telephone, reception duties)
Manual work – light		(e.g. driving with deliveries, lifting under 5 kg etc)
Manual work – heavy		(e.g. bricklaying, lifting over 5 kg, painting, carpentry, mechanic etc)

3. Declaration

- I have read and carefully considered all the information in this form, and all the answers provided in this form are true and complete (including those not in my own handwriting).
- I have read and understood the most recent version of the BUSSQ Product Disclosure Statement for the MySuper or Premium Choice Division (as applicable), available online at bussq.com.au or by calling 1800 692 877.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by Zurich and my current occupational classification will continue to apply.
- I understand that if Zurich rejects my application, all my cover will be based on my existing occupational classification.
- I understand that if Zurich accepts my application, all my cover in BUSSQ will be based on the accepted occupational classification which I will be notified of in writing. The premium applicable to the accepted occupational classification will apply to my cover from the date my application is accepted.
- 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 have read and understood the Privacy Statement of BUSSQ (available online at bussq.com.au or by calling 1800 692 877) and Zurich (set out at Section 4) and consent to the collection, use and disclosure of my personal information (including health information) in accordance with these statements.

Member – signature

X

Date / /

4. Privacy Statement

In this section 'we', 'us' and 'our' refers to Zurich Australia Limited (Zurich). 'You' and 'your' refers to policy owners and life insureds.

We collect your personal information (including health and other sensitive information) from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information (including health and other sensitive information). Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from zurich.com.au/important-information/privacy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information (including health and other sensitive information) to certain third parties as outlined below.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

PROVIDING YOUR INFORMATION TO OTHERS

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud;
- any related company of Zurich which will use the information for the same purposes as Zurich and will act under Zurich's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide.

PRIVACY CONSENT

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at zurich.com.au/important-information/privacy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

PRIVACY POLICY

Our Privacy Policy contains information about:

- when we may collect information from a third party;
- how you may access and seek correction of the personal information (including health and other sensitive information) we hold about you; and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: GPO Box 75
Sydney NSW 2001

Email: Privacy.officer@zurich.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy at zurich.com.au/important-information/privacy

OVERSEAS RECIPIENTS

We may disclose your personal information (including health and other sensitive information) to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in our Privacy Policy at zurich.com.au/important-information/privacy

Organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers):

- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (or parties acting on behalf of the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of the Zurich Insurance Group Ltd group), including for carrying out any group business functions;
- organisations, including those in alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities.

We will also disclose your personal information (including health and other sensitive information) in circumstances where we are required by law to do so. Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- there are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

INFORMATION REQUIRED BY LAW

Zurich may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at zurich.com.au/important-information/privacy

BUSSQ

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Email: super@bussq.com.au

Website: bussq.com.au

Phone: 1800 199 414

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