

Future Insurability Increase Application Form

For insured members in BUSS(Q) Premium Choice Division

Instructions for completing this form

- All sections must be completed in black or blue ink and in BLOCK CAPITAL letters.
- Please attach the required documents set out in Section 3.
- Please return the completed form along with the attachments to: BUSS(Q), GPO Box 2775, Brisbane Qld 4001

When to use this form

Please complete this form if you:

- are an existing member in the BUSS(Q) Premium Choice Division; and
- currently hold Death only cover or Death and Total and Permanent Disablement (TPD) cover; and
- wish to increase your Death only or Death and TPD cover (as applicable) by 25% (subject to a maximum of \$200,000) under Life Events Cover.

Life Events Cover (also known as Future Insurability) allows you to increase your Death only cover or Death and TPD cover without having to provide medical evidence when a specific life event occurs.

A specific life event is any of the following:

1. Marriage or the continuation of an interdependent relationship* for two years or more.
2. Birth or adoption of a child.
3. Child starting secondary school.
4. Taking out or increasing a mortgage on a principal place of residence in excess of \$100,000.
5. Taking out a new business loan in excess of \$100,000 or increasing an existing business loan by at least \$100,000 for a business of which you are a 'key person'.

You can only apply to increase your cover under Life Events Cover if:

- you have not had a previous application for insurance declined by Zurich
- you are aged less than 55 years when the specific life event occurs
- you have not made or you are not entitled to make a claim in relation to your insurance cover (including Income Protection cover) through BUSS(Q)
- you have not increased your cover under Life Events Cover in the previous 12 months
- you have not increased your cover under Life Events Cover on three previous occasions
- this application is made within six months (or 180 days) of the specific life event occurring
- if the specific life event is marriage, you have not previously increased your cover under Life Events Cover because of marriage.

* Two people have an interdependent relationship if:

- they have a close personal relationship
- they live together
- one or each of them provides the other with domestic support, personal care and financial support.

A person with a disability living in an institution may also qualify. Friends or flatmates just sharing accommodation or people providing care under employment contracts or on behalf of a government, charitable or benevolent organisation do not qualify.

Please refer to the most recent version of the BUSS(Q) Premium Division Product Disclosure Statement(s) for full terms and conditions that apply to your application.

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

BUSS(Q) 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

☐ 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

☐ Any business day

Between

am/pm and

am/pm

Please tick your preferred contact method:

☐ home phone

☐ work phone

☐ mobile phone

2. Eligibility

Please tick the appropriate box.

a. I wish to apply for additional

☐ Death Only cover

or

☐ Death and TPD cover

b. I confirm that:

• In the event of marriage, I have not previously obtained more cover under Life Events Cover because of marriage

☐ True

☐ False

• I have not made, nor am I entitled to make a claim in relation my insurance cover through BUSS(Q)

☐ True

☐ False

• as at the date of the specific life event, I was aged below 55 years

☐ True

☐ False

• I have never had an application for cover declined by Zurich

☐ True

☐ False

• I have not increased my cover under Life Events Cover in the previous 12 months

☐ True

☐ False

• I have not increased my cover under Life Events Cover on three previous occasions

☐ True

☐ False

If you answered 'False' to any of the statements in Section 2, you cannot proceed with this application to obtain more cover. To find out how else you can apply for more cover, phone BUSS(Q) on 1300 773 776.

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3. Life Event

Please select one by ticking the appropriate box:

Life event	Date of event (dd/mm/yyyy)	Documents required
<input type="radio"/> Marriage	/ /	A copy of your marriage certificate.
<input type="radio"/> Involvement in an interdependent relationship for two years or more	/ /	Written proof of two-year interdependent relationship that can take the form of: <ul style="list-style-type: none"> a copy of legal documents showing joint finances and commitment (e.g. lease, mortgage, property title, Will, power of attorney, joint bank account or utility bills in joint names); or at least two statutory declarations from other people who can confirm the nature of your relationship.
<input type="radio"/> Birth of a child; or <input type="radio"/> Adoption of a child	/ /	<ul style="list-style-type: none"> A copy of the birth certificate of your child; or a copy of adoption papers confirming that you have adopted a child.
<input type="radio"/> Child started secondary school	/ /	<ul style="list-style-type: none"> A copy of letter of enrolment/admission from secondary school; and a copy of the birth certificate or adoption papers of your child or adopted child.
<input type="radio"/> Taken out a mortgage in excess of \$100,000 on principal residence; or <input type="radio"/> Increased mortgage on principal residence by more than \$100,000 (Excludes re-draw and refinancing)	/ /	Written confirmation from your mortgage provider(s) of either: <ul style="list-style-type: none"> the amount and effective date of the mortgage, if a new mortgage; or if increased mortgage – the amount of the mortgage immediately preceding the increase, the effective date of the increase and the current level of the increased mortgage.
<input type="radio"/> Taken out a new business loan in excess of \$100,000; or <input type="radio"/> Increased an existing business loan by at least \$100,000 (Excludes re-draw and refinancing)	/ /	Written confirmation from your existing loan provider(s) of either: <ul style="list-style-type: none"> the amount and effective date of the loan, if a new business loan; or if increased business loan – the amount of the loan immediately preceding the increase; the effective date of the increase and the current level of the increased loan, whether with an existing or different loan provider.

4. Declaration and signature

I, whose signature appears below, declare that:

- I have read and understood the most recent version of BUSS(Q)'s Premium Choice Product Disclosure Statement(s) (available online at bussq.com.au or by calling 1300 773 776).
- I have read and understood all the questions in this application form, and all the answers I have provided in this application form are true and complete (including those not in my own handwriting).
- I understand that all the information I have provided in this application form, along with any other statements made or evidence provided in connection with this application, will be used by Zurich to determine my application.
- I understand that the increased amount of insurance I have applied for will not become effective until I am notified in writing that Zurich has accepted my application.
- I am not eligible to make a claim under BUSS(Q)'s insurance policy with Zurich.
- I understand that if this application is approved, my insurance cover will increase by 25% of the amount of cover I had at the time of the specific life event, subject to a maximum of \$200,000.
- I understand and accept that all the terms and conditions, including extra cost options or special conditions such as premium loading or exclusions, that currently apply to my existing cover will also apply to any increased cover.
- 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 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.
- I authorise any person named in this application form to verify any aspect of it, and disclose any information that they may possess about me to Zurich in relation to my application.
- I authorise the collection, use and disclosure of my personal information for the purposes of processing this application and the administration of BUSS(Q)'s insurance policy with Zurich, as outlined in Zurich's Privacy Statement (provided in Section 5 below). I understand that Zurich may not be able to process my application or administer the policy without this consent.

Signature of member

X

Date (dd/mm/yyyy) / /

5. Privacy Statement

In this section 'we', 'us' and 'our' refers to Zurich Australia Limited. '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;
- 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 Australia Limited 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

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

BUSSQ
Phone: 1800 692 877
Email: super@bussq.com.au
Website: bussq.com.au
GPO Box 2775, Brisbane QLD 4001