



INSURANCE APPLICATION - PERSONAL STATEMENT

IMPORTANT INFORMATION

Complete this form if you're applying:

- ✓ for UP TO \$500,000 Life and/or Total & Permanent Disability Insurance, or
- ✓ for UP TO \$5,000 per month Income protection Insurance with a waiting period of 30 days and a benefit period of 1 year, or
- ✓ to remove the New Events cover restriction on your existing cover

If you wish to apply for more than cover than the amounts stated above please contact us at insurance@gigsuper.com.au to request the Full Underwriting questionnaire.

INFORMATION NOTICE

The GigSuper group insurance for Death (including Terminal Illness), Total and Permanent Disablement (TPD) and Income Protection (IP) cover provided under group life policies is issued by Hannover Life Re of Australia Ltd (ABN 37 062 395 484).

The information collected is provided to Hannover Life Re of Australia Ltd (HLRA) who will assess your application (references to "we" and "us" refer to HLRA).

DUTY OF DISCLOSURE

Before you enter into a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance.

This duty of disclosure continues after you have completed this statement until the cover has been issued by us. The same duty applies before you extend, vary or reinstate the contract.



You do not need to tell us anything that:

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

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to disclose.

IF YOU OR THE PERSON WHO BECOMES THE LIFE INSURED UNDER THE POLICY DO NOT TELL US SOMETHING

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

If you or the life insured does not tell us something that you or they are required to tell us, and we would not have insured you on the same terms if we had been told, we may avoid your cover within 3 years of issuing it.

If we choose not to avoid your cover, we may, at any time, reduce the amount for which you or the life insured have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you and the life insured had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount for which you or the life insured have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told.

However, this right does not apply to death cover.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the cover as if it never existed.

PRIVACY COLLECTION NOTICE

This Privacy Collection Notice outlines how Hannover Life Re of Australasia Ltd ("Hannover", "we", "us" or "our") collects and handles your personal information in compliance with the Privacy Act 1988 (Cth).

COLLECTION AND USE

We collect personal information such as identification information and policy details and sensitive information such as health details. Generally, we collect this information so that we can provide our products and services to you and manage, administer, develop and improve our business, including to assess and process your application for insurance, and assess any claims made by you or on your behalf. We generally collect this information directly from you but may on occasions collect it from a third party such as our related bodies corporate, professional advisers or from publicly available information.

If you do not provide us with all or part of the personal information we require, we may be unable to provide such services to you.

DISCLOSURE

The information you provide us will be collected by us and may be disclosed to third parties that help us deliver and improve our products and services (including other insurance / reinsurance companies, legal practitioners, medical practitioners, health service providers, hospitals, legal tribunals and courts, dispute resolution bodies, investigators/investigation organisations, third parties authorised by you, any current or former employer, our parent company and other related bodies corporate, professional advisers such as accountants or lawyers or other consultants, service providers that assist us in carrying out our business activities, trustees of superannuation funds, administrators of superannuation funds, an organisation appointed by the trustees of a superannuation fund to receive or give information, interpreters and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law) or as required by law.

OVERSEAS DISCLOSURE

We may disclose your personal information to parties located in other countries, including to our related bodies corporate. The countries in which these recipients may be located will vary from time to time, but may include Germany, Canada, Japan, New Zealand, Hong Kong, United Kingdom, United States of America, India, China, Korea, Malaysia, South Africa, Bermuda, Ireland, Sweden and France.

ACCESS

Our Privacy Policy which is available at https://www.hannover-re.com/1094181/australia_lh_privacy (or, by contacting us using the details set out in the 'Contact Us' section below) outlines our personal information handling practices, including details on how you can seek access or correction of the personal information that we hold about you, how to complain if you believe we have breached the Australian privacy laws and our complaint handling processes.

CONTACT

You may contact Hannover as follows:

The Privacy Officer. Hannover Life Re of Australasia Ltd Tower 1, Level 33, 100 Barangaroo Avenue SYDNEY NSW 2000

Telephone: (02) 9251 6911 Facsimile: (02) 9251 6862 Email: privacyofficer@hlra.com.au

All questions on this form are relevant as to whether or not Hannover Life Re of Australasia Ltd (HLRA) offers you insurance and, if so, on what terms. Consequently, all questions must be answered correctly and completely. Block letters should be used. A dash is not acceptable. Please attach additional pages if there is insufficient room to provide full information for any question.

Section A. FUND & TYPE OF COVER

Name of Fund: GIGSUPER

Type of cover: (please tick appropriate box)

Amount of Benefit/Cover:

- | | |
|--|--|
| Death only | <input type="checkbox"/> \$ _____ (max \$500,000*) |
| Death and Total and Permanent Disability (TPD) | <input type="checkbox"/> \$ _____ (max \$500,000*) |
| Total and Permanent Disability only (only available to under 25's) | <input type="checkbox"/> \$ _____ (max \$500,000*) |
| Income Protection (IP) – monthly benefit | <input type="checkbox"/> \$ _____ (max \$5,000*) |

*if you require more than this amount of cover please contact us at insurance@gigsuper.com.au to request the Full Underwriting questionnaire.

Section B. MEMBER DETAILS & INSURANCE HISTORY

1. Given Name _____ Surname _____

Member Number: _____

Your Member Number can be found in the 'Welcome to GigSuper' email you received when you first opened your account, or alternatively by contacting us at support@gigsuper.com.au.

Date of Birth: ____/____/____ Birth Gender: Male Female

2. Occupation: _____

3. Annual Salary: \$ _____

4. Email _____

Telephone _____ Mobile _____

Please tick your preferred contact method and most convenient time to contact you:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Mobile |
| <input type="checkbox"/> Email | <input type="checkbox"/> am/ <input type="checkbox"/> pm |

Section C. AT THE DATE OF THE APPLICATION:

1. Are you a Citizen or Permanent resident of Australia or New Zealand and currently residing in Australia?
 Yes No
> *If **NO**, are you the holder of a valid Australian work VISA and currently residing in Australia?*
 Yes No

2. Do you intend to live or travel anywhere outside Australia in the next 2 years other than for holidays/annual leave or short business trips to New Zealand, the US, the UK, Canada, Singapore, Malaysia, the Pacific Islands other than the Solomon Islands or Countries within the European Union?
 Yes No

3. Are you carrying out all of the duties of your current or usual occupation on a full time basis for at least 30 hours per week?
 Yes No
> *If **NO**, are you capable of working on a full time basis for at least 30 hours each week?*
 Yes No

4. **If applying for Income Protection cover.** Are you self-employed, contractor or permanent employee, and working for at least 15 hours each week?
 Yes No

5. Do you participate in Aviation (except as a passenger on a commercial airline), Motor Racing, Scuba Diving (more than 40 metres), Professional or Semi-Professional Sports, or any other hazardous activity?
 Yes No

6. To the best of your knowledge, have any of your immediate family, living or deceased, ever been diagnosed with polycystic kidney disease, Huntington's disease or Familial Adenomatous Polyposis?
 Yes No

7. Is your BMI 33 or less?
To calculate your BMI, divide your weight (kg) by your height squared (metres²).
For example, if you weigh 60kg and your height is 1.65metres:
 $60 \text{ (kg)} \div (1.65\text{metres} \times 1.65 \text{ metres}) = \text{BMI}$
 Yes No

8. On average do you consume more than six standard alcoholic drinks per day?
 Yes No

9. In the past 3 years have you had more than 5 consecutive days off work for illness or injury?
 Yes No

10. Have you made a claim, are eligible to lodge a claim, are in receipt of a benefit worker's compensation, income protection, total and permanent disablement or any other disability insurance?

Yes No

> *If YES, was it in the past 5 years?*

Yes No

11. Have you had insurance accepted on special terms (such as an exclusion or premium loading) for any of the following: death, income protection, total and permanent disablement or any other disability insurance?

Yes No

> *If YES, was it in the past 5 years?*

Yes No

12. Have you ever suffered symptoms of, or had, or have received any advice or treatment for any of the following conditions:

a. Cardiovascular disease or any other circulatory disorders such as high blood pressure or high cholesterol?

Yes No

b. Any form of cancer or tumour other than benign skin lesions?

Yes No

c. Diabetes or blood sugar abnormality, Kidney Disease, Liver Disease, Multiple Sclerosis or neurological condition?

Yes No

d. Mental or nervous disorders including stress, depression or anxiety?

Yes No

> *If YES, was medication prescribed or has it caused you to be absent from work for more than 10 working days in total?*

Yes No

e. Bladder, bowel or stomach disorder?

Yes No

f. Back, neck or joint disorder including arthritis?

Yes No

g. Loss of sight, blindness or deafness?

Yes No

13. Have you ever used any illegal drug or received medical advice or counselling for alcohol consumption or the abuse of prescription medication?

Yes

No

14. To the best of your knowledge, are you infected with, or are you in a high-risk category for contracting HIV which causes AIDS?

Yes

No

15. Do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition?

Yes

No

16. Have you:

a. returned from overseas in the last 2 weeks?

Yes

No

b. had close contact with a person confirmed or suspected to have COVID-19 in the last 14 days?

Yes

No

c. been diagnosed with COVID-19 or is it likely that you have this disease?

Yes

No

d. suffered from one of the following symptoms in the last 14 days:

i. sore throat,

ii. runny nose,

iii. fever of 38°celsius or above,

iv. cough,

v. shortness of breath,

vi. difficulty breathing,

vii. chest pain or

viii. unexplained fatigue, aches and pains?

Yes

No

e. been advised to undergo a test for COVID-19 or do you currently await the result from a test for COVID-19?

Yes

No

If you've answered 'Yes' to any of question 16, please provide additional details

Note: Once HLRA has reviewed your answers, HLRA may request further information to consider your application.

CONSENT FOR ACCESSING HEALTH INFORMATION

Notes on releasing information about your health,

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, Hannover Life Re of Australasia Ltd, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for.

This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

Please read and complete the below authorities. If you choose to withhold your consent, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

By ticking this box I _____ (Name), whose date of birth is set out below, indicate that with the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to Hannover Life Re of Australasia Ltd ("HLRA") or to third parties they engage.

I agree to all the following:

- My health information can be released in the form HLRA asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- HLRA can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while HLRA is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Applicants Date of Birth: ____/____/____

Today's Date: ____/____/____

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

By ticking this box I _____ (Name), whose date of birth is set out below, indicate that I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to Hannover Life Re of Australasia Ltd ("HLRA"), or to third parties they engage, only if HLRA has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- HLRA can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while HLRA is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Applicants Date of Birth: ____/____/____

Today's Date: ____/____/____

CONSENT, DECLARATION & AUTHORITY TO PROVIDE INFORMATION

DECLARATION

By ticking this box you _____ (Name), whose date of birth is set out below, indicate that by continuing with you're application (and, any variation, extension or reinstatement of you're application) or application for different insurance cover you agree that:

- You have read, understand and agree to the terms of our Duty of Disclosure and all your answers are correct. In particular, you give us a general authority to obtain information we reasonably believe is relevant to your application unless you tell us otherwise (e.g. where you request we only obtain particular information from particular sources or you have not consented for your health provider to release your health information to us) which may delay or invalidate your application and, if you fail to comply with your duty of disclosure, we may avoid your cover or reduce the amount of cover if it is within a 3 year period.
- You have read, understand and agree to the terms of our Privacy Collection Notice. In particular, you consent to us collecting and where required disclosing certain personal information and sensitive information (including medical and health information) from or to third parties (the details of which can be found in our Privacy Collection Notice https://www.hannover-re.com/1094181/australia_lh_privac_y) who may contact you and provide information to you about our or their services.
- As at the date of this application you are not absent from work for reason of illness or injury and you are performing all duties you would ordinarily perform in your occupation.

I acknowledge:

- a) this Declaration is part of an application for Life, TPD and IP
- b) that, by completing this application, I continuously elect throughout the period of my Fund membership for the Fund trustee to take out or maintain insurance to provide the benefits, even if:
 - a. my Fund account is inactive (no amounts received) for any period, including a continuous period of 16 months or longer; or
 - b. my Fund account balance is less than \$6,000; or
 - c. I am under the age of 25 years or other prescribed age (where applicable).

I acknowledge that, by submitting this application on the submission date indicated, I have elected for the benefits to continue in accordance with superannuation law regardless of the factors above (subject to meeting the policy terms including premium requirements), and that I can cease the insurance by submitting a request to GigSuper.

I accept that this electronic authority replaces the need for a personally signed Consent and Declaration.

Applicant's Name _____

Date of Birth: ____/____/____

Today's Date: ____/____/____

***Completed forms can be returned via email to insurance@gigsuper.com.au, or by post to:
GigSuper, PO Box 142, Surry Hills, NSW 2010***



GIGSUPER

GigSuper Pty Ltd

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support@gigsuper.com.au | www.gigsuper.com.au

Disclaimer

The information contained in this document is general in nature and has been prepared without taking into account your objectives, financial situation or needs, and because of this, you should consider whether the information is appropriate and where appropriate seek professional advice from a Financial Adviser. Refer to GigSuper's website for a copy of its PDS. GigSuper is a product promoted and distributed by GigSuper Pty Ltd (ABN 32 620 862 053) who is a Corporate Authorised Representative (CAR No. 1276569) of Grow Super AFSL Pty Ltd (ABN 16 135 540 135, AFSL 340958).