



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

If we choose not to avoid the 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

The *Privacy Act 1988* sets out a number of principles that we must comply with in the collection, security, storage, use and disclosure of personal information. These principles are known as the Australian Privacy Principles.

COLLECTION AND USE

Your personal information is being collected by HLRA. We collect personal information so that we can assess and process your application for insurance, and assess any claims made by you or on your behalf. If you fail to provide us with all or part of the personal information we require, we may be unable to assess and process your application for insurance or assess and pay any claim.

We may also use information for regulatory and compliance purposes. This may include conducting sanctions screening of policy holders.

DISCLOSURE

We may disclose your personal information to other organisations for the same purposes as we collected it. We may disclose your personal information to medical practitioners, health service providers, legal and any other professional advisers, agents or consultants including accountants, third parties authorised by you, other insurers and reinsurers, our parent company, investigators and loss assessors, external dispute resolution bodies, legal tribunals and courts, the trustee and the administrator of superannuation funds, interpreters, and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law.

OVERSEAS DISCLOSURE

We may disclose your personal information to our parent company in Germany for the same purposes as we collected it (see Collection and Use above). We may also disclose your personal information to other overseas recipients (including, for example, our reinsurers who are located overseas) for the same purposes as we collected it. For further information on the locations where your personal information may be disclosed, please refer to our privacy policy, which is available at https://www.hannover-re.com/1094181/australia_th_privacy.

ACCESS

You may request access to the personal information we hold about you. We may be entitled to deny your request for access in some circumstances. If we deny your request, we will tell you why. Your right to access your personal information is set out in our Privacy Policy.

CONTACT

For more information about our privacy practices, please refer to our Privacy Policy or contact us 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. You can complete this form electronically otherwise please use block letters should you choose to print and complete by hand. 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	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:
 $60 \text{ (kg)} \div (1.65 \text{ metres} \times 1.65 \text{ metres}) = \text{BMI}$
Is your BMI 33 or less?
☐ 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: 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
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

h. Any illegal drug use, abuse of prescription medication or received medical advice or counselling for alcohol consumption?

☐ Yes

☐ No

i. 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

j. Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition?

☐ Yes

☐ No

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

CONSENT, AUTHORITY & DECLARATION

Authority to Provide Information

- I understand that in order to assess and process my application, Hannover Life Re of Australasia Ltd. ("HLRA") may need health and employment information about me; and
- I consent to HLRA obtaining information about me from any of the parties listed below.
- I also understand that if I apply for increased or different insurance cover, HLRA may require further information about me and consent to HLRA obtaining such further information as and when required, from any of the parties listed below.
- I understand that if I or anyone else on my behalf, makes a claim for a benefit, HLRA will need information about me in order to assess and process the claim, and I also consent to HLRA obtaining information about me in relation to any claim I make from any of the following parties listed below:

Parties to whom this consent is directed*:

- any hospitals or medical practitioners that have examined me or reviewed any diagnostic medical test in relation to me;
- any current or former employer;
- any professional adviser, such as your accountant or lawyer;
- any insurance company (including HLRA's parent company or reinsurance company) that may have relevant information about me;
- the trustees of my superannuation fund, or any organisation appointed by the trustees of my superannuation fund to receive or give information.

For the purpose of this application and any future application and any claim for a benefit, I also consent to HLRA disclosing information about me to any of the parties mentioned above, insofar as such disclosures are necessary for HLRA to perform its functions.

DECLARATION

- a) I have read and carefully considered the questions on this Insurance Application/Personal Statement.
- b) I have also read the Duty of Disclosure and all my answers on the Insurance Application/Personal Statement are true and correct; and
- c) I understand that my duty to disclose continues after I have completed this application until HLRA has accepted the application.

I acknowledge:

- a) this Declaration is part of an application for Life, TPD and IP, and the making of a false statement or
- b) that, if I fail to provide all or part of the information required, or consent to HLRA obtaining such information, as it requires, this application will not be assessed and processed.
- c) that at the date of this application I am not absent from work for reasons of illness or injury and I am performing all of the duties of my usual occupation

- d) 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: ____/____/____

*Under our industry Code of Practice if we require information from other people, such as the parties that are listed in this authority, we may ask you for a general authority to obtain information about you from them such as this.

If you agree to give us this general authority we will use it to obtain information that we reasonably believe is relevant to your application for insurance cover or to a claim.

If you make a claim you can cancel this authority by notifying us, and instead authorise us to request particular information from particular sources.

However, you should be aware that this could cause delays in the assessment of your claim or mean that we are unable to assess your claim, and we may require further authorities before we can progress to the assessment of your claim.

***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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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).