



Insurance change – adjust or apply for cover

COMPLETE SHADED SECTIONS

Please complete in **BLOCK LETTERS** using a **BLACK** or **BLUE** pen and ensure it is signed and dated.

Use this form to apply for or adjust the insurance cover you have as part of your super account. For details of your insurance options, refer to the *Insurance options guide* available from hestaformercy.com.au. In considering your insurance needs you may wish to seek the advice of a licensed or appropriately authorised financial adviser

You can also apply for or increase your insurance cover quickly and easily using the Insurance Portal at hestaformercy.com.au/insurance-portal

! **IMPORTANT:** Complete ALL details. This is needed to validate your identity and get in touch if we have any questions.

1. Your personal details

| | | | |
|---|------------------------------------|----------------------|--|
| Member Number | Your name (First name and surname) | | |
| <input type="text"/> | <input type="text"/> | | |
| Date of birth | Mobile or daytime telephone | | |
| <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/> | <input type="text"/> | | |
| Residential address (must be provided - PO Box not accept) | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Email | | | |
| <input type="text"/> | | | |

2. Cancel your cover

Complete this section to cancel part or all of your cover. Indicate the insurance cover you would like to cancel by ticking the applicable box(es) below:

- I wish to cancel my Death Cover (note: if you also have TPD Cover then you will need to cancel your TPD Cover as well. TPD Cover cannot be held without Death Cover)
- I wish to cancel my TPD Cover
- I wish to cancel my Income Protection Cover

Your insurance cover will be cancelled from the date HESTA for Mercy receives this correctly completed form.

3. Change/Apply for unitised Death and/or TPD Cover

Complete this section to apply for or change (including reducing) the number of units of Death and/or TPD Cover you have. Please provide the TOTAL number of units you want (including any units of cover you already have). If your application is accepted, it will replace any existing Death and/or TPD Cover you have:

Death Cover – I wish to have units of Death Cover

TPD Cover – I wish to have units of TPD Cover

Please continue over page

4. Change/Apply for fixed Death and/or TPD Cover

Complete this section to apply for or change (including reducing) the fixed Death and/or TPD Cover you have. Please provide the TOTAL dollar value of the cover you want (including any fixed cover you already have). If your application is accepted, it will replace any existing Death and/or TPD Cover you have:

Death Cover – I wish to have \$ in fixed Death Cover

TPD Cover – I wish to have \$ in fixed TPD Cover

5. Change/apply for Voluntary Income Protection cover

Complete this section if you want to apply to add or vary your Income Protection cover, including your amount of cover and/or your chosen benefit and waiting periods. If your application is accepted, it will replace any existing Income Protection Cover you have.

Choose the benefit and waiting period for your Income Protection Cover:

I wish to apply for Income Protection Cover with the following benefit period and waiting period:

Benefit period (up to): 2 years **Waiting period:** 30 days
 5 years 60 days
 Age 65 90 days

Choose your amount of Income Protection Cover (per month):

I wish to apply for the following amount of Income Protection Cover: \$ per month

Note: The maximum amount of Income Protection benefit payable is 75% of your Pre-Disability Salary for the 'up to 2 years' benefit period and 85% of your Pre-Disability Salary for other benefit periods (with the first 75% of Pre-Disability Salary paid as an income replacement benefit and any residual sum insured payable as a super contribution benefit up to a maximum of 10% of your Pre-Disability Salary). Refer to the Insurance options guide available at hestaformercy.com.au/pds for details.

6. Details about your occupation

Your occupation

Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary-type duties? (This includes the total amount of time spent in all occupations as advised above) - Please mark your answer Yes/No below

Yes - **Answer the questions below**

Do you have a university degree qualification relevant to the field of your main occupation and are a member of a professional institute OR are you an executive or senior managerial white-collar worker?

Yes No

Is your current annual salary package (excluding Superannuation Guarantee contribution) \$100,000 or more (or full-time equivalent if you are working part-time)?

Yes No

No - **Answer the questions below**

Are you mainly engaged in light manual duties OR you travel but do not deliver goods? (e.g. retail and sales personnel, computer technician, registered nurse, supervisors of manual work, professional with some fieldwork).

Yes No

Are you a skilled or semi-skilled worker who holds a trade certificate and who performs a moderate amount of manual work? (e.g. plumber, carpenter, psychiatric nurse).

Yes No

7. Maintain your cover if your account becomes inactive

Complete this section if you want to keep your insurance cover even if your account becomes inactive.

I wish to keep all my insurance cover provided as part of my HESTA for Mercy account even if my account has not received a contribution or roll in for 16 months or more. I understand that the cost of my insurance cover will continue to be deducted from my HESTA for Mercy account and that this election will apply to the deduction of my insurance premiums from my current and future investment options.

Please continue over page

8. 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. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

The Trustee has taken out contracts of insurance with an insurer to provide the insurance benefits in the fund. Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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 applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, 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 your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. There are different actions the insurer can take as set out in the Insurance Contracts Act 1984 (Cth). These are intended to put them in the position they would have been in if the duty had been met.

These actions include your cover being avoided (treated as if it never existed), or changing its terms. Not meeting your legal duty may also result in a claim being declined or a benefit being reduced.

Please note there may be circumstances where they later investigate whether the information you gave them was true, for example, when a claim is made. Before the insurer takes any of these actions, they will explain their reasons and what you can do if you disagree.

Notifying the insurer

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

Guidance for answering the insurer's questions

You are responsible for the information provided to the insurer. When answering their questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, the insurer may ask about any changes to your situation which the insurer reasonably considers to be relevant in assessing your application that mean you would now answer their questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important you understand the information in this form and the questions that you are being asked. Ask us or a person you trust, such as your adviser, for help if you have difficulty understanding the process of applying for insurance or answering our questions. If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

9. Declaration – read, sign and date

I confirm that I have considered all the information on this form and have read and understand my duty to take reasonable care, I have not withheld any information that may affect the insurer's decision to accept my application. I understand that the duty to take reasonable care continues after I have completed this statement until I am notified of acceptance in writing by the Trustee. I also confirm that:

- I understand that the information I have provided will be used to assess my request to adjust or apply for insurance cover as part of my HESTA for Mercy account and if accepted, replace any existing cover I may have and determine the occupational classification to apply to my Voluntary Cover with HESTA for Mercy. This will affect my premium from the date my request has been accepted.
- I understand I may also be requested to provide medical and other information in order for the insurer to consider certain requests, including an increase in cover.
- I understand if I am applying for fixed TPD cover, that my TPD Cover amount will be fixed until I reach age 63 when my cover amount will decrease in equal portions each birthday until age 67 when cover stops.
- I have received and have had the opportunity to read and understand the *Product Disclosure Statement* and the *Insurance options guide* available at hestaformercy.com.au/pds or by calling 1300 368 891.
- I have read and understood HESTA's Privacy Collection Statement which is available at hestaformercy.com.au/privacy or by calling 1300 368 891, and accept that the information on this form is true and correct to the best of my knowledge and belief. I consent to my personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers.

Your signature

Date

 / /

Return your completed form

Scan and email all requirements to information@hestaformercy.com.au or mail it to HESTA for Mercy, PO Box 8334, Woolloongabba QLD 4102 or drop it off in person to Potter Building, Ground Floor, Mater South Brisbane campus

contact us

1300 368 891 | [Email form to information@hestaformercy.com.au](mailto:information@hestaformercy.com.au) or mail to: **PO Box 8334, Woolloongabba QLD 4102**