



# Insurance change – occupational classification

## COMPLETE SHADED SECTIONS

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

If you have voluntary insurance cover, use this form to provide us with details of your occupational classification which will affect the premium you pay for your cover. Insurance premiums are based on the Light Blue occupation category unless we have advised you otherwise.

**! 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"/> DD / <input type="text"/> MM / <input type="text"/> 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. 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

Please continue over page

### 3. 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. Failing to provide the insurer with full and accurate information could result in your insurance cover being cancelled and any claim for benefits could be denied, so it is vital you answer all questions fully and accurately.

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 practical 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, we may ask about any changes to your situation which we consider to be reasonably relevant in assessing your application that mean you would now answer our 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.

### 4. 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 determine an appropriate occupational classification to apply to all my voluntary insurance cover with HESTA for Mercy which will be applied to my premium applicable from the date my change request has been accepted.
- Before I sign this form, I read and understand the *Product Disclosure Statement* and the *Insurance options guide* available at [hestaformercy.com.au/pds](https://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](https://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

 /  / 

## 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

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