

Converting existing Death and TPD cover

Complete this section only if you are a Premium Choice member. Complete this section to apply to convert your existing Death cover only or Death and TPD cover:

To fixed cover

I wish to convert my existing cover to fixed cover.

You will be provided enough fixed cover, rounded up to the next \$1,000, to replace the number of units you have.*

To units of cover


I wish to convert my existing cover to units of cover.

You will be provided with the minimum number of whole units of cover for your age to replace the fixed cover you have.*

If you are only applying to convert your existing cover, you do not need to complete the Personal Health Statement in Section 6.

* Any additional cover you receive as a result of the conversion will be limited cover for at least 12 months. Please refer to this guide for more information on limited cover.

3. Income Protection cover

-  Only Premium Choice members can hold Income Protection cover.
- Complete this section to increase or decrease your Income Protection cover.
- If you want to cancel your Income Protection cover, complete Section 5.
- The maximum monthly benefit you can be paid cannot be higher than 85% of your monthly salary at time of claim (75% being paid to you and 10% to your super account)* or \$25,000 per month, whichever is lower.
- You must be permanently employed and currently working at least 15 hours (30 hours for contractors) per week to be eligible for Income Protection cover. You must also be between the ages of 15 and 64.

Your salary

What is the monthly benefit you want (expressed in \$100 increments which cannot exceed 85% of your monthly salary)? \$

Please choose your preferred **waiting period**: 30 days 60 days

The waiting period is the time you have to wait before you are eligible to make a claim for an Income Protection benefit. If you do not make a choice and you already have Income Protection cover, your existing waiting period will apply.


If you are reducing your waiting period, you will need to complete the Personal Health Statement in Section 6. If you are increasing your Income Protection cover, please complete the Personal Health Statement in Section 6. A shorter waiting period will cost more.

Please choose your preferred **benefit period**: 2 years to age 65

The benefit period is the maximum time you can receive an insurance benefit for one injury or illness. If you do not make a choice and you already have Income Protection cover, your existing benefit period will apply.

If you are extending your benefit period, you will need to complete the Personal Health Statement in Section 6. A longer benefit period will cost more.

4. Your occupational rating

-  Complete this section to apply to change your occupational rating.
- For units of Death or TPD cover – the occupational rating is used to work out how much your insurance cover costs and how much cover is provided by one unit. If you don't tell us your occupational occupation, we'll give you a 'manual' occupational rating.
- For Income Protection cover and fixed Death or TPD cover – the occupational rating is used to work out how much your insurance cover costs.

a. Unitised Death or TPD cover – mark '✓' in one box

Manual: you perform mainly manual physical work.

Non-manual: you spend at least 50% of your working time in an office environment i.e. 19 hours out of a 38 hour working week.

b. Fixed Death or TPD cover or Income Protection cover – answer 'yes' or 'no'

1. Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary type duties? Yes No

2. Do you have a recognised trade qualification relating to your occupation or, does your occupation require you to perform light manual work or, are you a supervisor of blue collar workers and your duties include up to 10% of light manual work (e.g. an electrician, printer, greengrocer, carpenter, storeman, plumber, factory production manager etc.)? Yes No

3. Are you a skilled or semi-skilled worker whose duties include heavy manual work or are you required to operate heavy machinery (e.g. qualified wall/floor tiler, glazier, sign writer, bulldozer driver, forklift driver etc.)?..... Yes No

If you answer 'yes' to question 1 and 'no' to either question 2 or 3, you will be classified as 'White Collar'.

If you answer 'no' to questions 1 and 3 and 'yes' to question 2, you will be classified as 'Light Blue'.

If you answer 'no' to questions 1 and 2 and 'yes' to question 3, you will be classified as 'Heavy Blue'.

If you answer 'no' to questions 1, 2 and 3, Income Protection cover will be declined.

5. Cancel your cover



- Complete this section to cancel part or all of your cover.
- Please mark (✓) next to each type of cover that you wish to cancel.
- If you put a (✓) next to a cover type below, you won't be insured for that cover. So, you (or your beneficiaries) will not be able to make an insurance claim for that type of cover, in the event of illness, injury or death. If you decide to apply for cover in the future, you will need to supply health information as part of your application.
- It is recommended that you obtain financial advice before taking any action in relation to your insurance cover. To contact a BUSSQ Financial Planner, please call 1800 692 877.

I do not want to be covered for: Income Protection Death* TPD

* You cannot hold TPD cover without holding Death cover of at least the same number of units or amount.

6. Personal Statement – Short form statement A



- To apply online, simply log on to your BUSSQ super fund account or register via MemberAccess.
- If you have applied for Death or TPD cover in excess of \$500,000, you must complete Sections 8 and 9 instead of section 7.
- If you have applied for Income Protection cover in excess of a \$4,400 monthly benefit, you must complete Sections 8 and 9 instead of this section 7.

1. Height and weight

- a. What is your current height?
- b. What is your current weight?
- c. Has your weight varied by more than 10 kg during the last 12 months? Yes No

If **yes**, give details.

2. Smoking

- a. Have you smoked tobacco, or any other substance within the past 12 months, or used a nicotine replacement treatment within the past three months? Yes No
- b. If **yes**, please state the type and quantity consumed per day:
- c. If **no**, have you ever smoked regularly in the past? Yes No
- d. Have you ever been advised to stop smoking due to a medical condition? Yes No

3. Alcohol

- a. Do you consume alcohol? Yes No
- If **yes**, please state the type and quantity consumed per day:
- b. Have you ever been advised to stop or reduce your alcohol intake due to a medical condition? Yes No

4. Residency

- a. Are you currently residing in Australia? Yes No

If **no**, please advise where you are currently residing and how long you intend to reside there.

- b. Are you an Australian citizen or do you hold a visa that entitles you to reside permanently in Australia? Yes No

If **no**, please advise what type of visa you hold.

- c. Do you have any intention of travelling outside Australia within the next two years? Yes No

If **yes**, please complete the following:

Date of departure (dd/mm/yyyy) / / Duration of stay

Destination(s)

Purpose of stay:

Holiday Business Residing Other Please specify if other

5. Occupation

a. What is your usual occupation?

b. What are your normal duties of this occupation?

c. What is your current employment status?

Permanent Full time Permanent Part Time Casual Self Employed Contractor
 Homemaker or on Parental Leave Unemployed


You must be permanently employed and currently working at least 15 hours (30 hours for contractors) per week to be eligible for Income Protection cover.

d. How many hours (on average) do you work per week?

e. What is your current annual income earned through personal exertion, before tax, (excluding superannuation contributions, and after deduction of business expenses)?

f. Do you have more than one occupation? Yes No

If **yes**, please specify the occupation(s), your normal duties and the average hours you work per week in each of your other occupation(s):

 If you have answered 'yes' to 2d or 3 b in 'Section 6 – Short form statement A' above, please complete Sections 8 and 9 (Section 7 does not need to be completed).


7. Personal Statement – Short form statement B

Please tick 'yes' or 'no' for each of the following questions:

- 1. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)? Yes No
- 2. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)? Yes No
- 3. Have you taken more than a total of seven consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)? Yes No

Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:

- 4. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor)? Yes No
- 5. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression? Yes No
- 6. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? Yes No

 If you have answered 'yes' to one or more of the questions from 1 to 6 in Section 7 – Short Form statement B, you must also complete Section 8 and 9 – long form statement.

8. Personal Statement – Long Form

Please complete all questions in this part. Please tick 'yes' or 'no' boxes for each of the following questions:

1. Have any of your near relatives (i.e. your father, mother, brothers or sisters) been diagnosed prior to age 60 with any hereditary disorders such as diabetes, cancer, heart disease, mental disorder, haemophilia or Huntington's chorea? Yes No

If you answered **yes** to this question, please advise the relationship, condition and age of the diagnosed:

2. Do you engage in, or intend to engage in (other than as a fare-paying passenger) any hazardous activities such as flying, motor racing, parachuting, hang gliding or diving? Yes No

If **yes**, please provide details of the activity and the frequency with which you participate in this activity, including maximum speed/height/depth:

I participate in this activity times per year.

3. Have you ever had an application for life, disability, accident or sickness insurance declined, postponed, modified or accepted on special terms (e.g. exclusions or loadings)? Yes No

If **yes**, please provide details below:

4. Have you ever made a claim, or are any claims pending or intended for any type of accident or sickness, lump-sum total and permanent disablement, workers' compensation or personal injury insurance? Yes No

If **yes**, please provide details below:

5. Do you currently have or are you currently applying for Death, Total and Permanent Disablement (TPD) or Income Protection (Pay Protector) insurance with any other superannuation fund or insurer? Yes No

If **yes**, please provide details below:

6. To the best of your knowledge, have you ever had any of the following:

Please tick the appropriate box and circle the specific conditions applicable.

1. Asthma Yes No
2. High blood pressure Yes No
3. High cholesterol..... Yes No
4. Diabetes Yes No
5. Stress, anxiety, depression or any other medical health condition? Yes No
6. Back or neck pain, sciatica or any disorder of the spine or neck? Yes No
7. Arthritis, shoulder or knee pain or any other disorder of the joints Yes No
8. Cyst, mole or skin lesion Yes No

If you answered 'yes' to any of the conditions above, we will send you the relevant questionnaire to complete.

9. Sleep apnoea, bronchitis, persistent cough or any other chest or lung condition Yes No
10. Heart condition, murmur, chest pain, rheumatic fever, palpitations, stroke or vascular disorder? Yes No
11. Thyroid or glandular trouble? Yes No
12. Ulcers, bowel trouble or recurring indigestion? Yes No
13. Epilepsy, fits or dizziness, fainting of any kind or persistent headaches? Yes No
14. Alzheimer's disease or dementia? Yes No
15. Kidney, liver, prostate or bladder problems, renal colic or stones, nephritis, lupus nephritis, pyelitis or cystitis? Yes No

16. Broken bones or osteoporosis or any pain, strain or disorder of any muscles, ligaments, cartilage or limbs?..... Yes No
17. Gout, fibromyalgia, tendonitis, tenosynovitis, RSI, or any regional pain syndrome, chronic fatigue syndrome (myalgic encephalomyelitis)?..... Yes No
18. Cancer, tumour, growths of any kind or breast lumps (even if you have not seen a doctor)?..... Yes No
19. Varicose veins, hernia, scleroderma, systemic sclerosis or skin disorders? Yes No
20. Any abnormality affecting eyesight, hearing or speech?..... Yes No
21. Any abnormality affecting physical mobility or muscular power (e.g. multiple sclerosis) or any diagnosed intellectual disability or cognitive impairment? Yes No
22. Anaemia, haemophilia or any other disease of the blood?..... Yes No
23. Bowel, liver or gall bladder disease or hepatitis? Yes No
24. Coughing of blood or passing of blood from the bowel or in the urine?..... Yes No
25. Have you within the last five years had any other illness, injury, operation, X-ray, electrocardiogram, blood transfusion, any other special tests or been advised to have a blood test for any reason?..... Yes No
26. Due to injury or illness have you ever been off work for more than seven consecutive days (**if not already mentioned**)? .. Yes No
27. Do you now have any symptoms of ill health or disability?..... Yes No
28. Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation or other medical investigation or test in the future (e.g. x-ray, ECG, blood test, etc)? Yes No
- 29.A Is the combined total of your existing insurance(s), and any new insurance you are applying for with OnePath Life, more than any one of the following: \$500,000 Death; \$500,000 TPD; \$200,000 Trauma; \$4,000 per month in total of any combination of Income Protection/Business expense/Living expense/salary continuance cover? Yes No


If you answered Yes to question 29(A) please proceed to 29(B), otherwise continue to question 30

- 29.B Have you ever had, or have you scheduled an appointment to have a genetic test where you received (or are currently awaiting) an individual result? (please do not include any test conducted solely for the purpose of medical research study and where the result of the test has not been or will not be, provided to you)..... Yes No
30. Do you take, or have you **ever** taken drugs or any medications on a regular or ongoing basis? Yes No
31. Have you **ever** used or injected any drugs not prescribed for you by a medical attendant or have you ever received advice, counselling or treatment for drug dependence?..... Yes No

32. Females only

- a. Have you ever had any complications with pregnancy or childbirth?..... Yes No
- b. Are you now pregnant? Yes No
- If yes, please advise due date:(dd/mm/yyyy) / /
- c. Have you ever had an abnormal cervical smear test (pap), breast ultrasound or mammogram? Yes No
- d. Have you ever had any symptom(s) of, sought advice or treatment of any condition of the cervix, ovary, uterus, breast, or endometrium? Yes No

33. Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands? Yes No
34. Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related condition? Yes No
35. Have you received or are you expected to receive treatment, or undergo a medical consultation for a sexually transmitted disease including but not limited to HIV (AIDS), gonorrhoea or syphilis?..... Yes No

 If you answered 'yes' to any questions from 9–35, please complete the following table on page 7. If there is not enough space here, please provide details on page 12.

Question number

Disability, illness, injury or condition

Investigation type(s) and result(s)

Date of first symptoms (dd/mm/yyyy) / / Frequency of symptoms

Type of treatment

Date treatment provided and ceased (dd/mm/yyyy) From / / to / /

Has further treatment, referral or investigation(s) been recommended? Yes No

Time off work

Have you completely recovered? Yes No Date of symptoms (dd/mm/yyyy) / /

Name and address of medical facility and attending doctor

Question number

Disability, illness, injury or condition

Investigation type(s) and result(s)

Date of first symptoms (dd/mm/yyyy) / / Frequency of symptoms

Type of treatment

Date treatment provided and ceased (dd/mm/yyyy) From / / to / /

Has further treatment, referral or investigation(s) been recommended? Yes No

Time off work

Have you completely recovered? Yes No Date of symptoms (dd/mm/yyyy) / /

Name and address of medical facility and attending doctor

Question number

Disability, illness, injury or condition

Investigation type(s) and result(s)

Date of first symptoms (dd/mm/yyyy) / / Frequency of symptoms

Type of treatment

Date treatment provided and ceased (dd/mm/yyyy) From / / to / /

Has further treatment, referral or investigation(s) been recommended? Yes No

Time off work

Have you completely recovered? Yes No Date of symptoms (dd/mm/yyyy) / /

Name and address of medical facility and attending doctor

7. **a.** Usual doctor or medical centre details:

Full name of usual doctor/medical centre

Telephone number

Address of doctor

Reasons for last consultation

Date of last consultation (dd/mm/yyyy)

Outcome

b. If you have been attending your usual doctor for less than 12 months, please advise name, number and address of the doctor who has details of your medical history:

Full name of usual doctor/medical centre

Telephone number

Address of doctor

Reasons for last consultation

Date of last consultation (dd/mm/yyyy)

Outcome

c. If you have more than one usual doctor, please provide details of additional doctors below:

Full name of usual doctor/medical centre

Telephone number

Address of doctor

Reasons for last consultation

Date of last consultation (dd/mm/yyyy)

Outcome

Your duty of disclosure

You have a duty under the *Insurance Contracts Act 1984* (Cth) to disclose to the insurer every matter that you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

Your duty of disclosure applies even after your application is completed and until the insurer has assessed and accepted for Transferred Cover.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate your insurance cover or apply for new cover. Your duty, however, does not require disclosure of a matter that:

- reduces the risk to be undertaken by the insurer
- is common knowledge
- the insurer knows or, in the ordinary course of the insurer's business, ought to know
- in which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure

If you do not disclose to the insurer every matter that you know or could reasonably be expected to know, that would be relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms, the insurer may avoid the contract, or avoid your cover within three years of entering into it, provided that the insurer would not have entered into that contract or accepted cover for you had full disclosure been made.

If your non-disclosure is fraudulent, the insurer may avoid the contract, or your cover, at any time.

Where the insurer is entitled to avoid the contract or avoid cover, the insurer may elect not to avoid it but apply either of the following options:

- reduce the sum that you would have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer; or
- vary the contract in such a way as to place the insurer in a position that the insurer would have been had you disclosed all relevant matters or not made a misrepresentation.

Where your contract or your cover is in respect of death cover, the insurer may only apply the first of the two options and the insurer must do so within three years of you entering into the contract or the insurer providing cover to you.

9. Declaration

I declare that:

- I have read and understood the current the BUSSQ Product Disclosure Statement(s) (PDS) for the type of cover I am applying to increase.
- I declare that the answers to the questions in this Personal Statement (including all questionnaires in this form that appear after this declaration) signed by me and given to OnePath Life and/or the Medical Examiner are true and correct.
- I have read the Privacy Statement at Section 11 of this form (below). (OnePath's Privacy Policy details how we manage personal information. It is available free of charge by calling 02 9234 8111 or may be downloaded from onepath.com.au/privacy-policy)
- I consent to the collection, use, storage and disclosure of my personal information (including health information) as described in the Privacy Statement on this form (see Section 11).
- I understand my duty of disclosure and the remedies available to OnePath Life if I fail to comply with my duty of disclosure under the *Insurance Contracts Act 1984*. I understand that my duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I authorise any medical practitioner, other professional or any person named in this Personal Statement to verify any aspect of it, and disclose any information that they may possess about me to OnePath Life in relation to this insurance.
- 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 OnePath Life.
- I understand that the increased cover I have applied for will not become effective until I am notified in writing that my application has been accepted.
- I understand that increased or changed insurance premiums will apply and insurance deductions from my account will be adjusted.

Signature (sign clearly within the box)

X

Date (dd/mm/yyyy)

/ /

10. Doctor's authority

To be completed and signed by the applicant.

Please sign authorisation X

Doctor's name

I hereby authorise you to release details of my personal medical history to OnePath Life Limited ABN 33 009 657 176 or any organisation duly appointed by OnePath Life. A photocopy (or similar) of this authorisation shall be as valid as the original.

My name

Date (dd/mm/yyyy) / /

Signature of applicant X

Dated this day of 20

Please cut along here



Doctor's Authorisation

To be completed and signed by the applicant.

Please sign authorisation X

Doctor's name

I hereby authorise you to release details of my personal medical history to OnePath Life Limited ABN 33 009 657 176 or any organisation duly appointed by OnePath Life. A photocopy (or similar) of this authorisation shall be as valid as the original.

My name

Date (dd/mm/yyyy) / /

Signature of applicant X

Dated this day of 20

11. Privacy Statement

In this section 'we,' 'us' and 'our' refers to OnePath Life Limited and other members of the ANZ Group. 'You' and 'your' refers to policy owners and life insured's.

We collect your personal 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. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/privacy-policy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

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 include:

- An organisation that assists us and/or ANZ to detect and protect against consumer fraud;
- Any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ'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;
- Regulatory bodies, government agencies, law enforcement bodies and courts.

We will also disclose your personal 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

ANZ 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 onepath.com.au/privacy-policy

Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

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 or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

Privacy Policy

Our Privacy Policy contains information about:

- When we or ANZ may collect information from a third party;
- How you may access and seek correction of the personal information we hold about you; and
- How you can raise concerns that we or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ 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@onepath.com.au

We may charge you a reasonable fee for obtaining this information.

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 which can be obtained from our website at onepath.com.au/privacy-policy

Privacy law changes from 12 March 2014

From 12 March 2014, we and the ANZ Group must provide you with the following information about overseas recipients of personal information.

Overseas recipients

We or ANZ may disclose 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 ANZ's Privacy Policy at anz.com/privacy

