Anytime voluntary cover offer

HESTA and HESTA Personal Super Members

HESTA

You can apply at any time to increase your Death Cover up to a total of 6 units (including any existing cover), and/or IP Cover up to a total of 12 units (including any existing cover).

To be eligible for this offer;

- you're a HESTA Super or HESTA Personal Super member and
- you have completed all sections of this form

Your application will be reviewed by our insurer and we will let you know the outcome of your application. If your application is accepted, your new cover will start from the date we confirm we've accepted it.

1. Personal history

Have you ever received a total and permanent disability or terminal illness benefit under any insurance policy? [ ] Yes [ ] No

If you answer 'yes' to this question, or do not answer this question, you will not be eligible to start any cover.

2. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

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Residential address (PO Box not accepted):

Suburb

State / Terr. Postcode

Postal address (only complete if different from above):

Suburb

State / Terr. Postcode

Mobile or daytime phone number:

Email:

3. Duty to take reasonable care

HESTA has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming an insured member, you are bound by the terms and conditions of this contract of insurance. When applying for insurance, 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 you're extending or making changes to existing insurance, and reinstating insurance.

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. Before the insurer takes any of these actions, they will explain their reasons and what you can do if you disagree.

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.

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 considers to be reasonably 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 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.

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.

4. Additional units of cover

If you are able to answer 'No' to all questions in the *Short Personal Health Statement* below, you may be eligible (subject to policy conditions) to apply for cover up to a total maximum of 6 units of Death Cover and/or 12 units of IP Cover. If you would like to apply for more cover, log in to your online account at **hesta.com.au/login** after reading *Insurance options* at **hesta.com.au/pds**

[ ] Increase my Death Cover to [ ] (up to 6) units of cover.

[ ] Increase my IP Cover to [ ] (up to 12) units of cover in total. I acknowledge that benefits cannot exceed 85% of my Pre-Disability Income, which is $ per annum.

Select one option only.

Choose the benefit expiry age for my IP Cover

[ ] Age 60 **or** [ ] Age 67

Choose the benefit payment period for my IP Cover

[ ] up to 2 years **or** [ ] up to 5 years

Choose IP waiting periods

[ ] 60 days **or** [ ] 90 days

5. Short personal health statement

At the date of signing this application:

a) Have you in the last 6 months been diagnosed with or treated for any of the following: cancer (not including basal cell carcinomas*), stroke (including transient ischaemic attack), heart attack, multiple sclerosis, Alzheimer's disease, dementia, cardiomyopathy? ☐ Yes ☐ No

*Basal cell carcinomas are a type of skin cancer

b) Are you currently suffering a medical condition, illness, or injury, and this is the reason that you are:

- unemployed ☐ Yes ☐ No
- absent from work ☐ Yes ☐ No
- working reduced hours ☐ Yes ☐ No
- performing modified or reduced tasks at work? ☐ Yes ☐ No

Do not include reasons such as: Colds, flu, hay fever or dental related matters.

c) Are you considering, planning, or have you been advised or referred to undergo treatment, investigation or any procedure? ☐ Yes ☐ No

d) Have you been diagnosed by a medical practitioner with a condition that reduces your life expectancy to less than 2 years? ☐ Yes ☐ No

e) In the last 2 years, have you been absent from work, worked reduced hours, or performed modified or reduced tasks at work for a period of 10 consecutive days or more due to a medical condition, illness, or injury? ☐ Yes ☐ No

In the last 12 months, have you:

f) Been advised by a medical practitioner or other healthcare practitioner to start or increase any treatment or medication to control your symptoms/medical conditions? ☐ Yes ☐ No

g) Seen or been referred to a medical practitioner, for advice, investigations, or treatment for symptoms/medical conditions experienced? ☐ Yes ☐ No

h) Been advised by a medical practitioner or other healthcare practitioner to consider treatment, or changes to your diet or exercise habits to reduce your weight? ☐ Yes ☐ No

i) Have you ever applied for life insurance through a life insurance company or superannuation fund and had the application declined or alternatively accepted with a medical exclusion(s) and/or loading(s)? ☐ Yes ☐ No

j) Are you eligible to be paid, have been paid or lodged a claim:

- For terminal illness, trauma or disability (Total and permanent disablement or salary continuance/income protection) benefits from a superannuation fund, or life insurance company? ☐ Yes ☐ No
- With workers compensation, social security, veterans' affairs, motor accident or similar compensation scheme? ☐ Yes ☐ No

6. Keeping your insurance with HESTA (optional)

If your account becomes inactive we are required to cancel your insurance. 'Inactive' means you have not received a contribution or rollover (to combine super) for 16 consecutive months. You can choose to maintain cover if you become inactive. If you do choose to keep your insurance with HESTA, you will also be excluded from being transferred to the ATO if you are deemed 'inactive low-balance'. This occurs when your balance is under $6,000 and you are 'inactive'.

☐ I want to keep my insurance cover if I become inactive.

7. Insurance authorisation and declaration

By signing this form, you will be authorising any medical practitioner you have ever consulted or whom you may consult in the future to provide your medical details to HESTA's Trustee, HESTA's insurer or to a court or legal tribunal or authority.

New HESTA members automatically receive (subject to the policy conditions) Default Income Protection and Death Cover. See *Insurance options* for details of conditions, fees and benefits available at **hesta.com.au/pds**

You are applying to enter into a contract of insurance.

As such, you have a duty to take reasonable care to not make a misrepresentation to the insurer. Failing to provide the insurer with full and accurate information could result in your insurance cover being avoided or varied and any claim for benefits could be denied, so it is vital you answer all questions fully and accurately.

Although we ask you specific questions via a personal statement, you should also tell us about any other information that may be relevant to the decision of the insurer to offer you insurance cover, and if so on what terms, regardless of whether you deem it to be material or important. This includes current medical issues that require investigation, medication or treatment, even if a diagnosis has not been made.

This obligation applies to all insurance cover relating to this application, including amounts transferred from another fund or insurance arrangement. This means you could be placed in a position where you have no insurance cover if we later find you have not answered all questions fully and accurately.

Your duty to take reasonable care continues until you receive written confirmation your application has been accepted. You must contact the insurer if there are changes in your health or circumstances that may be relevant to the insurer's decision on your application.

The full duty to take reasonable care is contained within this document and it is important you read it carefully.

- I have read and understood the *HESTA Product Disclosure Statement* and *Insurance options* available at **hesta.com.au/pds** or by calling 1800 813 327.
- I understand insurance cover through HESTA will only be provided as set out in the contract of insurance that the Trustee of HESTA holds with the insurer (as amended from time to time).
- I have read and understood HESTA's Privacy Collection Statement which is available at **hesta.com.au/privacy** or by calling 1800 813 327, 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.
- I declare the answers to all of the questions in the Short Personal Health Statement and the declarations given by me are true and correct.
- I have read and understand the duty to take reasonable care, and have not withheld any information that may reasonably affect the insurer's decision as to whether to accept my application for insurance cover. 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.
- By providing my email address and/or phone number, I nominate those as my up-to-date contact details, and consent to HESTA providing me with information about HESTA's products and services, as well as marketing communications including third party products and services.

Signature:

Date: D D M M Y Y Y Y

Return your completed and signed form to hesta@hesta.com.au or mail to: Locked Bag 35007 Collins St West VIC 8007.

Need help with this form? Contact us 8am–8pm (AET) Monday to Friday.

contact us

1800 813 327 | Locked Bag 35007 Collins St West VIC 8007 | hesta.com.au/contact

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