

getting standard insurance cover more than 90 days after joining



(HESTA super members only)

Use this form to get standard insurance cover if you have been a member for more than 90 days.

Complete the *Short Personal Health Statement* below. The application for cover will be accepted if you have sufficient account balance for the first months insurance fee and the information provided in the Statement is satisfactory to our insurer. If you are eligible, cover commences on the date we advise acceptance.

Only use this form if you:

- are a HESTA super member
- do not currently have cover; and
- have not previously cancelled or opted out of cover

Have you been a member for less than 90 days or are a HESTA Personal Super member, log in to your online account at hesta.com.au/login and complete 'Adjust or cancel cover' via the AIA Insurance portal tab.

1 Personal history

Have you ever received a lump-sum TPD 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 commence cover.

2 Personal details

Complete all details to help us identify your account

Member number:

Date of birth:

Title: Ms Mrs Miss Mr Dr Other

Gender: F M

Given name/s:

Family name:

Postal address:

PO Box/Unit number/Street number

Street name

Suburb

State/Terr.

Postcode

Email:

Best contact number:

3 Short personal health statement

Important – Read 'Your duty of disclosure' on the next page, before you complete this section.

At the date of signing this application:

- (a) Are you currently working reduced hours or performing fewer tasks at work because you are sick or injured? Yes No
- (b) In the last two years have you worked reduced hours or performed fewer tasks at work because you are sick or injured? Yes No
- (c) Have you been paid or lodged a claim for terminal illness or disability benefits from
- superannuation fund? Yes No
 - life insurance company? Yes No
 - any state or federal government body such as workers compensation, social security, veterans affairs or motor accident scheme? Yes No
- (d) are you eligible to be paid a terminal illness or disability benefit? Yes No
- (e) Other than a cold or flu and oral contraceptives, in the last 12 months have you been advised to start or increase any treatment or medication? Yes No
- (f) are you currently in the process of applying for insurance cover through an insurance company or superannuation fund? Yes No
- (g) Have you had any insurance applications previously declined through a life insurance company or any superannuation fund? Yes No

4 Keeping your insurance with HESTA

If your account becomes inactive we are required to cancel your insurance. 'Inactive' means you have not received a contribution, rollover (to combine super) or other transfer for 16 months. You can make an election 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.

5 Insurance authorisation and declaration

Important – Read ‘Your duty of disclosure’ to the right, before you complete this section.

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.

HESTA members automatically receive (subject to the policy conditions) standard Income Protection and Death Cover when they become eligible where they have not opted into receiving this cover before meeting automatic eligibility.

You are applying to enter into a contract of insurance.

As such, you have a duty to disclose all relevant information. 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.

Although we ask you specific questions via a personal statement, you should also tell us about any other information that will impact on the insurer’s decision to offer you insurance cover, 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 of disclosure continues until you receive written confirmation your application has been accepted. You must contact the insurer if there is any change in your health or circumstances that is relevant to the insurer’s decision on your application.

The full duty of disclosure is contained within this document and it is important you read it carefully.

- 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 the HESTA Privacy Collection Statement and consent to the Trustee of HESTA collecting, using and disclosing my personal information.
- 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 of disclosure, and have not withheld any information that may affect the insurer’s decision as to whether to accept my application for insurance cover. I understand that the Duty of disclosure continues after I have completed this statement until I am notified of acceptance in writing by the Trustee.
- I agree to cover commencing before I become automatically eligible.

Signature:

Date:

Duty of disclosure

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 you apply for insurance cover and before that cover is accepted by the insurer, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect the insurer’s decision to provide the insurance and on what terms.

You have this duty of disclosure until the insurance is provided. You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk of the insurance, or
- is common knowledge, or
- the insurer knows or should know as an insurer, or
- the insurer waives the duty to tell the insurer about.

If you do not tell us something

If you do not tell the insurer anything that you know, or could reasonably be expected to know, that affects the insurer’s decision to provide the insurance, then the insurer can exercise a number of remedies under the contract.

This means that it can do any one of the following things:

- a) the insurer can treat your insurance cover as never having commenced. The insurer can do this if it becomes aware of something which you should have told them before entering into the contract and that fact would have meant the insurer would not have agreed to provide insurance cover to you on any terms e.g. they would not have given you insurance even if you agreed to pay an extra premium; or
- b) the insurer can reduce the amount of insurance cover provided to you; or
- c) the insurer may choose to continue to provide you with insurance cover but change the basis upon which it provides that insurance to you (vary the contract). If the insurer chooses to do this, then it will do so by putting the insurer back in the same position it would have been in had you told the insurer everything you should have.

NOTE: The insurer can only exercise options a) and b) within three years of providing you with insurance cover. The insurer cannot exercise option c) if you are only insured for Death Cover.

If the insurer chooses to do any one of a), b) or c) then the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer can treat your cover separately, it can choose to apply any one of these options separately to each type of insurance. This means if you are insured for death and TPD cover, the insurer may treat your TPD cover as never having commenced but allow your death insurance cover to continue.

If you fail to provide all the information which you are required to provide (your duty of disclosure) and the failure is fraudulent, then the insurer may refuse to pay a claim and treat your insurance cover as never having commenced.

Return your completed form

When you have completed and signed this form, scan and email to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

contact us

hesta@hesta.com.au | 1800 813 327 | [Email form to hesta@hesta.com.au](mailto:hesta@hesta.com.au) or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124

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