

removing new events cover restriction

(HESTA and HESTA Personal Super Members)

HESTA

Use this form to remove the New Events restriction on your standard Death and/or Income Protection (IP) Cover.

Complete the Short Personal Health Statement below. The application to remove your New Events restriction will be accepted if the information provided in the Statement is satisfactory to our insurer. If you are eligible, Standard Cover without restrictions commences on the date we advise acceptance.

Only use this form if you:

- have a New Events restriction on your insurance cover; and
- are a HESTA or HESTA Personal Super member; and
- have not previously altered your insurance cover.

1 Application eligibility

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:

Important – Read 'Your duty to take reasonable care' overleaf, before you complete the next 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 or authority.

See 'Insurance in your super' on pages 11-14 of the HESTA Personal Super PDS for details of conditions, fees and benefits.

3 Short personal health statement

If you are able to answer 'No' to all questions in the *Short Personal Health Statement* below, you are eligible (subject to policy conditions), to remove the New Events restriction. If you want to apply for additional units of cover go to hesta.com.au/login and click on Insurance cover, or call us on 1800 813 327

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 or rollover (to combine super) for 16 consecutive 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 Your 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, we may ask about any changes to your situation 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 this information and the questions we ask you. 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 immediately and we'll let you know whether it has any impact on your cover.

6 Insurance authorisation and declaration

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 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 to take reasonable care 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.

- 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 to take reasonable care, 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 to take reasonable care continues after I have completed this statement until I am notified of acceptance in writing by the Trustee.

Signature:

Date:

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 or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124**

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