



# voluntary cover option when cover first starts

(HESTA Super members only)



Use this form to increase the amount of default Death and/or Income Protection (IP) Cover you receive. You can increase your default cover up to a maximum of 12 units of Death and/or IP.

Your IP benefit payment period of up to 5 years and waiting period of 90 days will remain unchanged. If you want to change your IP benefit payment period or waiting period, you can log in to your account and apply online at [hesta.com.au/login](https://hesta.com.au/login).

To be eligible for this offer;

- you're a HESTA Super member and
- you haven't made any previous changes to your insurance cover
- you're applying within 90 days of joining or
- your application is received 90 days from when your default cover automatically started
- 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 advise acceptance.

If you are applying within 90 days of joining, you can also apply online, just log in to your account at [hesta.com.au/login](https://hesta.com.au/login).

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 commence any cover.

2. Personal details

Member number:

Given name/s:

Family name:

Date of birth:

D

D

M

M

Y

Y

Y

Y

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 are eligible (subject to policy conditions), to increase your cover to up to 12 units of Death and/or IP Cover. If you want to apply for more than 10 additional units of cover go to your online account at [hesta.com.au/login](https://hesta.com.au/login) after reading *Insurance options* at [hesta.com.au/pds](https://hesta.com.au/pds)

- ☐ 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.
- ☐ Increase my Death Cover to ☐ (up to 12) units of cover.

#### 5. Short personal health statement

**Important – Read 'Your duty to take reasonable care' before you complete this section.**

**At the date of signing this application:**

- (a) Are you currently absent from work for 10 consecutive days, 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 been absent from work for 10 consecutive days, 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:
- i. a superannuation fund? ☐ Yes ☐ No
- ii. a life insurance company? ☐ Yes ☐ No
- iii. 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 or offered cover with exclusions and/or loadings through a life insurance company or any superannuation fund? ☐ 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 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.

#### 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](https://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 relevant 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 understand the *HESTA Product Disclosure Statement* and *Insurance options* available at [hesta.com.au/pds](https://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](https://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:

**Return your completed and signed form to**  
**[hesta@hesta.com.au](mailto:hesta@hesta.com.au)** or mail to **HESTA, Locked Bag 35007, Collins St West VIC 8007.**

If you have any questions about completing this form, call us on 1800 813 327 between 8.00am and 8.00pm (AET) Monday to Friday.

## contact us

[hesta@hesta.com.au](mailto:hesta@hesta.com.au) | 1800 813 327 | Locked Bag 35007, Collins St West VIC 8007 | [hesta.com.au](https://hesta.com.au)

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