



# Increase insurance with limited underwriting

Use this form to apply to increase your Rest insurance with limited underwriting.

Please write in **BLOCK LETTERS** and use a **BLACK** or **BLUE** pen. Print 'X' to mark boxes where applicable. Please ensure you have completed all relevant sections. Once you have completed and signed this form, please mail to: **PO Box 350, Parramatta NSW 2124.**

## Increased cover with one-off limited underwriting

Rest's one-off limited underwriting allows you a one-off increase of cover by just answering a few, short health questions. Full underwriting will be required if you'd like to apply for insurance cover greater than the permitted amounts, for subsequent requests to increase your cover, or if we need more information about you.

In addition to your current cover, you can apply for up to:

- Death and Total and Permanent Disability (TPD) cover of \$200,000 (unitised and/or voluntary cover); and/or
- Income Protection cover based on the lesser of:
  - 77% (plus 12% super) of income; and
  - \$10,000 per month.

## Duty of disclosure

You have a duty to disclose information in an honest and accurate manner. Please read your Duty of Disclosure on page 3.

The information you provide in this application form will be used by the Insurer to determine the type and level of insurance cover offered to you. If you provide misleading or inaccurate information you may experience delays upon lodging a claim or be determined ineligible to claim benefits. In some cases your insurance cover may be avoided or cancelled.

If you need clarification about any issue or the nature of the questions asked in this application form, please seek independent assistance before completing and submitting this application.

## Section 1: Personal details

Member number  Date of birth (dd/mm/yyyy)  Gender  (M/F)

Mr/Mrs/Ms/Miss/Dr  Surname

Given name(s)

Unit number  Street number  Street name

Suburb/Town  State  Postcode

### Mailing Address (if different from above)

Unit number  Street number  Street name

Suburb/Town  State  Postcode

Telephone (business hours)  Mobile

Email address

Salary (before tax) - optional  Job title/occupation

The Trustee company of Retail Employees Superannuation Trust ABN 62 653 671 394 is Retail Employees Superannuation Pty Limited ABN 39 001 987 739, AFSL 240003.

Rest's current insurer is TAL Life Limited (TAL) ABN 70 050 109 450, AFSL 237848.



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## Section 2: Choose cover that's right for you

Insert the amount(s) that you would like to increase your cover by below:

Cover type	Additional required cover amount
Death (Maximum Amount \$200,000)	\$ <input type="text"/>
TPD (Maximum Amount \$200,000)	\$ <input type="text"/>
Income protection* (Maximum Amount \$10,000 per month)	\$ <input type="text"/>

\* The maximum benefit payable for Rest Super is 77% of your Pre-Disability Income plus a super component of 12% of the monthly income benefit. So, it's important to ensure you don't apply for more cover than you need.

## Section 3: Your personal history

At the date of this application:

- Are you:
  - unemployed; or
  - unable to do the duties of your usual job without restriction for at least 20 hours per week due to illness or injury (even if you are not employed to work 20 hours per week).Yes  No
- Due to illness or injury, have you:
  - been away from work for more than 10 working days in a row (other than with a cold or flu) in the past 12 months;
  - been told by your doctor that you'll need to take at least 10 working days in a row off work within the next 12 months;or
  - changed your usual job or work duties in the past 12 months?Yes  No
- Have you ever had any application for death, terminal illness, total and permanent disability or income protection cover;
  - declined; or
  - offered to you with an exclusion and/or loading?Yes  No
- Do you have an illness or injury which will, or is likely to, reduce your life expectancy to less than 24 months? Yes  No
- Due to illness or injury have you ever made a claim, or are you intending to make a claim:
  - for Workers' Compensation;
  - for Government benefits (e.g. sickness benefit, invalid pension);
  - from a motor accident scheme; or
  - from a superannuation fund or an insurance policy that provides terminal illness cover, total and permanent disability cover, or income protection cover (including accident or illness cover)?Yes  No

If you answered 'Yes' to any of the questions in Section 3 we'll need more information from you. Please apply to increase your insurance by logging into [rest.com.au/memberaccess](https://rest.com.au/memberaccess), going to the insurance tab and using the 'Change your insurance button'. Or download the 'Application for Insurance Rest Super' form from the insurance tab at [rest.com.au/forms](https://rest.com.au/forms)



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## Section 4: Declaration

### Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

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 they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell us about.

### If you do not tell us something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

### I declare that I:

- agree to be bound by the terms of cover set out in this application form and I have read and understood the Rest Super Insurance Guide
- have carefully considered all the questions and all answers provided are true and correct
- have read and understand the duty of disclosure above and I have not withheld any information that may affect the Insurer's decision as to whether to accept my application
- have read and understand TAL's Privacy Policy available at <https://www.tal.com.au/Privacy-Policy> and Rest's Privacy Policy available at [rest.com.au](https://rest.com.au) and agree that the Trustee and/or the Insurer may use my personal information for the purposes described
- understand that my request for cover or request to vary my cover (whichever is applicable) will not commence until the Insurer accepts it and Rest advises me in writing
- understand that the cost of my insurance is in part affected by my occupation, and that any change to my occupation in the future will be reflected in the cost of my cover

### Your privacy is important to us

Our Privacy Policy sets out how your personal information is managed and is available to at [rest.com.au](https://rest.com.au) or contact us on 1300 300 778 for a copy of the Policy.

A copy of the TAL Privacy Policy is available at <https://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1300 209 088.

By completing this form, you consent to any personal information, including information that may be of a sensitive nature and collected by TAL in the normal course of their business, being used as in the manner set out in the TAL Privacy Policy.

Signature of applicant

(dd/mm/yyyy)



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