



Insurance booklet

Quality super for the health industry

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With HIP's low-cost insurance you are covered 24 hours a day, 7 days a week.

Health Industry Plan (HIP) is a national fund established in 1987 to provide superannuation benefits for employees working in the health and associated industries.

For more than 20 years HIP has continued to build a complete superannuation service for its members and employers.

HIP insurance cover can help provide your family with financial security should the unexpected happen to you. HIP provides you with low-cost Death, Income Protection & Total Permanent Disablement (TPD) insurance that covers you 24 hours a day, 7 days a week.

Your basic level of cover

All HIP members under age 65 automatically receive one unit of Death insurance cover. You are eligible for this cover from the date you commence employment with a HIP participating employer who starts to make on-time contributions to HIP on your behalf. (Find out more on page 3.)

How much does it cost?

Each unit of Death insurance costs \$1 per week, and the amount is deducted from your HIP account each month. Based on your completed *Membership Application*, you may also receive Income Protection cover (find out more on page 5). Income Protection cover costs \$0.91 per unit per week, and is deducted from your account each month.

Insured benefit

The benefit (or sum insured) for one unit of Death cover is based on your age next birthday (see page 3). One unit of Income Protection cover equals a benefit of up to \$1,500 per calendar month.

How to apply for cover

To apply for cover, or to increase your level of cover, simply:

- 1 Decide on the number of units of Death and/or Income Protection and/or TPD cover you wish to apply for.
- 2 Complete the application/s for each type of cover you wish to apply for, including the relevant Personal Health Statement.
- 3 Return the signed and dated application to:
HIP Administration
Locked Bag 23
Haymarket NSW 1236

What happens if I change my mind?

You have 14 days from the date you are advised you have been accepted for Death and/or Income Protection and/or TPD insurance to review the terms and conditions set out in this booklet, to ensure that they meet your needs. This is known as the 'cooling-off period'.

If you are not satisfied that the insurance meets your needs, you may cancel your insurance by writing to HIP (post or email) within the cooling-off period. In this circumstance, the insurance is treated as if it had never existed and any premiums paid will be refunded to your HIP account.

Product Disclosure Statement (PDS) from hipsuper.com.au or phone the HIP Service Centre on **1300 654 009**.

You should consider the current PDS when making any decision about HIP.

The information in this booklet is a guide only. Insurance is offered to HIP members through MLC Limited (ABN 90 000 000 402 AFSL 230694)(MLC).

All cover provided is subject to the terms and conditions contained in the insurance policies between HIP and MLC. You should read the information in this booklet carefully before you make a decision about the Fund. If you have any questions about your insurance needs, call HIP on **1300 654 009**.

Death insurance

All HIP members under age 65 automatically receive one unit of Death insurance. You are eligible for this cover from the date you commence employment with a HIP participating employer who starts to make on-time contributions to HIP on your behalf.

Members also have the option of applying for an additional three (3) units of cover within 60 days of joining the Fund.

You can apply to increase your Death insurance at any time to a maximum of \$10,000,000. The benefit table below shows the amount of cover one unit of Death insurance provides, based on your age next birthday.

Each unit costs \$1 per week and is deducted from your account.

Benefit scale

Death Benefit Table

Age Next Birthday	Insurance Benefit for 1 Unit	Age Next Birthday	Insurance Benefit for 1 Unit
16 to 36	\$154,560	51	\$60,120
37	\$146,880	52	\$55,560
38	\$139,080	53	\$49,440
39	\$132,840	54	\$44,760
40	\$126,720	55	\$38,640
41	\$118,920	56	\$33,960
42	\$112,800	57	\$30,960
43	\$106,560	58	\$27,720
44	\$ 98,760	59	\$23,160
45	\$ 93,480	60	\$20,040
46	\$ 86,520	61	\$16,920
47	\$ 80,280	62	\$13,800
48	\$ 75,600	63	\$9,240
49	\$ 71,040	64	\$6,120
50	\$ 64,920	65	\$3,000

Increasing your level of cover is easy

As a HIP member you can apply to increase your level of cover to a maximum of \$10,000,000.

You can apply to increase your Death insurance cover at any time if:

- you are employed by a HIP employer, and able to attend work and perform your normal duties without restriction due to injury or illness at the time you complete this application; and
- your employer is making contributions to HIP on your behalf.

Your application will be referred to HIP's Insurer and your selected level of cover will start, subject to the Insurer accepting your application.

Decreasing your level of cover

To decrease your level of cover, simply write to HIP indicating the number of units you wish to have, and from what date. As a member of HIP you must always have at least one unit of Death cover.

Continuation of cover after contributions cease

If no employer contributions are received for you, deductions will continue to be made from your account and Death cover will be provided until:

- you write to the Trustee stating that you wish deductions to stop; or
- there are insufficient funds in your account to pay for your premiums; or
- you reach age 65; or
- you are no longer a member of HIP; or
- you die.

You may choose to cancel your extended cover at any time by advising HIP in writing. However, cover will not resume again until on-time employer contributions for you have recommenced. If you have not had an employer contribution payment for 12 consecutive months, and have continued to have premiums deducted from your account, HIP will write to you and remind you that these deductions are still occurring.

When is a Death benefit payable?

Death benefits include the balance in your account at the date of death and any insured amount which may be payable. Death benefits are payable to your dependants or legal representative. A 'dependant' is a spouse, child or anyone financially dependent on you at the time of death.

Definition of Dependant

Under superannuation law a 'dependant' includes a spouse, a child of the person or an interdependant, who is any person that the member has an 'interdependent relationship' with, and will apply to a member who dies after 1 July 2004.

An 'interdependent relationship' is defined by two people who satisfy all of the following conditions: have a close personal relationship, live together, and one, or each of them, provides the other with financial and domestic support and personal care. An 'interdependent relationship' also exists if two people have a close personal relationship, but the other requirements are not satisfied because either or both of them suffer from a physical, intellectual or psychiatric disability.

Death insurance (cont.)

If I die, who receives my Death benefit?

The Trustee has a legal responsibility to identify the deceased member's dependants before paying a Death benefit. If a Death benefit becomes payable, the Trustee considers the member's beneficiary nomination, their Will (if any) and information provided by the claimant(s).

Your beneficiary nomination and Will are both important in this situation. Therefore, if your circumstances change it is important to update your preferred beneficiary nomination.

It is also important to make a Will and keep it up to date.

Your beneficiary nomination is shown on your Annual Statement, Record of Contributions and when you log into your account at hipsuper.com.au. You may change your nomination at any time by logging onto your account, or in writing to HIP. Contact details can be found on the back cover.

Terminal Illness benefit

In the event you suffer a Terminal Illness, we will pay you an advance payment of your Death benefit, up to a maximum of \$3,000,000.

A 'Terminal Illness' is an illness which in our opinion, after consideration of medical evidence, would reasonably be expected to reduce your life expectancy to less than 12 months.

Extended cover

If employer contributions cease to be paid for you into your HIP account, insurance deductions will continue to be made from your account and Death cover provided until:

- you write to us stating you wish deductions to stop;
- there are insufficient funds in your account to pay for premiums;
- you reach age 65;
- you die; or
- you cease to be a member of HIP.

You may cancel this extended cover at any time by advising HIP in writing.

If you have not had an employer contribution payment for at least 12 consecutive months, and have continued to have premiums deducted from your account, HIP will remind you that these deductions are still occurring.

Continuation option

If your cover ends because you have ceased to be employed with a HIP participating employer (for reasons other than injury or illness) and cease to be a member of HIP, you may be eligible for a 'continuation option'. This means that you may apply for an individual policy with MLC Limited for the same amount of Death (and Total and Permanent Disablement if applicable) cover provided under your policy with HIP without the need to provide any health evidence.

You must be aged less than 60 and apply within 60 days of ceasing employment to be eligible.

For more information about this option phone 1300 654 099.

When your Death cover ends

Cover for all death benefits will cease on the earliest of the following:

- your death;
- the day before you commence service with the armed forces of any country (excluding Australian Army Reservists not deployed overseas);
- the date you reach age 65;
- the date you are paid a Death or Terminal Illness benefit;
- 120 days after the date your account balance has insufficient funds to pay the premium;
- the date the insurance policy ends.



Use the calculator on page 9 to work out how much insurance you need.

Income Protection insurance

HIP's Income Protection insurance provides you and your family with an income if you are unable to return to work through injury or illness.

HIP provides members with the option of taking up Income Protection cover of up to 4 units upon joining the Fund without the need to provide member evidence of insurability, provided that they are eligible for income Protection (see below).

Because for many people illness or injury also means a loss of salary, Income Protection insurance can assist you to meet your financial obligations in the event of a temporary disability (that lasts longer than 60 days).

Income Protection insurance can cover you for up to 75% of your pre-disablement salary, for a period of up to two years (24 months).

Provided that you meet the eligibility conditions, you will be automatically provided with Income Protection cover from the day you commence employment (and are 'at work') with a HIP participating employer who commences to make on-time contributions for you.

Each unit of Income Protection provides a benefit of up to \$1,500 per calendar month.

The benefit amount of \$1,500 per unit per month will be split as a base of \$1,340 to you and \$160 payable to HIP Super to cover compulsory 9% Superannuation Guarantee payments.

Am I eligible for Income Protection?

You may apply for Income Protection insurance at any time provided you are:

- a HIP member;
- in active employment with a HIP employer;
- a permanent (full-time or part-time) employee with an income of more than \$10,000 per year;
- not over age 65;
- at work on the day you commence employment with a HIP participating employer;
- having on-time employer contributions paid for you by a HIP employer.

Limited Income Protection cover

If you are not 'at work' on the day you commence employment with a HIP participating employer, but meet the other eligibility conditions, you will still be eligible for Income Protection cover. However, you will be provided with limited cover.

This means that you will only be covered for Income Protection claims arising from an injury which first occurred or an illness that first became apparent on or after the day you first became eligible for cover. You will receive full Income Protection coverage once you have been 'at work' for 60 consecutive days.

Definition of 'at work'

'At work' means you are at work for the normal daily hours of work and are actively performing the full, unrestricted or unmodified duties of your normal occupation for which you are employed or would have been had the day not been a day of leave (other than due to illness or injury), public holiday or weekend day.

How much does Income Protection cost?

The cost of each unit is \$0.91 per week and is deducted from your account. Each unit of Income Protection insurance provides a benefit of \$1,500 per calendar month.

The benefit amount of \$1,500 per unit per month will be split as a base of \$1,340 to you and \$160 payable to HIP Super to cover compulsory 9% Superannuation Guarantee payments.

How much Income Protection can I apply for?

There is no limit to the number of units you can apply for. However, you should calculate the number of units that would offer the best level of cover to provide you with a maximum benefit of up to 75% of your monthly salary averaged over 12 months.

If your salary changes you should determine whether you still have enough units of Income Protection cover.

When does my cover start?

Your selected level of Income Protection cover starts when:

- you complete and return the Insurance Application and Personal Health Statement;
- you provide any other information the Insurer may require; and
- the Insurer accepts your application.

When is an Income Protection benefit paid?

You will be eligible for a monthly income benefit if:

- you have Income Protection insurance with HIP;
- you become 'totally disabled' because of illness or injury; and
- you are still totally, or partially, disabled after the 60 day waiting period has expired.

Income Protection insurance (cont.)

How long is a benefit paid for?

Benefit entitlements cease on the earliest of:

- the day you are no longer totally or partially disabled;
- on your 65th birthday;
- the day you cease to be under the regular and continuous care of a doctor;
- the date of your death;
- the date you fail to provide us with all requested information and other evidence reasonably required to assess your claim;
- 24 months after Income Protection benefits commenced.

What could reduce my Income Protection benefit?

The benefit you may be entitled to will be reduced by other payments, including settlement or commutation amounts from:

- workers' compensation;
- in respect of loss of income under any statutory accident compensation scheme;
- as benefits under any other disability, injury or sickness insurance policy (except for lump sum benefits received for total and permanent disablement).

Sick leave, annual leave and long service leave entitlements and investment income are not taken into account.

Can I cancel or reduce my Income Protection insurance?

You may cancel or reduce your level of Income Protection insurance at any time.

You will need to advise HIP in writing, and your insurance will be reduced or cancelled from the date we receive your request.

Are there any situations in which I will not be covered?

Income Protection benefit payments will not be made if the event is caused either directly or indirectly from:

- war or warlike operations;
- service in the armed forces (excluding Australian Army Reservists not deployed overseas);
- any intentional self-inflicted injury or attempted suicide, whether you were sane or insane;
- normal and uncomplicated pregnancy or childbirth.

What does 'totally disabled' mean?

'Total disablement' as defined in the policy, requires that solely as a result of injury or illness you are continuously:

- unable to perform at least one of the important duties of your own occupation; and
- under the care of and following the regular and continuous advice for treatment from a doctor in relation to that illness or injury; and
- not engaged in any occupation, paid or unpaid.

'Important duties' means the duties of your occupation which are essential in producing a salary.

Total and Permanent Disablement (TPD) insurance

HIP also has optional TPD cover. This extra cover will provide you with the option to receive a lump sum of \$50,000, up to a maximum of \$250,000, in the event that you become totally and permanently disabled.

TPD benefit features

HIP will pay the total and permanent disability benefit (if it applies) if you become totally and permanently disabled, but only if you first suffered total and permanent as a result of the injury or illness while the policy is in force, and before the first to occur of:

- your cover ending;
- you becoming terminally ill;
- (where the policy has ended) the date you return to work, whether on a full time or part time basis;
- the date you turn 65.

For the avoidance of doubt, the insurer will determine if you are totally and permanently disabled:

- upon receipt of all the evidence required to determine if you are totally and permanently disabled;

- upon receipt of confirmation that you were gainfully employed;
- if not earlier, at the expiration of the 24 months (plus the applicable waiting period that applies to your Income Protection cover) from the date that you ceased work.

Benefit limitations

In the event of a war involving Australia, New Zealand or your country of residence, increased premium rates may be applied.

Premium Schedule

It should be noted there is a linear reduction of 20% per year in the amount of benefit paid (and premium charged) commencing at age 61, reducing to zero at age 65. The premium will be based on the number of units of cover, up to a maximum of five and your gender. Please refer to the Premium Schedule below.

TPD Premium Schedule

Age next birthday	Monthly (\$) Premium per Unit Females	Monthly (\$) Premium per Unit Males	Sum Insured
Up to 20	0.29	0.64	50,000
21	0.33	0.71	50,000
22	0.36	0.78	50,000
23	0.38	0.83	50,000
24	0.39	0.86	50,000
25	0.41	0.89	50,000
26	0.42	0.92	50,000
27	0.44	0.96	50,000
28	0.49	1.01	50,000
29	0.56	1.08	50,000
30	0.62	1.15	50,000
31	0.71	1.22	50,000
32	0.81	1.31	50,000
33	0.95	1.42	50,000
34	1.10	1.56	50,000
35	1.28	1.70	50,000
36	1.49	1.84	50,000
37	1.73	2.00	50,000
38	2.02	2.21	50,000
39	2.36	2.47	50,000
40	2.73	2.77	50,000
41	3.21	3.17	50,000
42	3.73	3.63	50,000

Age next birthday	Monthly (\$) Premium per Unit Females	Monthly (\$) Premium per Unit Males	Sum Insured
43	4.24	4.18	50,000
44	4.75	4.83	50,000
45	5.28	5.58	50,000
46	5.84	6.36	50,000
47	6.53	7.24	50,000
48	7.40	8.25	50,000
49	8.48	9.39	50,000
50	9.75	10.68	50,000
51	11.18	12.13	50,000
52	12.69	13.75	50,000
53	14.27	15.55	50,000
54	15.94	17.57	50,000
55	17.53	19.57	50,000
56	19.06	21.56	50,000
57	20.67	23.85	50,000
58	22.31	26.55	50,000
59	24.03	29.67	50,000
60	25.86	33.18	50,000
61	27.90	37.09	50,000
62	24.29	33.11	40,000
63	20.07	27.62	30,000
64	14.86	20.42	20,000
65	8.27	11.32	10,000

TPD insurance (cont.)

Total and permanent disablement means that you are have one of the following:

1. Unlikely to return to work

If you are engaged (or were engaged in the 6-month period immediately prior to the date that the 24 consecutive month period (plus the applicable waiting period) referred to in the second bullet point below commences), in gainful occupation, business, profession or employment when suffering an injury or illness, you are:

- totally unable to engage in any occupation, business or profession or employment for a period of 24 months (plus the applicable waiting period that applies in respect of that member); and
- is determined by the insurer at the end of that 24 month period (plus the applicable waiting period) to be permanently incapacitated to such an extent as to render you unlikely ever to engage in any gainful occupation, business, profession or employment for which you are reasonably suited by education training or experience.

2. Suffered permanent impairment

If you are engaged in gainful occupation, business profession or employment when suffering an injury or illness and, as a result of that injury or illness, you:

- a suffer a permanent impairment of at least 25% of whole person function as defined in the American Medical Association publication 'Guides to the Evaluation of Permanent Impairment', 4th Edition, or an equivalent guide; and
- b are disabled to such an extent, as a result of the impairment, that you are unlikely to even again to be able to engage in any gainful occupation, business, profession or employment for which you are reasonably suited by your education, training or experience.

3. Suffered specific loss

As a result of the illness or injury, you suffer total and permanent loss of the use of:

- two limbs;
- the sight in both eyes;
- one limb and the sight in one eye.

4. Suffered loss of independent existence

As a result of illness or injury, you suffer loss of independent existence. 'Loss of independent existence' means the insurer has determined that you are totally and irreversibly unable to perform at least two of the following five 'activities of daily living' without the assistance of another adult person:

- bathing and/or showering;
- dressing and eating;
- eating and drinking;
- using a toilet to maintain personal hygiene;
- getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.

5. Suffered cognitive loss

As a result of illness or injury, you have suffered cognitive loss. 'Cognitive loss' means the insurer has determined a total and permanent deterioration or loss of intellectual capacity, which has required you to be under continuous care and supervision by another adult person for at least six consecutive months and, at the end of that six-month period, you are likely to require permanent ongoing continuous care and supervision by another adult person.

Making a claim

If you believe you are eligible for a Death, Terminal Illness Income Protection or TPD benefit, contact our Customer Service Centre on **1300 654 099** for the relevant forms.

Guide to Application to increase insurance cover

If you do not require insurance cover, or if you are more than 65 years of age, please do not complete the application.

The application is in two parts – firstly, for Income Protection (salary continuance); and secondly, for Death and TPD cover.

Please complete only the section/s that you wish to apply for an increase in cover for.

Death cover

You automatically receive one unit of Death cover as a HIP member.

Page 3 sets out the cost of your insurance cover and the amount of the benefit depending on your age next birthday. Insurance cover is not available for members who are more than 65 years of age.

Death insurance calculator

Use the calculator below to work out how much Death insurance you need and how much it will cost you per week.

	Example: (member aged 35)	Your calculation
How many units of cover do you need?	3 units	
To calculate the benefit, multiply the number of units by the amount in the 'Insurance Benefit' column (table on page 3) that matches your age next birthday.	$3 \times \$154,560 = \$463,680$	
To calculate the cost of this level of insurance per week, multiply the number of units by \$1. (This is the amount that will be deducted from your account each week.)	$3 \times \$1 = \3	

Total and Permanent Disablement Cover

Page 7 sets out the cost of TPD cover for each unit depending on your age next birthday. TPD cover is not available for members who are more than 65 years of age.

It's important to note that all insurance costs come out of your super account, not your pay, and you can change your insurance levels at any time.

The information requested on this application is required by the Insurer of HIP. It is used for the purposes of determining the level of risk and, therefore, the level of insurance cover allowable to each member. This information is collected by the Fund's Administrator and is only provided to the Fund Insurer. These parties are authorised to use your personal information only to administer your Fund membership and insurance agreements. They may communicate personal information to claims investigators, medical practitioners and reinsurers.

Income Protection

If you would like to apply for Income Protection (salary continuance) insurance, calculate the number of units you wish to apply for. Refer to page 5 for full information.

Income Protection calculator

Use the calculator below to work out how many units of Income Protection insurance you need to receive the maximum benefit (75% of your income) and how much it will cost you per week.

	Example	Your calculation
How much do you earn each month, before tax, including 9% superannuation?	\$4,000	
Multiply by 84%* (x 0.84)	\$3,360	
Divide by \$1,500. (This is the benefit provided per month for one unit of cover, including 9% superannuation.)	2.2	
Round this number up to the next whole number. (This is the maximum number of units of Income Protection cover you may apply for.)	2.2 rounds up to 3	
To calculate the cost of this level of insurance cover per week, multiply the number of units by \$0.91.	$3 \text{ units} \times \$0.91 = \2.73	

*84% benefit includes 9% superannuation

Income Guide for Income Protection cover

Units	Annual Income*
Nil	under \$10,000
1	\$10,001 to \$18,000
2	\$18,001 to \$36,000
3	\$36,001 to \$54,000
4	\$54,001 to \$72,000
5	\$72,001 to \$90,000
6	\$90,001 to \$108,000
7	\$108,001 to \$126,000
8	\$126,001 to \$144,000

If your income is over \$144,000 per year, use the calculator to work out the number of units required, up to a maximum level of \$30,000 cover per month (20 units is the maximum number of units available under this policy).

*annual salary before tax, including 9% superannuation

Important information

MLC Limited (MLC) is the 'Insurer' in respect of a group insurance arrangement. It is important that you have read and understood the current Product Disclosure Statement for the cover for which you are applying.

You are requested to complete this application if one of the following applies to you:

- a** you are proposed to become an insured member under the policy and your benefits are subject to assessment by MLC Life;
- b** you are an existing insured member and your benefit (or part thereof) is subject to assessment by MLC. MLC requires this Personal Health Statement and other health information to assist us in making a decision on your proposed insurance cover. This Personal Health Statement is confidential.

Your Duty of Disclosure

Before you enter into a contract of life insurance with an Insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require a disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know; or
- for which your duty of compliance is waived by the Insurer.

Your Duty of Disclosure continues until we accept your application and issue you with insurance cover. It also applies if you seek to extend, vary or reinstate the contract.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time. An Insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

Do I have to provide more information?

Our Insurer may ask you to provide more information if:

- you answer yes to any questions on the Personal Health Statement; or
- the information you supply on the application and Personal Health Statement is incomplete.

You may also be asked to attend medical examinations or have other medical tests where necessary. The Insurer will pay for any medical expenses incurred if you are asked to have any tests or an examination as part of your application for Income Protection.

Privacy

I acknowledge that I have access to NAB's privacy policy and agree that any member of the NAB Group may collect, use, disclose and handle my personal information in a manner set out in the Group's privacy policy available on mlc.com.au

Short Form Personal Statement

For Salary Continuance cover up to a maximum of \$8,000 per month



MLC Group Insurance

MLC Limited / ABN 90 000 000 402 / AFSL 230694

This form can be used to apply for MLC Group Insurance cover or to increase existing cover, and only applies if the applicant:

- is less than 55 years of age;
- applies for Salary Continuance-only cover up to a maximum of \$8,000 per month, including any existing cover);
- answers 'No' to **all** questions in Section D 'Personal details'. (Please refer to Section D 'Health/Lifestyle Questions' before proceeding to complete this form.)

If you do not meet the above 3 conditions, and intend answering 'Yes' to any of the questions in Section D (opposite), do not complete and return this form. You will instead need to complete the *Request for Insurance form* by contacting HIP on **1300 654 099** for a copy.

Section A – Insurance details

Policy number	Policy name
G3140	Health Industry Plan
Employer's name	
<input type="text"/>	

Section B – Member details

Member number	<input type="text"/>				
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	<input type="text"/>
Surname					
<input type="text"/>					
Given name(s)					
<input type="text"/>					
Date of birth			Gender		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Male <input type="checkbox"/> Female					
Address					
<input type="text"/>					
<input type="text"/>					
Suburb			Postcode		
<input type="text"/>			<input type="text"/>		
Phone number					
() <input type="text"/>					
Mobile number					
<input type="text"/>					
Email address					
<input type="text"/>					

Section C – Occupation details

1. What is your current occupation?
2. What are your occupation duties?
3. What professional trade qualification do you have?
4. On what basis are you employed?
 Full-time Part-time Contractor Fixed term
5. What is your annual salary? Number of units
\$

Section D – Personal details

Height	<input type="text"/>	cm	Weight	<input type="text"/>	kg
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Health/Lifestyle Questions

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Have you ever received treatment or been diagnosed with any of the following: | <input type="checkbox"/> | <input type="checkbox"/> |
| • cancer, tumour of any type | | |
| • hepatitis | | |
| • diabetes | | |
| • high blood pressure, high cholesterol | | |
| • heart complaint, chest pain | | |
| • neurological conditions including epilepsy and stroke | | |
| • inflammatory bowel disorder (ulcerative colitis, Crohn's disease, irritable bowel syndrome)? | | |
| 2. Have you ever received any medical advice or undergone any medical treatment, investigation or an operation, or contemplated surgery for, or suffered from, any of the following: | <input type="checkbox"/> | <input type="checkbox"/> |
| a) any injury or complaint of the back, neck, knee or shoulder and/or any disease, disorder or degeneration to the muscles, tendons, bones, disc or joints | | |
| b) depression or mental disorder (including but not limited to stress, anxiety, panic attacks, post-traumatic stress, behavioural or nervous disorder) | | |
| c) chronic tiredness or fatigue? | | |
| 3. Are you currently absent, or in the last 3 years been absent from work, or unable to perform your usual duties for more than 2 consecutive weeks due to illness or injury? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you intend: | <input type="checkbox"/> | <input type="checkbox"/> |
| a) seeking any medical advice, test, investigation or treatment or surgery (excluding general check-ups) | | |
| OR | | |
| b) in the last 3 years, have you taken any prescribed medication (excluding medications for colds/flu, minor upper respiratory tract infections, minor headaches or contraceptives)? | | |

Continued overleaf >

Short Form Personal Statement continued

Section D – Personal details continued

5. Are you carrying, or are you at risk of contracting, or within the last 3 years have you been at risk* of contracting, the Human Immunodeficiency Virus (HIV) which causes AIDS, antibodies to that virus, or are you suffering from AIDS or an AIDS-related condition? (See below for notes on HIV.) **YES NO**
6. Have two or more of your parents, brothers or sisters, had or been diagnosed with heart disease, stroke, Huntington's disease or diabetes, under the age of 60?
7. Have you ever had any advice/counselling or treatment for alcohol or drug use/dependence?
8. Do you now engage or do you intend to engage in air travel or activities other than as a fare-paying passenger, motor racing, underwater diving, parachuting, hang gliding, mountaineering or any other pursuits considered dangerous or hazardous by an average person?
9. Have you ever claimed or applied to claim on any type of disability, trauma, sickness and accident, Department of Veterans' Affairs or workers' compensation policy?
10. Have you ever had or applied for any life, disability, accident and sickness or trauma cover that was declined, or accepted with a loading, exclusion or cover than that originally applied for?

* HIV risk situations are those in which you have been potentially exposed to HIV infection. These situations include, but are not limited to, intercourse with someone you know or suspect to be HIV-positive and intravenous drug use.

Checklist

Have you met the three conditions outlined at the top of page 1?

- No** If No, do not continue or return this form. You will need to complete the *Request for Insurance form* by contacting HIP on **1300 654 099** for a copy.
- Yes** Please complete the Member's Declaration (Section E).

Your Duty of Disclosure

Before you enter into a contract of life insurance with an Insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require a disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know; or
- for which your duty of compliance is waived by the insurer.

Your Duty of Disclosure continues until we accept your application and issue you with insurance cover. It also applies if you seek to extend, vary or reinstate the contract.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time.

An Insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

Privacy

I acknowledge that I have access to NAB's privacy policy and agree that any member of the NAB Group may collect, use, disclose and handle my personal information in a manner set out in the Group's privacy policy available on mlc.com.au.

Section E – Member's declaration

Read this section carefully before signing

My decision to apply for insurance under MLC Group Insurance is based on the Product Disclosure Statement and/or Policy Document for the relevant product that I have received and my understanding of the information it contains.

I understand and agree that:

- I have read the Duty of Disclosure set out on this page. I understand that, until MLC accepts this application for insurance, I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC's acceptance of this application and that if I fail to comply with my duty of disclosure MLC may (as permitted by law) cancel this contract or reduce the benefits under it;
- the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete, and the answers given form the basis of the contract;
- if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are correct;
- where this application is for insurance cover under a superannuation fund, I will provide MLC or the Trustee with any information which relates to my membership of that fund which they may request;
- no additional insurance is effective until MLC accepts this application;
- I authorise MLC to provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by MLC with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance.

Member's name (Please print)

Member's signature

Date

Send to:

Mail HIP Administration
Locked Bag 23
Haymarket NSW 1236

Phone 1300 654 099

Fax (02) 9375 7884

Email hipsuper@superpartners.com.au

Website hipsuper.com.au

This forms part of the HIP Insurance Booklet dated 1 November 2010.

Short Form Personal Statement

For Death only/Death and TPD cover up to a maximum of \$1 million



MLC Group Insurance

MLC Limited / ABN 90 000 000 402 / AFSL 230694

This form can be used to apply for MLC Group Insurance cover or to increase existing cover, and only applies if the applicant:

- is less than 55 years of age;
- applies for Death only/Death and TPD Cover (maximum \$1 million including any existing cover);
- answers 'No' to **all** questions in Section D 'Personal Details'. (Please refer to Section D 'Health/Lifestyle Questions' before proceeding to complete this form.)

If you do not meet the above 3 conditions, and intend answering 'Yes' to any of the questions in Section D (opposite), do not complete and return this form. You will instead need to complete the *Request for Insurance form* by contacting HIP on **1300 654 099** for a copy.

Section A – Insurance details

Policy number	Policy name
G3139	Health Industry Plan
Employer's name	
<input type="text"/>	

Section B – Member details

Member number

Mr Mrs Miss Ms Other

Surname

Given name(s)

Date of birth Gender Male Female

Address

Suburb Postcode

Phone number ()

Mobile number

Email address

Section C – Insurance details

Please enter the TOTAL amount of insurance cover being applied for under this policy (including any existing cover).

Type of Insurance	Number of Units
Death	<input type="text"/>
Total and Permanent Disablement cover (TPD)*	<input type="text"/>

* Subject to a maximum 5 units.

Section D – Personal details

Height cm Weight kg

Health/Lifestyle Questions

YES NO

1. Have you ever received treatment or been diagnosed with any of the following: YES NO
 - cancer
 - hepatitis
 - a tumour of any type
 - diabetes
 - high blood pressure
 - high cholesterol
 - heart complaint
 - chest pain
 - a stroke
 - a mental health condition, including stress, anxiety or depression
 - a back or joint disorder or paralysis?
2. In the last five years, have you received any advice, treatment or been hospitalised or investigated for any symptoms, illness or injury **(including any of the above conditions listed in Question 1)**, or taken any prescribed medication (excluding medications for cold/flu, minor upper respiratory tract infections, minor headaches or contraceptives)? YES NO
3. Are you currently absent from work or unable to perform your usual duties due to illness or injury? YES NO
4. Do you intend seeking any medical advice, test, investigation or treatment (excluding general check-ups)? YES NO
5. Are you carrying, or are you at risk of contracting, or within the last 3 years have you been at risk* of contracting, the Human Immunodeficiency Virus (HIV) which causes AIDS, antibodies to that virus, or are you suffering from AIDS or an AIDS-related condition? YES NO
6. Have two or more of your parents, brothers or sisters, had or been diagnosed with cancer, heart disease, stroke, Huntington's disease or diabetes, under the age of 60? YES NO
7. In the last five years have you had any advice/counselling or treatment for alcohol or drug use/dependence? YES NO
8. Do your occupational duties involve underground mining, blasting or explosives handling or working at heights above 10 metres? YES NO

* HIV risk situations are those in which you have been potentially exposed to HIV infection. These situations include, but are not limited to, intercourse with someone you know or suspect to be HIV-positive and intravenous drug use.

Continued overleaf >

Short Form Personal Statement continued

Section D – Personal details continued

9. Do you now engage or do you intend to engage in air travel or activities other than as a fare-paying passenger, motor racing, underwater diving, parachuting, hang gliding, mountaineering or any other pursuits considered dangerous or hazardous by an average person? **YES NO**

Your Duty of Disclosure

Before you enter into a contract of life insurance with an Insurer,

Checklist

Have you met the three conditions outlined at the top of page 1?

- No** If No, do not continue or return this form. You will need to complete the *Request for Insurance form* by contacting HIP on **1300 654 099** for a copy.
- Yes** Please complete the Member's Declaration (Section E).

you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require a disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know; or
- for which your duty of compliance is waived by the Insurer.

Your Duty of Disclosure continues until we accept your application and issue you with insurance cover. It also applies if you seek to extend, vary or reinstate the contract.

Non-disclosure

If you fail to comply with your Duty of Disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time.

An Insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but reduce the sum that you have been Insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

Privacy

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Section E – Member's declaration

Read this section carefully before signing

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I understand and agree that:

- I have read the Duty of Disclosure set out on this page. I understand that, until MLC accepts this application for insurance, I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC's acceptance of this application and that if I fail to comply with my duty of disclosure MLC may (as permitted by law) cancel this contract or reduce the benefits under it;
- the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete, and the answers given form the basis of the contract;
- if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are correct;
- where this application is for insurance cover under a superannuation fund, I will provide MLC or the Trustee with any information which relates to my membership of that fund which they may request;
- no additional insurance is effective until MLC accepts this application;
- I authorise MLC to provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by MLC with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance.

Member's name (Please print)

Member's signature

Date

Send to:

Mail HIP Administration
Locked Bag 23
Haymarket NSW 1236

Phone 1300 654 099

Fax (02) 9375 7884

Email hipsuper@superpartners.com.au

Website hipsuper.com.au

This forms part of the HIP Insurance Booklet dated 1 November 2010.

HIP Contacts

Call **1300 654 099** anywhere in Australia

Fax **(02) 9375 7884**

Web **hipsuper.com.au**

Email **hipsuper@superpartners.com.au**

Mail **Locked Bag 23, Haymarket NSW 1236**

HIP respects your privacy

Protecting your personal information has always been important to us and is now required by law. Changes to the Commonwealth *Privacy Act* mean that we must now handle your personal information in accordance with a set of guidelines, known as the National Privacy Principles.

HIP only collects information that is necessary to administer your fund membership. By this, we mean managing your account and keeping you up to date with opportunities and value-adding services and benefits available to you as a HIP member.

HIP has appointed an Administrator, Insurer and other specialist organisations to provide services to HIP on your behalf. They are authorised to use your personal information only to administer your Fund membership, under the strictest confidence. Your personal information will not be used or disclosed for any other purpose without your consent, except where required by law. For example, the HIP Administrator is required to report certain information to the Australian Taxation Office for tax-related purposes. The personal information collected by HIP from you, or through your employer, includes your contact details, date of birth and

Tax File Number (if you have chosen to quote it). Over time, this will be supplemented with financial and other information necessary to administer your Fund membership.

Additional information may be collected from you, your medical practitioner(s) or from your employer for the purpose of assessing your eligibility for insurance cover or for the assessment of a claim. We would only seek to collect such information with your consent. We have stringent security measures in place and the staff who handle your personal information have the knowledge, skills and commitment to protect it from unauthorised access or misuse.

As a member of HIP, you may ask to see the information we hold about you and to have it corrected if required. To find out more about the personal information we hold and how it is handled, please call **1300 654 099**. If you would like more information about the *Privacy Act* or the National Privacy Principles, you can contact the Federal Privacy Commissioner's hotline service on **1300 363 992**.