



APPLY FOR VOLUNTARY INSURANCE COVER

Use this form to apply for Voluntary Death and Terminal Illness and Total and Permanent Disablement insurance cover.

Before you start... Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

The duty to take reasonable care

When you apply for Voluntary Insurance Cover, you are treated as if you are applying for cover under an individual consumer insurance contract and this duty to take reasonable care applies. A person who applies for cover under a consumer insurance contract has 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 also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are 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.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | E help@mine.com.au | mine.com.au

Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to AUSCOAL Superannuation Pty Ltd (the Trustee) | ABN 70 003 566 989 | AFS licence 246864 MySuper authorisation number 16457520308485, as trustee of Mine Superannuation Fund



1. Your personal details

Mr Ms Mrs Miss Dr Other

Male Female

Member number

Given names

Surname

Date of birth (DD-MM-YYYY)

 - -

Residential address

Suburb

State

Postcode

Postal address. If the same as your residential address, mark 'X' in this box

Suburb

State

Postcode

Mobile phone

Home phone

Work phone

Email

May one of TAL Life Limited's underwriting staff or authorised service providers contact you by phone if they need more information?

No

Yes

At which time? From

To

On which phone?

Mobile

Home

Work

Please note: this can only be between 8am to 5pm, Monday to Friday.

2a. What type of insurance do you want and how much?

- The amount you apply for must be a multiple of \$10,000.
- Don't include your existing Basic and Voluntary Insurance Cover in this amount.

Mark 'X' in one box

Death and Terminal Illness insurance only.

Death and Terminal Illness and Total and Permanent Disablement insurance.

Total and Permanent Disablement insurance only. You can only choose this option if you already have Death and Terminal Illness insurance with us. The amount of Total and Permanent Disablement insurance you apply for can't be more than your Death and Terminal Illness insurance.

How much Death and Terminal Illness insurance do you want to apply for?

\$, ,

How much Total and Permanent Disablement insurance do you want to apply for?

\$, ,

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2b. Keep your insurance cover

Your insurance will be cancelled if your account becomes inactive (that is, a contribution hasn't been credited to your account for 16 months or more). If you don't want your insurance cover to stop due to inactivity, you need to let us know in writing that you'd like to keep it. You can do this by simply ticking the box below.

By ticking this box, I confirm that I:

- wish to add and keep the insurance in my Mine Super account.
- understand that my insurance benefits, including any future changes, will remain on my account, even if there's not been a contribution or transfer received in my account for 16 months or more.
- understand I can still cancel my insurance at any time by calling 13 64 63.
- understand that my insurance can be cancelled or changed in the future in line with the normal terms and conditions of Mine Super's insurance.
- have read and understood the Product Disclosure Statement (PDS) and Insurance Guide at mine.com.au/pds

3. Your job details

- Read the below descriptions of the five job classifications carefully, as they're used to work out how much your insurance costs.
- Your selected job classification will apply to all your insurances with us, even if your application isn't accepted. Any new insurance premiums will apply to your total insurance cover, including existing Basic, Income Protection or Voluntary Insurance Cover, from the date we receive this form and your application is accepted by our insurer.

Mark 'X' in one box

Professional: You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn more than \$80,000 pa, excluding employer super contributions, so long as you're not defined as 'mining'.

White collar: You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn \$80,000 pa or less, excluding employer super contributions, so long as you're not defined as 'mining'.

For the **professional** and **white collar** classifications, it's important to select the classification that reflects your circumstances. We'll record your job classification according to what you tell us. Refer to the PDS and Insurance Guide for more information about job classifications and salary, and how it may impact your insurance.

Light manual: You perform light manual work for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'heavy manual' or 'mining'. This category includes duties such as carpenter, electrician, plumber and factory production manager.

Heavy manual: You perform heavy manual work or work in an **open-cut mine** for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'mining'. This category includes duties such as bricklayer, roof carpenter and truck, forklift or bulldozer driver.

Mining: You perform light or heavy manual work in an **underground mine** for more than 5% of your total work time or work in any other high risk occupation agreed between Mine Super and the insurer.

What is your usual occupation?

What percentage of manual labour do you perform? %

How many hours, on average, do you work per week? hours per week

What's your current annual salary before tax and including super contributions, but after deduction of business expenses? **Note:** Salary is either received from your employer/s, or earned through personal exertion if self-employed. \$, pa

The salary you provide in this application will only be used for this application and will not be applied to any Income Protection insurance you have with us. If you need to change your salary for any other insurance you have with us, please call us on 13 64 63.

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4. Health and lifestyle

Have you smoked in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: What type of tobacco do you smoke (e.g. cigarettes, cigars)?	<input type="text"/>
How much do you smoke each day?	<input type="text"/>
In the last 5 years have you smoked any substance other than tobacco?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: What substances have you smoked?	<input type="text"/>
What frequency do you smoke this substance?	<input type="text"/>
When did you first smoke this substance?	<input type="text"/>
When did you last smoke this substance?	<input type="text"/>
Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: How many standard drinks do you consume per day (on average)? A standard drink is approximately 125ml wine, 250ml beer or 30ml spirits.	<input type="text"/>
What's your height (in centimetres)?	<input type="text"/> cm
What's your weight (in kilograms)?	<input type="text"/> kgs

5. Existing insurance

Existing insurance

Apart from this application, do you have or are you applying for any other life or total and permanent disablement insurance? Please include cover held and / or applied for through TAL Life Limited or under superannuation. Yes No

If yes, provide details of these insurances.

Name of insurer	Type of cover	Amount insured	Date policy commenced	Will this policy be cancelled or replaced?	Date last fully underwritten (replacement policies only)

Claim history and previous insurance decisions

Are you claiming or have you ever claimed a benefit from any source, e.g. total and permanent disability benefits from any super fund, Workers Compensation, disability pension, Department of Veterans' Affairs benefits or any other insurance policy providing accident or illness benefits? Yes No

If yes, please provide details of the claim/s in the table below.

Date of the claim	Period paid	Type of disability	Date claim was finalised	Other relevant details

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5. Existing insurance (continued)

Have you had an application for life, disability, trauma, accident or illness insurance declined, deferred or accepted with a loading, exclusion or special terms?

Yes No

If yes, please provide details in the table below.

Name of the company	Alteration	Date	Reason (if known)

If you run out of space, please photocopy this section or write answers on a separate piece of paper.

6. Residence and travel

Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa? If no, please answer the questions below.

Yes No

How long have you lived in Australia?

Do you plan to become a permanent resident?

Yes No

If yes, when do you expect to become a permanent resident?

What type of visa do you hold, and when does it expire?

In what country were you born?

What's your nationality?

Do you have residency or citizenship rights in any other countries?

Yes No

If yes, please specify.

Do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? If yes, please provide details below.

Yes No

Date of departure:

Duration of stay:

Destinations (countries / cities):

Purpose of stay: Holiday Business Residing Other, please specify:

If you run out of space, please photocopy this section or write answers on a separate piece of paper.

7. Activities

Do you currently, or do you intend to, engage in any hazardous pastime and / or sporting activity such as aviation (other than as a fare paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? If yes, please provide details of these activities in Section 10.

Yes No

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8. Medical history

a. Summary of medical history

i. Your family history - You only need to disclose family history information relating to immediate family members (mother, father, brother or sister). If you're adopted and your family history is unknown, please mark no.

Has any of your immediate family been diagnosed with any of the following conditions before the age of 60? Yes No
Heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

If you answered yes, complete the following:

Relationship of family member	Condition (e.g. Type 2 diabetes, breast cancer, heart attack)	Age diagnosed

If you run out of space, photocopy this section or write answers on a separate piece of paper.

ii. Your medical history

1. Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions?

a. chest pain, high blood pressure, raised cholesterol or any heart / circulatory disorder Yes No

b. stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition Yes No

c. diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder Yes No

d. asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold) Yes No

e. any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout Yes No

f. depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress or any other behavioural, mental or nervous condition Yes No

g. cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind Yes No

h. drug dependence or abuse (either prescribed or non-prescribed) or alcohol dependence or abuse Yes No

i. hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery) Yes No

j. any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus Yes No

2. Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)? Yes No

3. In the last five years have you engaged in any activity reasonably expected to having an increased risk of exposure to the HIV/AIDS virus? This includes unprotected anal sex, sex with a sex worker or sex with someone you know, or suspect to be HIV positive. Yes No

4. Apart from treating any condition already disclosed, in the last year have you been prescribed any medication by a medical practitioner that's intended to be used for three months or more (excluding contraceptives)? Yes No

5. Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms? Yes No

iii. Work health history

6. Are you currently off work due to injury or illness (other than a condition you have disclosed in this application) or restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis? Yes No

7. In the past three years have you been unable to work because of injury or illness, other than pregnancy or a condition you've disclosed in this application, for more than two consecutive weeks? Yes No

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8. Medical history (continued)

b. Detailed medical history

Please complete this section for each section that you answered 'yes' to in **Section 8.a**. If you run out of space, photocopy this section or write answers on a separate piece of paper.

	Condition 1	Condition 2
Which question from Section 8.a.ii. did you answer yes to?		
What is the name of your specific condition/s relating to this question?		
On approximately what date did your first symptoms start?		
Please describe your symptoms.		
Which part or side of the body was affected (if applicable)?		
What was the medical diagnosis? If possible, include results of x-rays and investigations.		
What was the frequency of your attacks or symptoms (e.g. daily, weekly)?		
How long were you unable to work or perform your normal duties and / or activities due to your condition?		

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8. Medical history (continued)

	Condition 1	Condition 2
If you needed to go to hospital for your condition, how long did you need to stay in hospital for? What date was your hospital visit?		
What advice or treatment did you receive from your doctor/s?		
Are you still receiving medical treatment for this condition? If so, what is the nature and frequency of this treatment?		
When did you stop treatment or medication for this condition (if applicable)?		
When did you last suffer from the symptoms of this condition?		
If you have fully or partially recovered from your condition, what percentage do you think you have recovered?		
Please provide the names and addresses of all doctors, hospitals or other practitioners that have treated or advised you about your condition.		

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9. Doctor's authorisation - to be completed and signed by the life insured (e.g. Mine Super member)

Personal details of life insured

Given names

Surname

Date of birth (DD-MM-YYYY)

 - -

Residential address

Suburb

State

Postcode

Member number

Authority to release information

To doctor (name of doctor)

I hereby authorise you to release details of my personal medical history to AUSCOAL Superannuation Pty Ltd ABN 70 003 566 989 and TAL Life Limited ABN 70 050 109 450 AFS licence 237848, or any organisation appointed by Mine Super or TAL Life Limited. A photocopy (or similar) of this authorisation shall be as valid as the original.

Member signature

Date (DD-MM-YYYY)

 - -

Authority to release information

To doctor (name of doctor)

I hereby authorise you to release details of my personal medical history to AUSCOAL Superannuation Pty Ltd ABN 70 003 566 989 and TAL Life Limited ABN 70 050 109 450 AFS licence 237848, or any organisation duly appointed by Mine Super or TAL Life Limited. A photocopy (or similar) of this authorisation shall be as valid as the original.

Member signature

Date (DD-MM-YYYY)

 - -

Before submitting this form, remember to sign **Your declaration** on page 10.

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10. Additional information / comments

11. Your declaration (you must sign and date this section)

Mine Super and the insurer may verify the information you've provided and ask for more information.

I declare that:

- I've read the duty to take reasonable care and my legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into. I understand that in connection with my insurance application, I must advise Mine Super and TAL Life Limited ABN 70 050 109 450 AFS licence 237848 of any changes in my health from now until I'm notified in writing that my application has been accepted.
- The answers I've provided to all questions and the declarations are true and correct and aren't misleading.
- I understand that my insurance cover won't become effective until my application has been accepted in writing and provided my member account has adequate funds to meet the premium payable.
- I acknowledge that if I don't complete this form correctly or I don't sign and date this declaration, my application won't be considered and any insurance cover I currently have won't be affected.
- I've read and understand the Mine Super PDS, including the Insurance Guide.
- I consent to the collection, use and disclosure of my personal information in accordance with the Mine Super privacy policy outlined in the Mine Super PDS and our insurer's privacy policy available at tal.com.au/privacy-policy or available on request.
- I understand that if my application for cover is accepted, insurance cover will be provided to me on the terms contained in Mine Super's insurance policy with TAL Life Limited as changed from time to time.
- I understand Mine Super and TAL Life Limited may require additional information or medical tests to enable assessment of my application. I acknowledge that separate medical consent may be requested to enable this medical information to be shared.
- I understand that if I fail to attend any required medical appointments, my application may not be finalised and insurance cover may not be offered by TAL Life Limited.

Your signature



Date (DD-MM-YYYY)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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When complete return this form to us by:

Post Mine Super
Locked Bag 2020 Newcastle NSW 2300
Email help@mine.com.au

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