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.

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.

1. Your personal details

Member number .....

Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Dr ☐ Other ☐

Male ☐ Female ☐

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

Preferred email

Other 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? M) ☐ (H) ☐ (W) ☐

Turn over to finish filling out this form...

2. 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

Only mark '✘' 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? $ ☐☐☐,☐☐☐,☐☐☐

3. Your job details

+ Read the 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 insurance with us, even if your application isn't accepted. Any new insurance premiums will apply to your total insurance cover, including existing Basic or Voluntary Insurance Cover, from the date we receive this form once your application is accepted.

Mark '✘' 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 less than $80,000 pa, excluding employer super contributions, so long as you're not defined as 'mining'.

For the **professional** and **white collar** classifications, regardless of which classification you mark, you'll be considered white collar if we've recorded a salary of less than $80,000 pa for you and professional if we've recorded $80,000 pa or more.

☐ **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 the insurer and Mine Super.

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 income earned through personal exertion, before-tax and including super contributions, but after deduction of business expenses? $ ☐☐☐,☐☐☐ pa

The salary you provide in this application will only be used for this application and will not be applied to any other 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 64.

Go to the next page to continue filling out this form...

4. Health and lifestyle

Have you smoked in the last 12 months?	☐ Yes ☐ No
If yes: What type of tobacco do you smoke? (eg. cigarettes, cigars)	
How much do you smoke each day?	
In the last 5 years have you smoked any substance other than tobacco?	☐ Yes ☐ No
If yes: What substances have you smoked?	
What frequency do you smoke this substance?	
When did you first smoke this substance?	
When did you last smoke this substance?	
Do you drink alcohol?	☐ Yes ☐ 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.	
What's your height (in centimetres)?	cm
What's your weight (in kilograms)?	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? eg. Total and Permanent Disability benefit from any superannuation fund, Workers' Compensation, disability pension, Department of Veterans' Affairs benefit 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

Go to the next page to continue filling out this form...

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?	☐ 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

Go to the next page to continue filling out this form...

8. Medical history

a) Summary of medical history

i) Your family history - You only need to disclose family history information relating to immediate family (mother, father, brother or sister) members. 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?: Heart disease (eg. 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? ☐ Yes ☐ No

If you answered yes, complete the following:

Relationship of family member	**Condition** (eg. 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
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

Go to the next page to continue filling out this form...

8. Medical history

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 (eg. daily, weekly)?		
How long were you unable to work or perform your normal duties and/or activities due to your condition?		

Go to the next page to continue filling out this form...

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 frequencyof this treatment?		
When did you stop treatment or medication forthis 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.		

Go to the next page to continue filling out this form...

9. Doctor's authorisation - to be completed and signed by the life insured

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 duly appointed by Mine Super or TAL Life Limited. A photocopy (or similar) of this authorisation shall be as valid as the original.

Signature of life insured

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.

Signature of life insured

Date (DD-MM-YYYY)

Before submitting this form, remember to sign **Your declaration** on page 9.

Go to the next page to continue filling out this form...

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. This declaration applies to both Part A and Part B of this form.

I declare that:

- I've read the duty of disclosure and I'm aware of the consequences of non-disclosure. 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. I've disclosed everything I know that could affect the decision to accept my application.
- The answers I've provided to all questions and the declarations are true and correct.
- 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 Product Disclosure Statement, 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 Product Disclosure Statement (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 and I authorise any medical practitioner or other health professional to release to Mine Super and TAL Life Limited or any other organisation appointed by Mine Super or TAL Life Limited any medical information needed in connection with my application.
- 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)

When complete, return this form to us by:

Post Mine Super
Locked Bag 2020 Newcastle NSW 2300
Fax 02 4962 3469
Email help@mine.com.au