

Change Life and/or TPD



This application form is to be used to apply for additional Life and Total and Permanent Disability Insurance, where special provisions on joining do not apply. This form can also be used to reinstate lapsed or previously cancelled cover.

Please write in BLOCK letters and use a BLUE or BLACK ballpoint pen. Leave a box between words. Where applicable mark boxes with X. Please answer all the questions as accurately as possible and provide additional information wherever requested. You may be required to undergo additional medical tests and/or the underwriter may contact you over the phone for further information. Any request will be considered invalid if not signed and dated. **Once you have completed this form, please return to Australian Food Super Locked Bag 5390 Parramatta NSW 2124**

DUTY TO TAKE REASONABLE CARE - IMPORTANT INFORMATION BEFORE YOU BEGIN THIS APPLICATION

You have a duty to take reasonable care not to make a misrepresentation when applying for insurance. If you do not comply with your duty to take reasonable care, AIA Australia Limited (AIA), the insurer, may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive may be reduced. Before answering the questions contained in this application form it is important that you carefully read the Duty to Take Reasonable Care section on page 5 of this form which explains your duty, including the effect if you don't comply.

MEMBER DETAILS

Australian Food Super member no:

(This information will be used to update our records where necessary.)

Mr/Mrs/Ms/Miss/Other

Surname

Given Names

Date of Birth (ddmmyyyy)

Address

Street Number

Street Name

Suburb/Town

State

Postcode

Telephone (daytime)

Mobile

Gender

 Male Female

Email

Preferred contact time:

 Morning 9 - 12

 Afternoon 12 - 6

Are you a permanent resident of Australia?

Yes

No

ABOUT YOUR INSURANCE NEEDS

Total required cover:

Life Cover

Total & Permanent Disability Cover

Existing Policy Cover (if known)

Units

Units

Additional Policy Cover Requested

Units

Units

Total Policy Cover Requested

Units

Units

(= Existing + Additional Policy Cover Requested)

YOUR WORK

1 What industry do you work in? (eg. banking, agriculture, education)

What is your current occupation?

What is your current gross annual salary?

2 Do you work 15 hours or more per week?

Yes

No

YOUR INSURANCE HISTORY

3 Has an application for Life, Trauma, TPD or Disability Insurance on your life ever been declined, deferred or accepted with a loading or exclusion or any other special condition or terms?

Yes

No

4 Have you ever made a claim for or received sickness, accident or disability benefits, Worker's Compensation or any other form of compensation due to illness or injury?

Yes

No

5 Do you currently have or are you applying for insurance with AIA Australia Limited (AIA) (in addition to this application) or any other insurance company or superannuation fund?

Yes

No

If "Yes", please give details in the table below.

Product/Type	Total amount of cover	To be replaced by this cover?	
Life Insurance		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total & Permanent Disability		Yes <input type="checkbox"/>	No <input type="checkbox"/>

YOUR HEALTH

6. What is your height?

cm

What is your weight?

kg

7. Have you smoked in the last 12 months?

Yes

No

8. In the last 3 years have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following?

Please tick all boxes that apply.

Headache or Migraine

(eg. tension or cluster headaches or migraines)

Lung or Breathing Conditions

(eg. asthma, sleep apnoea)

Eyesight Conditions

(does not incl. contact lenses or glasses for near or far sightedness)

Ear or Hearing Conditions

(eg. hearing loss, tinnitus or swimmer's ear)

Muscle, Tendon or Ligament Problems

Trapped Nerves

(eg. carpal tunnel syndrome pinched nerve, tennis elbow)

Infectious Diseases (Excluding cold and flu)

Gout

None of the above conditions

If you have selected any of the above conditions in question 8, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

9. In the last 5 years have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following?

Please tick all boxes that apply.

- High Blood Pressure High Cholesterol Chronic Fatigue / Fibromyalgia
- None of the above conditions

If you have selected any of the above conditions in question 9, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

10. Have you ever suffered from, been diagnosed with or sought medical advice or treatment for any of the following?

Please tick all boxes that apply.

- Bone, Joint or Limb Conditions Back or Neck pain Digestive Conditions
- Brain or Nerve Conditions (incl. stroke) Cancer, Cyst, Growth, Polyps or Tumour
- Psychological or Emotional Conditions Thyroid Conditions Skin Conditions
- Genitourinary Conditions Autoimmune Conditions Heart Related Conditions
- Kidney or Liver Conditions Diabetes Blood Conditions
- None of the above conditions

If you have selected any of the above conditions in question 10, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

11 Are you currently pregnant? (Females Only) Yes No

12. What is the name of your usual doctor/medical centre?

Address

Contact Number

YOUR FAMILY HISTORY

13. Has your mother, father, any brother or sister been diagnosed under the age of 55 years, with any of the following conditions: Alzheimer's Disease, Cancer, Dementia, Diabetes, Familial Polyposis, Heart Disease, Huntington's Disease, Polycystic Kidney Disease, Multiple Sclerosis, Muscular Dystrophy, Stroke or any inherited or hereditary disease?

Note: You are only required to disclose family history information pertaining to first degree blood related family members, living or deceased.

Yes No Unknown If "Yes", please give details in the table below.

Relationship to proposed insured	Age at diagnosis	Specific condition(s)

YOUR LIFESTYLE

14. Do you have firm plans to travel or reside in another country outside Australia other than New Zealand, America, Canada, the United Kingdom or Europe?

Yes No If "Yes", please give details in the table below.

Country	Length of stay

15. Do you regularly engage in or intend to engage in any of the following activities? Please tick all boxes that apply.

- Water Sports**
 (eg underwater diving, rock fishing)
- Sky Sports**
 (eg. skydiving, hang gliding, parachuting, ballooning)
- Motor Sports**
 (eg motorcycle, auto, motor boat)
- Aviation**
 (other than as a fare paying passenger on a commercial airline)
- Combat Sports or Martial Arts**
 (eg. martial arts, boxing, fencing)
- Horse Sports**
 (eg. polo, horse riding, rodeo, dressage, jumping)
- Field Sports**
 (eg. Hockey or football of any code including touch or tag and soccer)
- Hunting**
 (of any kind)
- Any activity not mentioned**
 (eg. base jumping, caving, outdoor rock climbing)
- None of the above activities**

Please provide details for any activities you have selected above:

Activity	Details

16. Have you within the last 5 years used any drugs that were not prescribed to you (other than over the counter drugs) or have you exceeded the recommended dosage of any medication?

Yes No

If "Yes", please give details in the table below.

Drug/Medicine	Reason for use

17. On average, how many standard alcoholic drinks do you consume each week (a standard drink is equivalent to either a 125ml glass of wine, a schooner of light beer, a midday/pot of full strength beer or a 30ml shot of spirits)? per week

18. Have you ever been advised by health professional to reduce your alcohol consumption? Yes No

19. Do you currently have HIV (Humane Immunodeficiency Virus) that causes AIDS (Acquired Immune Deficiency Syndrome)? Yes No

If 'No', are you in a high risk category for contracting HIV? Yes No

20. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness, which you suspect may require medical advice or treatment in the future? Yes No

If "Yes", please give details in the table below.

Condition	Details

YOUR DUTY TO TAKE REASONABLE CARE

When you apply for insurance through Australian Food Super, the insurer conducts a process called underwriting. It's how they decide whether they can cover you, and if so, on what terms and at what cost.

You may be asked questions the insurer needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to these questions is vital to the insurer's decision.

When answering questions as part of your application, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty applies to initial applications for insurance cover and also applies when increasing or making changes to existing insurance, and to 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. There are different remedies that may be available to the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met. Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where the insurer later investigates whether the information given to them was true. For example, they may do this when a claim is made. Before the insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

Guidance for answering questions

You are responsible for the information provided when you apply for insurance. When answering the questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the insurer 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.

Changes before your cover starts

Before your cover starts, we or the insurer may ask about any changes that mean you would now answer any of the questions differently. 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 this information and the questions we and the insurer ask. Ask us, the insurer, or a person you trust, such as your adviser, for help if you have difficulty understanding the process of applying for insurance or answering the questions. 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 for anyone who might need it.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us or the insurer immediately and we'll let you know whether it has any impact on the cover.

DECLARATION

I have read and understood my Duty to Take Reasonable Care and understand that this duty applies until formal notification of acceptance.

- My answers to the questions are true, and I have not deliberately withheld any information or material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the insurance policy document.
- I consent to the collection, use and disclosure of personal information by AIA Australia Limited (AIA) and its service providers in order to assess my application and any claim under the policy.
- I have read and understood the Privacy Statement and agree to the collection, use and disclosure of personal information as described.
- I consent to the insurer seeking medical information from any doctor/hospital/health care professional whom I have consulted.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read the insurance section of the current Product Disclosure Statement.

Signature of Applicant

Date dd/mm/yyyy

As part of the overall assessment process AIA may contact you by phone if further information is required.

Insurance products are issued by by AIA Australia Limited (AIA).

Australian Food Super products are issued by Australian Meat Industry Superannuation Pty Limited (Trustee) ABN:25 002 981 919 RSE Licence: L0000895 AFSL: 238829 as Trustee for Australian Meat Industry Superannuation Trust (the Fund) ABN: 28 342 064 803 Registration No. R1001778



Member Hotline
1800 808 614



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