

# APPLY FOR VOLUNTARY COVER

Use this form to apply for Voluntary Death and Terminal Illness (DTI) and Total and Permanent Disablement (TPD) Cover.

## IMPORTANT INFORMATION

This form is for members who hold insurance in the MINING DIVISION. Generally, you're in the MINING Division if you joined the Fund before 20 May 2024, are eligible for insurance and/or have opted in to the MINING DIVISION.

If you hold insurance in the DEFAULT DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at [teamsuper.com/login](https://teamsuper.com/login) or by calling us on 13 64 63.

## 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

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it 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 those questions will be vital to the Insurer's decision. As such, when applying for life insurance 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 also applies when extending or making changes to existing insurance, and reinstating insurance. If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. 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 | [teamsuper.com](https://teamsuper.com)  
Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



## 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 Cover in this amount.

Mark 'X' in one box

Death and Terminal Illness (DTI) Cover only.

Death and Terminal Illness (DTI) and Total and Permanent Disablement (TPD) Cover.

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

How much Death and Terminal Illness (DTI) Cover do you want to apply for?

\$  ,  ,

How much Total and Permanent Disablement (TPD) Cover 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 on my Team 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 Team Super's insurance.
- have read and understood the **Product Disclosure Statement (PDS)** and **Insurance Guide - Mining Division** at [teamsuper.com/pds](https://teamsuper.com/pds)

## 3. Tell us your Occupation Group

- Read the below descriptions of the five Occupation Groups carefully, as they're used to work out how much your insurance costs.
- If you're retired or not working, select 'light manual'. Open cut miners are classified as Heavy Manual, not Mining.
- Your selected Occupation Group 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 Cover, Voluntary Cover and / or Income Protection insurance, from the date we receive this form and your application is accepted by our insurer.
- If you don't select a Occupation Group you could pay more for your insurance than you have to. Refer to the **PDS** and **Insurance Guide - Mining Division** for more information about job classifications and how it may impact your insurance.

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** Occupation Groups, it's important to select the Occupation Group that reflects your circumstances. We'll record your Occupation Group according to what you tell us. Refer to the **PDS** and **Insurance Guide - Mining Division** for more information about Occupation Groups 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 Team 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.

Turn over to finish filling out this form...

#### 4. Health and lifestyle

<b>Have you smoked in the last 12 months?</b>	<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"/>
<b>In the last 5 years have you smoked any substance other than tobacco?</b>	<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"/>
<b>Do you drink alcohol?</b>	<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"/>
<b>What's your height (in centimetres)?</b>	<input type="text"/> cm
<b>What's your weight (in kilograms)?</b>	<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 (TPD) Cover? 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

Due to illness or injury, are you claiming or have you ever claimed a benefit from any source, such as superannuation, workers' compensation, a disability pension, Veterans' Affairs or any other insurance 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

<p><b>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.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you lived in Australia?	<input type="text"/>
Do you plan to become a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when do you expect to become a permanent resident?	<input type="text"/>
What type of visa do you hold, and when does it expire?	<input type="text"/>
In what country were you born?	<input type="text"/>
What's your nationality?	<input type="text"/>
Do you have residency or citizenship rights in any other countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please specify.	<input type="text"/>
<p><b>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.</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of departure:	<input type="text"/>
Duration of stay:	<input type="text"/>
Destinations (countries / cities):	<input type="text"/>
Purpose of stay: <input type="checkbox"/> Holiday <input type="checkbox"/> Business <input type="checkbox"/> Residing <input type="checkbox"/> Other, please specify:	<input type="text"/>

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

Turn over to finish 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 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? 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?  Yes  No

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. 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

4. 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

5. 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

6. 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. ii and iii**. 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 <b>Section 8.a.ii and iii</b> . 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?		

Turn over to finish 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 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.		

Turn over to finish filling out this form...

## 9. Doctor's authorisation - to be completed and signed by the life insured (e.g. Team 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 Team Super Pty Ltd ABN 70 003 566 989 and TAL Life Limited ABN 70 050 109 450 AFS licence 237848, or any organisation appointed by Team 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 Team Super 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 Team 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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