

Tailored Insurance Application form

What's this form for?

You can use this form to:

- Apply for, or increase your Tailored Death only cover, or Death and Total and Permanent Disablement (TPD) cover, or
- Apply for, or increase your Income Protection (IP) cover.

Please refer to your Insurance Guide for details on your insurance options.

Do not use this form if you want to:

- Apply for Life Events Cover. Please use the *Life Events Cover application form*.
- Reduce or cancel your Tailored Cover. Please use the *Managing Your Insurance Cover form*.

In considering your insurance needs you may wish to seek the advice of a licensed or appropriately authorised financial adviser.

About the insurer

Virgin Money Super's insurer is TAL Life Limited ABN 70 050 109 450, AFSL 237848 (the Insurer).

To understand what insurance cover is all about, be sure to read the current Virgin Money Super Product Disclosure Statement (PDS), Product Guide and Insurance Guide which is available at virginmoney.com.au/super or by contacting our Customer Care Team.

If you need help

For assistance call our Customer Care Team on **1300 652 770** Monday to Friday 8am to 6pm (AEST/AEDT).



This form can be completed digitally or by hand with a black or blue pen in uppercase with one character per box.

Important Information:

- You will not be eligible to obtain for Tailored Insurance Cover if you work in an **Excluded Occupation**. An Excluded Occupation is one which the Insurer deems is uninsurable in its sole discretion. The insurer will determine this in assessing your application.
- Any Tailored Insurance cover you apply for will replace any Automatic Insurance cover you may already have with Virgin Money Super. The cost of Tailored Insurance cover may be higher than the cost of your Automatic Insurance cover.

Step 1: Complete your personal details

Virgin Money Super customer number

Title: Mr Mrs Ms Miss Other

Date of birth / /

Given names

Surname

Residential address

Suburb

State

Postcode

Postal address (if different from above)

Suburb

State

Postcode

Telephone number

 -

Mobile number

Email

Are you an Australian Resident (or hold an Australian Visa entitling you to residency or employment)? Yes No

Duty to take reasonable care not to make a misrepresentation

Underwriting

When you apply for cover, the Insurer may conduct a process called underwriting. It's how the Insurer decides whether they can cover you, and if so, on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These may be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give to the Insurer in response to their questions is vital to their decision.

The duty to take reasonable care

When applying for insurance, there is 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 may be made if you give a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to applications for new insurance and also applies when adding to or increasing 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. 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 it 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 an insurance benefit being reduced.

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

Before any of these remedies are applied, you will be provided with the reasons and the evidence that the Insurer has relied on, and what you can do if you disagree.

Guidance for answering underwriting questions

You are responsible for the information provided in your application. When answering their 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 ask us or include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your financial 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, the Insurer may ask if there have been any changes to your circumstances that would change your answers to one or more of the application questions. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions asked in the application. Ask us, or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying 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. If you want, you can have a support person you trust with you.

Notifying the Insurer

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

Step 2: Apply for, or increase your Tailored Death only cover, or Death and TPD cover

Important information:

- Any Tailored Insurance cover you are accepted for will replace any Automatic Insurance cover you may already hold in your Virgin Money Super account.
- You cannot hold TPD cover without Death cover, and TPD cover cannot exceed the amount of your Death cover.
- There is no limit on the amount of Death cover you can apply for, however TPD cover is limited to \$3 million.

Apply for Tailored Death only cover, or Death and TPD cover

How much Death cover is required

\$, ,

How much TPD cover is required

\$, ,

Increase my existing Tailored Death only cover, or Death and TPD cover

How much additional Death cover is required

\$, ,

How much additional TPD cover is required

\$, ,

Step 3: Apply for, or increase your Income Protection (IP) cover

Apply for IP cover

IP cover is only available to you if you are gainfully employed for at least 15 hours per week, and not working in an **Excluded Occupation** (as determined by the insurer in assessing your application).

What would you like to do:

Apply for IP cover.

How much cover is required \$, per month

Employment Type Self-employed Employee

Increase my existing IP cover

Increase my existing cover

How much additional cover is required \$, per month

The maximum amount of cover you can apply for is up to 75% of your Salary to a maximum of \$30,000 per month.

Step 4: Your occupation and income details

1. Please select your employment status and complete details

Self-employed Employee full-time Employee part-time

a) Hours worked per week

b) Weeks worked per year

2. Occupation name

3. Industry

4. Duties performed including % of time in each

Annual Salary \$

Step 5: Your Insurance and claim history

1. Apart from this application, do you have or are you applying for any other Life, Total and Permanent Disablement (TPD) or Income Protection (IP) insurance? (Please include cover held and/or applied for through an insurer or under superannuation.)

YES NO

2. Are you claiming or have you ever claimed a benefit from any source (e.g. Total and Permanent Disablement benefit from any superannuation fund, workers' compensation, disability pension, Veterans' Affairs or any other insurance cover) providing accident or illness benefits?

YES NO

3. Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms?

YES NO

If yes to 1, please provide full details below.

Name of company

Cover type

Sum Insured / Monthly benefit

\$

Date of application or claim

State any loadings / exclusions

Reason for decision / claim

Have you completely recovered? YES NO

Continue over

Step 5: Your Insurance and claim history (continued)

If No, please provide details of the symptoms and restrictions you are still experiencing.

If yes to 2, please provide full details below.

Name of company

Cover type

Sum Insured / Monthly benefit

\$

Date of application or claim

/ /

State any loadings / exclusions

Reason for decision / claim

Have you completely recovered? YES NO

If No, please provide details of the symptoms and restrictions you are still experiencing.

If yes to 3, please provide full details below.

Name of company

Cover type

Sum Insured / Monthly benefit

\$

Date of application or claim

/ /

State any loadings / exclusions

Reason for decision / claim

Have you completely recovered? YES NO

If No, please provide details of the symptoms and restrictions you are still experiencing.

Step 6: Your habits and activities

1. Have you smoked, vaped, used tobacco or nicotine replacement products in the last 12 months?

No – Go to question 2.

Yes – Please advise substances smoked or vaped, frequency of use, date first smoked or vaped and when last smoked or vaped.

| Substance Smoked/Vaped | Frequency | Date First Smoked | Date Last Smoked |
|------------------------|----------------------|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text" value="DD / MM / YYYY"/> | <input type="text" value="DD / MM / YYYY"/> |
| <input type="text"/> | <input type="text"/> | <input type="text" value="DD / MM / YYYY"/> | <input type="text" value="DD / MM / YYYY"/> |
| <input type="text"/> | <input type="text"/> | <input type="text" value="DD / MM / YYYY"/> | <input type="text" value="DD / MM / YYYY"/> |

2. In the last five years have you smoked any substance other than tobacco or nicotine products?

No

Yes – Please advise substances smoked, frequency of use, date first smoked and when last smoked.

| Substance Smoked/Vaped | Frequency | Date First Smoked | Date Last Smoked |
|------------------------|----------------------|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text" value="DD / MM / YYYY"/> | <input type="text" value="DD / MM / YYYY"/> |
| <input type="text"/> | <input type="text"/> | <input type="text" value="DD / MM / YYYY"/> | <input type="text" value="DD / MM / YYYY"/> |
| <input type="text"/> | <input type="text"/> | <input type="text" value="DD / MM / YYYY"/> | <input type="text" value="DD / MM / YYYY"/> |

3. Do you drink alcohol?

No

Yes – Please answer the following.

a) What is the most number of standard drinks that you would drink in a day?

b) How often would you drink this amount?

c) How many standard drinks do you have per day on average?

Note: One standard drink is: 1 glass of wine, 1 full-strength beer, 1 nip of spirits. Please round to the nearest whole number. If between 0 and 1 units, please enter 1.

Continue over

Step 6: Your habits and activities (continued)

4. Do you currently engage in or intend to engage in any pastime and / or sport that may increase the likelihood of injury or illness compared to others not involved in such activity/ies? For example:

- Underwater diving
- Football, rugby, soccer
- Horse / equestrian sports
- Martial arts, combat sports
- Competitive road cycling, mountain bike riding
- Mountaineering, outdoor rock climbing or abseiling
- Hang gliding, paragliding, skydiving, parachuting
- Competitive surfing, water or snow skiing / boarding
- Motor sports (excluding using motorcycle / vehicle for commuting purpose)
- Flying as a pilot, crew or passenger in an aircraft / vessel (other than travel with a major commercial airline).

YES NO

If **Yes**, state activity/ies performed, frequency of participation, level of participation (e.g. amateur or professional), maximum depth/speed, equipment used and location (if applicable).

5. In the next 12 months do you have definite plans to travel or live anywhere other than:

- Australia, New Zealand
- Canada, USA
- UK, countries in the European Union
- Bali, Fiji
- China, Hong Kong, Singapore, Japan
- South Africa?

YES NO

If **Yes**, state where, when, duration and reason.

6. 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?

YES NO

If **No**, state type of visa you hold, expiry date, plans for applying for permanent residency and nationality/current citizenship.

Step 7: Medical details

1. What is your height (in centimeters) and weight (in kilograms)?

Height cm Weight kg

Should we require further medical information from your health providers we will seek your consent via requesting you to complete a "Consent for accessing health information".

2. Name and address of your usual doctor or medical centre

Doctor's last name

Doctor's given name

Name of Medical Centre

Doctor's /Medical Centre address

Suburb

State

Postcode

3. Details of last medical consultation with your usual doctor or medical center?

Date:

Reason

Outcome/results

4. If you have attended that doctor for less than 12 months, state name and address of previous doctor

Doctor's last name

Doctor's given name

Name of Medical Centre

Doctor's /Medical Centre address

Suburb

State

Postcode

Step 8: Your family history

Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions **before the age of 65**: 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 **Yes**, provide details in the table below.

| Relationship to member | Medical condition (e.g. breast cancer, heart attack, type 2 diabetes) | Age when diagnosed | Age at death (if applicable) |
|------------------------|---|----------------------|------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Step 9: Your medical history

Please provide details for all **'Yes'** answers in the general medical questionnaire at Step 10.

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, have you **in the last year** had medication prescribed by a medical practitioner that is intended to be used for three months or longer (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

5. Apart from any condition already disclosed, are you currently off work due to injury or illness, 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. Apart from any condition already disclosed, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks **in the last 3 years**? YES NO

Step 10: General medical questionnaire

If you ticked 'Yes' to any of the questions in Step 9, please provide details for each of them in the table below. Please complete on a separate sheet if you need to provide additional information

| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|
| 1. Date symptoms first started and description of symptoms | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. What was the condition and which part and side of the body was affected (if applicable)? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. What was the medical diagnosis including results of x-rays and investigations? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. What was the frequency (daily, weekly, etc.) of attacks or symptoms? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. What was the severity (mild/moderate/severe) and duration of attacks or symptoms? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. How long were you unable to work or perform your normal duties/activities? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. If a hospital visit was required, please provide date and duration of your stay. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. What advice/treatment did you receive? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9. Are you still receiving treatment? If so, please advise nature and frequency of treatment. | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10. Date treatment/ medication ceased (if applicable). | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 11. When did you last suffer from any symptoms? | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 12. Degree of recovery (%). | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Your privacy

Mercer collects your personal information and will use it to manage your superannuation benefits and give you information about your super.

Your personal information will be disclosed to Virgin Money. Both Virgin Money and Mercer may supply you with information about other products and services offered by them and our related companies, to conduct customer satisfaction research or improve products and develop new products. Call the Customer Care Team on **1300 652 770** if you do not want to receive marketing material from Virgin Money and Mercer.

If you don't provide your personal information or otherwise authorise us to collect this information from third parties, we may not be able to provide you with one or more of our products or services.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations to manage your super, including your employer; the fund's administrator; our professional advisors; insurers; our related companies which provide services or products relevant to your super; any relevant government authority that requires your personal information to be disclosed; and our other service providers that help manage your super.

To manage your super, your personal information will be disclosed to Mercer's service providers in another country, most likely at the administrator's processing centre in India. It may also be disclosed to some of Virgin Money's partners, service providers and other third parties in New Zealand, Philippines, India, Singapore, the United States of America, United Kingdom, Spain and Israel. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies include more details about how we deal with your personal information and who you can talk to if you wish to access and/or correct information we hold about you. These policies also include details about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

You can read Virgin Money's Privacy Policy online at virginmoney.com.au/super and Mercer's Privacy Policy at mercersuper.com.au or you can obtain a copy by calling the Customer Care Team. If you have a question or you have a complaint about a breach of your privacy, please contact our Customer Care Team or write to Mercer's Privacy Officer, Mercer Superannuation (Australia) Limited, GPO Box 4303, Melbourne VIC 3001 or Virgin Money's Privacy Officer, Level 8, 126 Phillip Street, Sydney NSW 2000, or email privacy@virginmoney.com.au.

Step 11: Your declaration

I declare that:

- I have received, read and understood the Virgin Money Super Insurance Guide.
- The answers that I have provided to all the questions and declarations are true and correct.
- I have read the 'Duty to take reasonable care not to make a misrepresentation' section included in this form and understand my duty.
- I have read the 'Your Privacy' section and consent to the collection, use, storage and disclosure of my personal information (including health information).
- I understand that cover will not commence until the Insurer has advised me in writing of its acceptance.
- I understand that any Tailored Death and TPD or Tailored Death only cover I have applied for will replace any Automatic Insurance cover I may already hold within my Virgin Money Super account.
- I understand that insurance premiums will be deducted from my Virgin Money Super account balance.
- I agree to any remaining insurance continuing, even if my account is, or becomes, inactive. Inactive means no contributions or rollovers have been received into my Virgin Money Super account for a continuous period of 16 months (or longer).
- I understand that I can cancel my insurance cover at any time in the future.

Signature

Date

 / /

Print name

3 easy ways to return your form

To make submitting your completed form as simple as possible, we've provided three easy options for you to choose from. Please read through the choices below and select the one that's most convenient for you.



Log in online

The fastest and more secure way to send back your forms is through the contact us page within your online account. Simply save and attach the PDF of your completed form and you're done.

Login at virginmoney.com.au/super



Email Us*

Another way to send back your form is via email. It's quicker if you use your email address you use to log in and send to

MST@Mercer.com

Please see below note for submitting forms via email.



Post it back

Otherwise, you can always send it back to us using the below postal address

**Virgin Money Super
GPO Box 4650
Melbourne, VIC 3001**

*Email note:

This is a 'no-reply' mailbox and should only be used to submit a form.

- Only one form per email can be accepted to ensure each form and its supporting documentation is processed correctly.
- A total of 6 attachments per form/email with a maximum size limit of 14MB.
- The file formats accepted are PDF, JPEG, PNG and JPG.
- If you have an inquiry, please submit this via the contact us page or call our Customer Care team on **1300 652 770**.