Application to convert or fix insurance cover ACFI - Energy Industry



Use this form to convert or fix your Death only or Death and Total and Permanent Disablement (TPD) cover through Brighter Super.

For details on the difference in premium that will apply, please refer to *Brighter Super's Insurance guide - Energy Industry*.

If you are a Defined Benefit member, you are unable to fix your standard insurance cover as it is provided as part of the package of benefits you receive.

Member number Title Gi	iven name/s	
Surname	Date of	birth Gender
Email ¹	Phone number	
Residential address	L	
Suburb/town	State	Postcode
Postal address (if different to above)	State	Postcode
The email address you provide may be used to	o send information of a sensitive and pe	rsonal nature.
1 Instructions		
I would like to change my insurance cover as fo	ollows:	
Convert my units of cover to a fixed-dollar	amount (complete section 2)	
Convert my fixed-dollar amount of cover to	o units (complete section 3 and 4)	
2 Convert my units of cov	ver to a fixed-dollar amou	unt
Please tick (✓) the below box if correct		
Yes, I would like to convert my units of cov	er to a fixed-dollar amount.	
By ticking (\checkmark) 'Yes' above, the dollar value of yo dollar cover.	our units of cover will be converted to ar	n equivalent amount of fixed
Please note: You can only apply to fix all your cover to a dol	llar amount. This means you cannot have	e a combination of both units

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Convert my fixed-dollar amount of cover to units

For the value of each unit of cover, please refer to Brighter Super's Insurance guide - Energy Industry. Please tick (✓) the below boxes if correct Yes, I would like to convert my fixed-dollar amount of cover to units. Yes, I understand my cover will be converted to the number of units relevant to my age (rounded up) needed to provide a similar amount of cover.

If you have answered 'Yes' to both questions, and you can complete the 'Health and Lifestyle questions' below your existing cover will be converted to an equivalent amount of units rounded up to the next whole unit.

Health/lifestyle questions

If you cannot agree to all of the following statements, you will be required to go through full underwriting. This means you will need to complete the Zurich Personal Statement which is available online and provide Consent for the Zurich to access health information.

The Fund may also require you to go through full underwriting once we have assessed your application

Due to Injury or illness:	
I am not off work or restricted from performing any of the usual duties of my occupation on a full-time least 30 hours per week (even if not currently working on a full-time basis for non-medical reasons).	pasis of at
\square I have not had my duties or workplace modified in the last 2 years OR I have resumed my pre-modified	duties.
I have not been paid, am not eligible to be paid, nor have I lodged a claim for any type of sickness, accidisability (including total and permanent disability or terminal illness) benefit(s) from any source such a insurer or WorkCover authority.	
I have not taken more than a total of 7 consecutive days off work over the past 12 months due to illness (other than for cold and flu).	or injury
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	today.
In the last 12 months, I have not been advised to commence or change any form of treatment or medical condition(s) requiring follow-ups with a health professional (other than for cold	_

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. To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.

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

Not meeting your legal duty 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.

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

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee passes on your personal information to us. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Guidance for answering our questions

You are responsible for the information provided to us. Each person answering our questions should:

- think carefully about each question before answering. 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. Please don't assume we will ask others such as your doctor
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Notifying the insurer

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

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you and every person answering our questions understands this information and the questions we ask. Ask us or your adviser for help if you have difficulty answering our questions or understanding the application process.

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. You can have a support person you trust with you.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example, we may do one of the following:

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

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

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met for example, whether we would have offered cover, and if so, on what terms
- · whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Important information

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you.

Read *Brighter Super's Insurance guide - Energy Industry* for a summary of the terms and conditions of the Policy. For a copy visit **brightersuper.com.au** or call us on **1800 444 396**.

Privacy and personal information

Brighter Super respects your privacy. All personal information collected on this form is protected in line with *Brighter Super's Privacy Policy*. To find out more about how we collect and manage your personal information, please refer to our *Privacy Policy* available from our website **brightersuper.com.au**.

5 Member Declaration

By submitting this request to convert or fix my existing cover, I declare that:

- I have read the duty to take reasonable care and understand that failure to comply with this duty can have serious consequences for my insurance cover.
- The answers that I have provided to all questions in this application are true, correct and complete.
- I understand that insurance cover through Brighter Super will be provided to me on the terms contained in Brighter Super's Insurance policy for the Energy Industry as changed from time to time.
- I have read and understood Brighter Super's Insurance guide Energy Industry.
- I understand if I complete this form and I work in the Local Government & Associated Industries or I am a Brighter Super Optimiser member my request will be invalid and I will need to complete the relevant form for my account.
- I understand that my application will be invalid and will not be processed if I do not complete this form correctly or I do not sign and date this form.
- I consent to the collection, use and disclosure of my personal information in accordance with the Brighter Super Privacy Policy and the Zurich Privacy Policy.
- I understand that if my application is accepted I will be notified in writing and my insurance cover will change in accordance with the direction I have made in this form. The change will be effective from the date my application is accepted, provided my member account has adequate funds to meet the premium payable.
- Should I wish to apply for or increase my insurance cover through Brighter Super in the future, I will be required
 to provide health information to the Insurer and my insurance cover will not start until the Insurer accepts my
 application for cover.

Signature	Date signed	

Please sign in blue or black pen - Brighter Super does not accept digital signatures on this form.

Now you have completed this form and signed the declaration, please send it to us by:

Preferred Method

Website (Secure file upload)
brightersuper.com.au/contact-us

Alternative Options

Email (scanned copy) insurance@brightersuper.com.au

Post Brighter Super GPO Box 264 Brisbane Qld 4001

