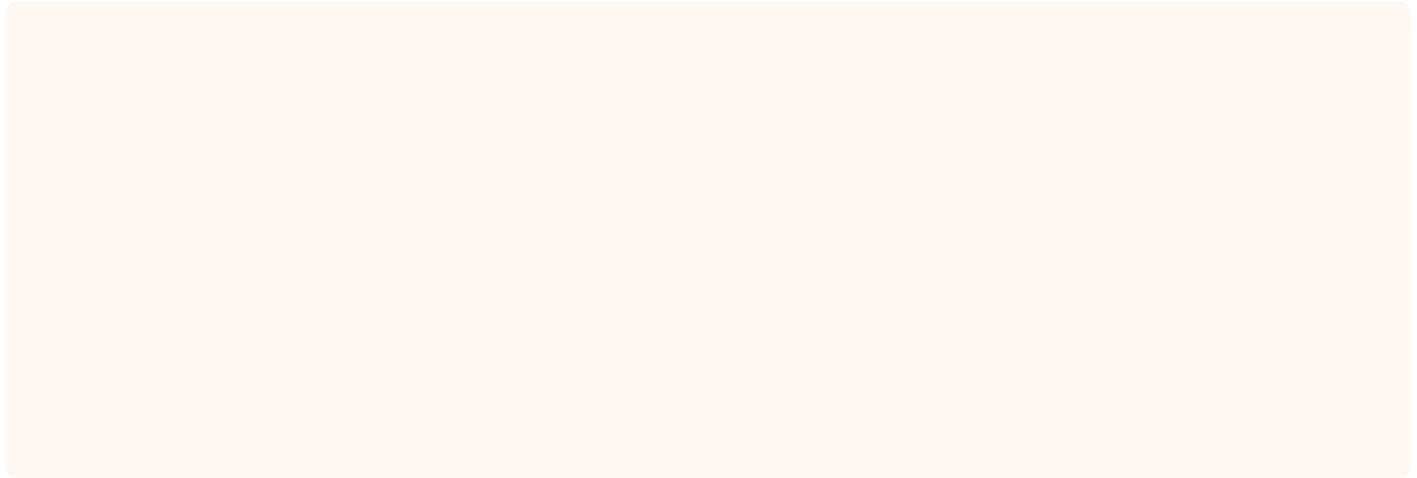


# Application for insurance or increase in cover





Complete this form to apply for ^:

- death only cover
- death and total & permanent disablement ( TPD) cover
- income protection ( IP) cover.

This application will be assessed by the fund's insurer. Please complete the medical consent authority 1 and 2 included in this application.

^ For Police insurance category members please refer to the important information section on Page 1 of this form.

Please use a dark pen and CAPS/ALL letters. Insert ( ) when you have to choose an option. If you have any questions, please contact our Member Support team on **1300 650 873**.

## Step 1: Personal details

Account number\*












Member number











Title





Date of birth \*







First name\*























Middle name






















## Step 2: Occupation statement

Your main occupation (job title)

Industry of your main occupation

Brief description of your occupational duties including % of time in each (e.g. office work, sales, manual duties)

Do you belong to a professional association, have a university degree relevant to your profession or are a senior manager or executive in a company with at least 10 employees?

## Step 4: Full Personal Statement – insurance history, lifestyle and medical questions

**Please answer all questions in this step.**

4.1 Please state your

**Step 4: Full Personal Statement – insurance history, lifestyle and medical questions**

4.6 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 and treatment for any fever, Yes  No

**Step 4: Full Personal Statement – insurance history, lifestyle and medical questions**

4.9 Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 65? Yes  No

- Heart disease (e.g. angina, heart attack, cardiomyopathy)
- cancer (i.e. prostate, breast, bowel, ovaries),
- diabetes,
- neurological condition (i.e. Alzheimer's disease, motor neuron disease, multiple sclerosis, Parkinson's disease, stroke),
- Huntington's disease,
- polycystic kidney disease,
- muscular dystrophy,
- any blood disorder (i.e. bleeding problem, thalassaemia, sickle cell disease) or
- any other medical condition, which a medical practitioner indicated may be inherited?

If family history is unknown, answer no.

If yes, please provide details below

Relationship to member	Medical condition (eg breast cancer, diabetes)	Age when diagnosed	Age at death (if applicable)



## Step 5: Keep your cover

There are laws in place which aim to protect inactive accounts from being eroded by insurance premiums. Under these rules, you are required to make an election if you want to keep any current and future insurance cover with us even if there has been no contributions or rollovers received into your account for a continuous period of 16 months.

I want to keep my insurance cover including death, PD and P cover, please ( ) in the box below.

I elect to keep my current and future insurance cover through Aware Super, even if my account becomes inactive. I understand that my insurance cover will continue subject to the terms and conditions of the insurance policy even if my account is inactive, (which includes receiving no contributions or rollovers) for a continuous period of 16 months, unless and until I notify the trustee otherwise.

## Step 6: Declaration and sign

I declare that:

- I understand that the insurer will assess my eligibility for insurance based on the information provided in this application.
- I have read and understand my duty to take reasonable care and confirm that my answers to the questions are true, complete and correct.
- I agree to be bound by the terms and conditions attached to this cover as set out in the life insurance policy issued to the trustee by the insurer.
- I consent to the collection, use and disclosure of personal information by the insurer and its service providers in order to assess my application and any claim under the policy.
- I understand my right to receive benefits under the insurance policies is dependent on meeting the conditions of the policies, meeting a condition of release under the [Life Insurance Policy](#) (Cwlts) and the insurer approving my claim.
- I understand any cover approved by the insurer will only be provided if there are sufficient funds in my account at all times to pay for the premium.
- I have read and understood the privacy statements and agree to the collection, use and disclosure of personal and sensitive information as described in the [Privacy Statements](#).
- I understand that the insurer will assess my insurance category for all of my existing and new insurance based on the information provided in this application. I understand if my application is accepted, my new insurance category may either be an improvement, remain the same, or be less favourable compared to my existing insurance category.
- I understand if the insurer rejects my application, my existing insurance category will not be changed.
- I have read the insurance section of the current [Member Handbook](#) and the [Insurance Policy](#) available at [aware.com.au/pds](http://aware.com.au/pds).

Signature\*

Date signed\* (DD- YYYY)

## Notes on releasing information about your health

Y





