

# Change of Insurance

## How to use this form

Use this form if you would like to:

- Permanently opt in to insurance cover
- Increase, decrease or apply for death cover and/or total and permanent disability (TPD) cover
- Increase, decrease or apply for income protection cover
- Change your income protection waiting period
- Change your cover back to default cover
- Choose to be occupationally rated
- Remove your pre-existing exclusion period.

If you have a Defined Benefit, State or Police account, you can use this form to apply for additional units of death cover and TPD cover through an Accumulation account.

➤ If you see this symbol, please go to page 7 and read the Additional information about this form.

You can easily review and update your insurance at any time in Member Online at [memberonline.qsuper.qld.gov.au](http://memberonline.qsuper.qld.gov.au) under 'Insurance' then 'Change insurance'. If you haven't already, you can register for Member Online using your client number.

Please complete in **BLOCK** letters, in blue or black ink.

### 1 Personal details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title

First name

Last name

Previous name<sup>1</sup> (if we know you by another name)

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Work phone number

Email address

Residential address

State

Postcode

Postal address

As above

State

Postcode

### 2 Permanently opt in to cover

Complete this section if you want to permanently opt in to cover. By permanently opting in to cover, we will not cancel your cover if we stop receiving money into your Accumulation account.

- I opt in to the type of cover that I currently hold (being death cover, total and permanent disability cover, and/or income protection cover) and any new types of cover I am applying for on this form (subject to acceptance), even if my Accumulation account becomes inactive by not having money added for 13 continuous months.

I understand that the permanent opt in will only apply to the type of cover I currently hold and any new types of cover I am applying for on this form (subject to acceptance).

I understand that I will need to permanently opt in again for any new types of cover I apply for, or any new types of cover that I may be given automatically because of my employment status.

<sup>1</sup> If your name has changed and you work for the Queensland Government or default employer, let your payroll office know and they'll then let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.



### 3 Tell us what you want to do?

Complete the following sections after completing your personal details in section 1 if you want to:

**Permanently opt in to cover:**

Sections 2 and 10.

**Increase, or apply for death cover and/or total and permanent disability (TPD) cover:**

Sections 4, 5, 6 and 10.

**Increase or apply for income protection cover:**

Sections 4, 5, 7 and 10.

**Decrease or fix your death and/or TPD cover at your current level, or decrease your income protection cover:**

Sections 5, 6, 7 and 10.

**Change your income protection waiting period:**

Sections 5, 7 (waiting period options only) and 10.

**Change your income protection back to salary based cover:**

Sections 8 and 10.

**Change your cover back to default cover:**

Sections 4, 8 and 10.

**Choose to be occupationally rated:**

Sections 5 and 10.

**Remove your pre-existing exclusion period:**

Sections 4, 5, 9 and 10.

If we have not received money into your Accumulation account for 13 continuous months and you have not permanently opted into cover, you are not eligible to hold insurance cover. Refer to section 3 to permanently opt in to cover with your application for cover.

### 4 General health questions

Before we can make any changes to your insurance we need to know about your general health. Complete this section to tell us about your health history.

If we will be receiving this application within 120 days of you starting a new job with the Queensland Government or a default employer, you don't need to complete this section of the form, unless you are applying for cover above the automatic acceptance limit, or for income protection up until age 65. ▶

**Q1. Are you currently off work, restricted or unable to fully perform without limitation all the duties of your usual occupation on a full-time basis (for at least 30 hours per week), due to sickness, illness or injury, even if your actual employment may be full-time, part-time, casual or contract basis?**

Yes  No

**Q2. Have you been advised or diagnosed with a sickness, illness or injury that reduces or is likely to reduce your life expectancy to less than 24 months?**

Yes  No

**Q3. Have you ever been refused or declined death, total and permanent disability (TPD), or income protection cover (either in Australia or overseas) due to a sickness, medical condition or injury?**

Yes  No

**Q4. Have you ever been paid a claim, or are you eligible to be paid, currently receiving or in the process of submitting a claim through any of the following:**

- a) Any insurance policy inside or outside super, (whether with QSuper or another provider), for death, TPD or terminal illness benefits?
- b) Income support benefits from any source including workers compensation, disability pension, veteran affairs or income protection benefits (replacing all or part of your income while unable to work as a result of accident/injury or sickness)?

Yes  No

**Q5. In the last three years, have you suffered from, sought medical treatment or been hospitalised for:**

- a) Malignant cancers/tumours, diabetes mellitus (types I and II) or any form of aneurysm.
- b) Multiple sclerosis, cerebral palsy, any form of plegia or any neurological disorder.
- c) Stroke, heart attack and/or disease, lung disease (excluding asthma) or sleep apnoea.
- d) Liver or kidney disease, organ transplant as a recipient, alcohol and/or drug abuse.
- e) Hepatitis B or C, HIV or AIDS
- f) Auto-immune diseases, chronic pain, fibromyalgia or ankylosing spondylitis.
- g) Mental health disorders including bipolar, mood or adjustment disorders, schizophrenia, stress, PTSD, panic attacks, depression and/or anxiety.
- h) Huntington's disease, Parkinson's disease, Alzheimer's disease (or any form of dementia) or motor neuron disease.

Yes  No

**Q6. What is your current height and weight?**

	cm		kg
--	----	--	----

## 5 Occupational rating questions

If you're applying to be occupationally rated, for additional cover, to reduce your cover, to fix you cover, or to remove your pre-existing exclusion period, you'll need to complete these questions before we can assess your application.

These questions refer to the role you spend the most time performing.

**Q1. Are you:**

- A registered or enrolled nurse or assistant in nursing who is qualified and currently practicing, or
- Working in the retail sector, or food and beverage service?

Yes  No

**Q2. Are you:**

- A qualified tradesperson working in your area of expertise (e.g. hairdresser, chef, plumber, electrician, plasterer or concreter), or
- A skilled worker with light manual duties (e.g. jeweller, building inspector, laboratory technician, foreman or office equipment technician)?

Yes  No

**Q3. Are you:**

- A police officer, firefighter, paramedic, or other emergency or protective services worker, including security guard or corrections officer, or
- A professional sportsperson, or

- Working in a manual occupation which does not require trade specific qualifications and may be subject to accident or environmental hazards (e.g. earthmover, driver, cleaner, labourer, factory worker or agricultural worker)?

Yes  No

**Q4. Are the usual work activities of your job considered office based or school teaching (meaning you spend at least 80% of your work time doing clerical, call centre, administrative or other office or classroom based activities)**

OR

**Are you a medical practitioner, lawyer or engineer who spends at least 80% of your work hours in an office or clinical environment?**

Yes  No

**Q5. Do you currently perform, or intend to work in a job within the next three months that includes, any of the following risky activities:**

- Handling firearms (other than as a police officer, correctional officer or licensed security guard), dangerous chemicals or explosives, or
- Offshore work – oil and gas platforms or ships at sea, or
- Being underground (in construction and mining environments) or underwater for more than 20% of total at work time, or
- Working at heights over 20 metres in any environment requiring hard hat and harness for safety by law, or
- Crop dusting, aerial mustering or any low level flying activity (defined as below 150m or 500ft), or
- Flying more than 200 hours per annum as a passenger other than on a commercial airline, or as a pilot (fixed wing or helicopter)?

Yes  No

**Q6. Are you earning more than \$120,000 a year (before tax and employer paid superannuation) from your job?**

Yes  No

**Q7. Do you have a university qualification which you are using/is required in your current role?**

Yes  No

**Q8. Do you have a senior/executive level management role in your company? (your direct reports would be mid-level managers or skilled specialists in a sedentary setting)**

OR

**Is your role considered professional (e.g. doctor, solicitor, accountant – requiring membership of a professional or government body to practise in your occupation)?**

Yes  No

## 6 Tell us what death cover and/or total and permanent disability (TPD) cover you'd like >

If you would like to change your death cover and/or TPD cover, complete this section of the form. You can choose to have different levels of death cover and TPD cover, or just one or the other. Cover can be purchased either in units, or as a fixed amount. If you choose fixed cover, both your death cover and TPD cover must be fixed.

- I would like units of cover.** Please tell us below how many units of death cover and TPD cover you would like. If you don't want any units of a particular cover or you want to cancel your existing cover, please write zero.

**The total number of death cover units I would like is (including any units you already hold):**

OR

Please make sure you list units in whole numbers.

**The total number of TPD cover units I would like is (including any units you already hold):**

Please make sure you list units in whole numbers.

- I would like fixed cover.** Please tell us below how much cover you would like in multiples of \$1,000. If you don't want any cover or you want to cancel your existing cover, please write zero.

**The fixed amount of death cover I would like is:**

**The fixed amount of TPD cover I would like is:**

Please note if you choose a fixed level of cover, you must fix both your death cover and TPD cover.

Tell us your annual income >

Income has a specific meaning and you can find more information in the Additional information section at the end of this form. >

If you are increasing your cover you might also like to make additional contributions to your super, to help pay for any increase in your insurance premiums.

<sup>1</sup> Your insured salary is your salary that your Queensland Government or default employer super contributions are based on, and does not include salary sacrifice contributions. For the purpose of claims, insured salary will be calculated as at the date of disablement, or if you are gainfully employed on a casual basis, an averaged amount based on the period of three months prior to the date of disablement (or over your most recent period of employment, if shorter).

## 7 Tell us what income protection cover you'd like >

Complete this section of the form if you would like to apply for or change your income protection cover. If you work for the Queensland Government or a default employer as a full or part time employee, you can get income protection cover that is salary-based, or you can choose to hold units of cover. If you work for a different employer or on a casual basis you can only get income protection as units of cover. Acceptance limits apply and you can find more information about this on page 7 of this form.

- I would like to apply for salary-based cover,** as I work for the Queensland Government or a default employer and I'm not a casual employee.

It's important to note that if you have salary-based cover you'll receive cover of up to 87.75% (including a contribution replacement benefit of 12.75%) of your Queensland Government or default employer insured salary.<sup>1</sup> If you receive additional income, you may be able to cover it by choosing units of cover to protect all of your income.

OR

- I would like to apply for units of cover.**

**The total number of income protection units I would like, including any existing units of cover I have is:**

Please make sure you list units in whole numbers.

If you purchase income protection in units, each unit is worth \$500 of cover a month (including a contribution replacement benefit of \$72.65 for each unit) and your monthly benefit will be the lesser of the insured value of your units or 87.75% of your pre-disability income. >

- Please assess my application for removal of the pre-existing condition exclusion as I'm increasing my units of income protection within 60 days of an increase in salary. >

**The benefit period I would like is:**

- 2 years  5 years  To age 65

**Please note:** Police officers can only have a 2 year benefit period.

**The waiting period I would like is:**

- 30 days or my accrued sick leave, whichever is greater, or  
 60 days or my accrued sick leave, whichever is greater, or  
 90 days or my accrued sick leave, whichever is greater, or  
 I'm a police officer and my waiting period is accrued sick leave and sick leave bank or 180 days, whichever is greater.

## 8 Return to default cover

If you would like to change all your insurance cover to default, or return your income protection back to salary based cover, complete this section of the form.

**Choose this option** if your cover has been changed and you want to go back to default cover, or if you are now eligible for a different default level of cover and would like to change to this:

**I want to return to the current level of default cover relevant to my membership type.**

This includes any death cover, TPD cover and income protection cover (if eligible) I hold.

I understand that if I currently have income protection cover and my new default arrangement doesn't include income protection cover, then my income protection cover will be cancelled.

OR

Your occupational rating is used to calculate your premiums. You can choose to keep your existing rating, or choose to return to the default premium rate by completing this section:

**I want to return to the default premium rate.**

**Choose this option** if you now hold unitised income protection cover, but previously had default salary based income protection and want to return to this cover:

**I have returned to work with the Queensland Government or a default employer and I want to change from unitised income protection cover, to salary based cover. (Please note that this will not change your death or TPD cover, or occupational rating).**

More information about default cover can be found in the *Accumulation Account Insurance Guide*.

## 9 Remove my pre-existing exclusion period

Complete this section of the form to request to have your pre-existing exclusion period removed.

**I want to remove my pre-existing exclusion period.**

You can find more information about the cost and value of our insurance cover, eligibility criteria and exclusions in our *Accumulation Account Insurance Guide*.

### Need more information?

If you need help working out how much insurance is right for you, try using our Insurance Needs calculator available on our website at [qsuper.qld.gov.au](https://qsuper.qld.gov.au). Alternatively, you can call our Member Service team on **1300 360 750**, they'll be happy to discuss your options and assist you in making any changes to your cover.

## 10 Your declaration and authorisation

### Your duty of disclosure

You have a duty to tell QSuper and its insurer anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you extend, vary or reinstate the contract. You don't need to tell us anything that:

- Reduces the risk we insure you for
- Is common knowledge
- We know or should know through our insurer
- We waive your duty to tell us about.

### If you do not tell us something

In exercising the following rights, the QSuper Board as trustee for QSuper, and its insurer may consider whether different types of cover can constitute separate contracts of life insurance. If we do, we may apply the following rights separately to each type of cover.

If you don't tell QSuper and its insurer anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within three years of entering into it.

If QSuper and its insurer choose not to avoid the contract, we may reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract provides cover on death, QSuper and its insurer may only exercise this right within three years of entering into the contract. If QSuper and its insurer choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have.

If your failure to tell QSuper and its insurer is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### By signing this application, I am making the following statements:

- I declare I have read this form and the information completed is true and correct.
- I have read the *QSuper Product Disclosure Statement for Accumulation and Income Accounts* and the *Accumulation Account Insurance Guide*.
- I have read the *Your Privacy* factsheet and understand how QSuper will collect, use and disclose my personal information.
- I am the person named on this form.

- I understand that the changes I have applied for will take effect from the date QSuper accepts my application.
- I understand that in the first five years of any additional insurance starting, a benefit won't be paid if the illness or injury causing my death or disablement is related to a medical condition, the signs or symptoms of which existed prior to cover commencing.
- I understand QSuper deducts a fee (insurance premium) from my Accumulation account to cover the cost of any insurance
- I understand QSuper will cancel my insurance if I don't have enough funds available in my Accumulation account to cover the cost of my insurance premiums, or I stop being a member with an Accumulation account.
- I understand that my insurance will be cancelled if QSuper does not receive any money into my Accumulation account for 13 continuous months and I have not permanently opted in to cover.
- I understand that if at the time of my application I have not permanently opted in to cover and no money has been received into my Accumulation account for 13 continuous months, I am not eligible to hold insurance.
- I understand I can cancel my insurance at any time using Member Online or by completing an *Application to Cancel Insurance* form.
- I have read the duty of disclosure and understand it continues until I receive written confirmation from QSuper that my application has been accepted.
- I authorise QSuper's insurer and persons who I have appointed (or authorised), to obtain and refer to:
  - Any statements that have been made in connection with my application for insurance
  - Any medical reports to other entities involved in providing or administering my insurance (for example, reinsurers, third party administrators or specialist claims providers and legal advisers)
  - Financial, employment or medical related information in support of the assessment of my claims from any other entity holding information on me.
- I authorise QSuper's tele-interviewer to call me to clarify or obtain further information about any matter relating to the information provided in this form. I understand that information I provide in that call will form part of my duty of disclosure.

Name

Signature

Date signed (dd/mm/yyyy)



## Checklist

To make sure you have completed all the sections required for us to assess your application, please use the checklist below.

### Permanently opt in to cover:

- 2) Permanently opt in to cover
- 10) Your declaration and authorisation

### Increase, or apply for death cover and/or total and permanent disability (TPD) cover:

- 4) General health questions
- 5) Occupational rating questions
- 6) Tell us what death cover and/or TPD cover you would like
- 10) Your declaration and authorisation

### Increase or apply for income protection cover:

- 4) General health questions
- 5) Occupational rating questions
- 7) Tell us what income protection cover you would like
- 10) Your declaration and authorisation

### Decrease or fix your death and/or TPD cover at your current level, or decrease your income protection cover:

- 5) Occupational rating questions
- 6) Tell us what death cover and/or TPD cover you would like
- 7) Tell us what income protection cover you would like
- 10) Your declaration and authorisation

### Change your income protection waiting period

- 5) Occupational rating questions
- 7) Waiting period options only
- 10) Your declaration and authorisation

### Change your income protection back to salary based cover:

- 8) Return to default cover
- 10) Your declaration and authorisation

### Change your cover back to default cover:

- 4) General health questions (only complete this section if you are changing to a higher level of cover)
- 8) Return to default cover
- 10) Your declaration and authorisation

### Choose to be occupationally rated:

- 5) Occupational rating questions
- 10) Your declaration and authorisation

### Remove my pre-existing exclusion period:

- 4) General health questions
- 5) Occupational rating questions
- 9) Remove my pre-existing exclusion period
- 10) Your declaration and authorisation

## Where to send this form

Please send your completed form to us by:

### Post

QSuper  
GPO Box 200  
Brisbane QLD 4001

### Email

qsuper@qsuper.qld.gov.au

## Additional information about this form

### Maximum cover limits and automatic acceptance limits (AAL) applies to insurance.

The AAL for death cover and TPD cover is age-based, and is the higher of the following (but capped at \$1 million):

- **Below 40:** \$600,000 or 12 x your total annual income.
- **40 to 54:** \$600,000 or 9 x your total annual income.
- **55 to 59:** \$300,000 or 6 x your total annual income.
- **60 to 65:** \$300,000 or 3 x your total annual income.<sup>1</sup>

Providing your income information is optional, however it may increase the amount of cover you're eligible to apply and automatically be accepted for.

If you want to apply for cover above the AAL, we'll need to do a more detailed assessment of your health and lifestyle, and we'll contact you if this is required.

If you're a permanent employee, your death cover and TPD cover limit is \$3 million for each. If you're a casual employee or unemployed your cover limit is \$1 million for each.

The maximum cover limit for income protection is \$50,000 a month. The maximum income protection benefit payment is \$50,000 a month for the first two years of cover, then \$30,000 a month for the remainder of the benefit period. To calculate your insured benefit please refer to the *Accumulation Account Insurance Guide*. Cover for casual employees is capped at \$5,000 a month. Maximum cover limits include your contribution replacement benefit.

If you're a permanent employee or self-employed and apply for the two or five year benefit period the AAL is up to \$20,000 per month. If you apply for an age 65 benefit period, the AAL is \$10,000 cover per month.

For casual employees employed by a Queensland Government employer or a default employer. You can only apply for up to \$1,000 per month (2 units) without providing health and other information, provided you do this within 120 days of starting your job. This cover has a two year benefit period and a 90 day waiting period. If you apply for cover different to this we will ask you questions whatever the amount of cover you are applying for.

If you are not employed by a Queensland Government or default employer, the automatic acceptance limit is \$1,000 per month.

<sup>1</sup> Not applicable for police officers unless a Commissioned Officer.

## Additional information continued

### Income means:

- a) Unless you meet the definition of a self-employed person,<sup>1</sup> income is the remuneration package paid by your employer including base salary and fees, regular bonuses, regular allowances, regular overtime earnings and regular commissions (but excluding mandated superannuation contributions, irregular bonuses, irregular overtime earnings and irregular commissions and unearned income such as investment or interest earnings).
- b) If you're a self-employed person and directly or indirectly own all or part of the business from which you earn your usual income, your income is the gross monthly amount earned by the business in the 12 months immediately prior to the date of disablement (or most recent period of self-employment, if shorter), as a direct result of your personal exertion or activities through your usual occupation after allowing for the costs and expenses incurred in deriving that income.

Bonuses, overtime earnings and commissions will be calculated based on the average of the last three years received by you from your employer.

### Pre-disablement income means:

- a) If you are employed by the Queensland Government on a permanent full or part-time basis, pre-disablement income is the gross monthly income earned by you immediately prior to your date of disablement, and
- b) If you are not employed by the Queensland Government on a permanent full or part-time basis, pre-disablement income is the average gross monthly income earned over the 12 months immediately prior to your date of disablement (or over your most recent period of employment, if shorter).

The pre-disablement income is calculated as at the date of disablement.

### Increasing your units of income protection.

If you are increasing your units of income protection as a result of a salary increase, you may be able to have the pre-existing condition exclusion removed on the increase subject to the following conditions:

- Relevant documentary proof of the increase (e.g. copy of the letter advising you of your salary increase, or notice from your employer of the increase, or copies of previous and new payslips with details of new salary and the effective date).
- Your application must be received within 60 days of the effective date of the increase or notification date of your salary increase if later.
- Limited to AAL.
- You must have been 'at work' as defined in the *Accumulation Account Insurance Guide* at the time of your salary increase.

The above does not apply to self-employed or unemployed members. If you have elected for additional cover in the previous 12 months, any additional cover is subject to a 5 year pre-existing condition exclusion period.

<sup>1</sup> A self-employed person is someone who operates a business (as defined in the *Income Tax Assessment Act 1997* (Cth)) and is not an employee.

#### Member Centres

**70 Eagle Street, Brisbane**  
**63 George Street, Brisbane**  
**Sunshine Coast University Hospital**, Ground Floor,  
 Main Hospital Building, 6 Doherty Street, Birtinya

#### Member Service team

**Phone** 1300 360 750  
**Overseas** +61 7 3239 1004  
 Monday to Thursday 8.30am – 5.00pm (AEST)  
 Friday 9.00am – 5.00pm (AEST)

**Postal address** GPO Box 200, Brisbane QLD 4001  
**Email** [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)  
**Fax** 1300 242 070  
**Website** [qsuper.qld.gov.au](http://qsuper.qld.gov.au)

This form and all products are issued by the QSuper Board (ABN 32 125 059 006, AFSL 489650) as trustee for QSuper (ABN 60 905 115 063). This is general information only, so it does not take into account your personal objectives, financial situation, or needs. Consider whether the product is right for you by reading the product disclosure statement (PDS) available from our website or by calling us on 1300 360 750. We take the privacy of your personal information very seriously. We are collecting this personal information from you to assess your eligibility for insurance, and we are authorised to do this under the *Superannuation (State Public Sector) Act 1990* (Qld). We may disclose your information to your employer, authorised service providers (e.g. external insurers), other superannuation funds, and government departments or agencies. We may also disclose this information to third parties if we need to, if you have given consent to the disclosure, or if we are required to by law. For more information about our privacy policy, you can download QSuper's privacy factsheet from [qsuper.qld.gov.au](http://qsuper.qld.gov.au) or call us to request a copy.