

Change of Insurance

When 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, total and permanent disability (TPD) cover, or apply for income protection cover
- Change your income protection waiting period
- Change your cover 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 9 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 under 'Insurance' then 'Change your 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 names

Last name

Previous name¹ (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 Tell us what you want to do

Tick which option you wish to complete.

- Permanently opt in to cover - sections 3, 10
- Change to default cover - sections 4, 8, 10, 11
- Choose to be occupationally rated - sections 5, 10
- Increase or apply for death cover and/or total and permanent disability (TPD) cover - sections 4, 5, 6, 10, 11
- Increase or apply for income protection cover - sections 4, 5, 7, 10, 11
- Decrease or fix your death and/or TPD cover at your current level - sections 5, 6, 10
- Decrease your income protection cover - sections 5, 7, 10
- Change your income protection waiting period - sections 5, 7 (waiting period options only), 10
- Change your income protection to salary-based cover - sections 8, 10
- Remove your pre-existing exclusion period - sections 4, 5, 9, 10, 11

¹ 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 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 insurance unless you:

- Don't have enough money available in your Accumulation account to cover the cost of your insurance premiums
- Stop being a member with an Accumulation account
- You become otherwise ineligible to hold cover²
- You request that we cancel your cover.³

I want to opt in to keep the type of cover that I currently hold (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:

- Even if no money has been received into my Accumulation account for 13 months or more, and/or
- I am under 25 years of age, and/or
- My Accumulation account balance is under \$6,000.

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.

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 employment with a new Queensland Government or default employer (that is, an employer who has nominated QSuper as their default fund for employees), you don't need to complete this section of the form.

However, you will need to complete this section if 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, Veterans' Affairs, or income protection benefits (replacing all or part of your income or any motor vehicle compensation while unable to work as a result of accident/injury or sickness)?

Yes No

² For details on available insurance, including eligibility and exclusions, please refer to the *Accumulation Account Insurance Guide* available at qsuper.qld.gov.au/pds

³ You can cancel your insurance at any time using Member Online or by completing our *Application to Cancel Insurance* form available at qsuper.qld.gov.au/forms

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

- a) Malignant cancers or tumours, diabetes type 1 or 2, or any form of aneurysm (swelling of an artery)
- b) Multiple sclerosis (MS), cerebral palsy, any form of plegia (paralysis), or any neurological disorder
- c) Stroke, heart attack and/or heart disease, lung disease (excluding asthma), or sleep apnoea
- d) Liver or kidney disease, organ transplant as a recipient, or alcohol and/or drug abuse
- e) Hepatitis B or C, HIV, or AIDS
- f) Auto-immune diseases, chronic pain, fibromyalgia, or ankylosing spondylitis (spinal arthritis)
- g) Mental health disorders including bipolar, mood or adjustment disorders, schizophrenia, stress, PTSD, panic attacks, depression, or anxiety
- h) Huntington's disease, Parkinson's disease, Alzheimer's disease or any form of dementia, or motor neurone disease?

Yes No

Q6. What is your current height and weight?

	cm		kg
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5 Occupational rating questions

If you're applying to be occupationally rated, for additional cover, to reduce your cover, to fix your 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 that 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 20m 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 that you are using or that 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 please write zero.

The total number of death cover units I would like, including any units I already hold, is:

OR

Please make sure you list units in whole numbers.

The total number of TPD cover units I would like, including any units I already hold, is:

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 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.

What is your current annual income (gross income before tax, excluding super)?

Need more information?

If you need help working out how much insurance is right for you, use our Insurance Needs calculator available on our website at qsuper.qld.gov.au. Alternatively, call our Member Services team on **1300 360 750**. We will be happy to discuss your options, and assist you in making any changes to your cover.

Employee: Your remuneration from your package includes your base salary, regular bonuses and allowances, regular overtime, and commissions. Mandated superannuation, investment income, or interest are not included.

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

Self-employed: Gross income of your business (based on your personal efforts), less any business expenses incurred to earn that income, over the last 12 months.

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-time 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, or you are self-employed, you can only get income protection as units of cover. Acceptance limits apply; see the additional information section 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.

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.⁴ 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:

Include your current partial units to three decimal places.

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

⁴ 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).

- 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
 I'm a police officer and my benefit period is 2 years

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 QPS Sick Leave Bank or 180 days, whichever is greater

Before your new waiting period becomes effective, your old waiting period needs to pass. For example, if you have a 90-day waiting period now and you switch to a 30-day waiting period, then your 30-day waiting period will begin applying to your insurance in 90 days' time.

8 Change to default cover ➔

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

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

I want the current level of default cover relevant to my membership type. This includes any death cover, TPD cover, and income protection cover I hold (if eligible). 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.

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

- I want to change 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 you want to change 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 your occupational rating.)

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

9 Remove my pre-existing exclusion period

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

Please note

To remove your pre-existing exclusion period, you will also need to complete the *Insurance Personal Statement* available at qsuper.qld.gov.au/forms

10 Your declaration and authorisation

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell us 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 do not need to tell us anything that:

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

If the insurance is for the life of another person and that person does not tell us everything they should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us 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 we choose not to avoid the contract, we may, at any time, 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 has a surrender value, or provides cover on death, we may only exercise this right within three years of entering into the contract.

If we 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. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell us 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:

- The information I have given on this form is true and correct.
- I have read the *QSuper Product Disclosure Statement for Accumulation Account* 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 where signs or symptoms existed before my cover started.
- 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 QSuper will cancel my insurance in certain circumstances.⁵ I know I can permanently opt in⁶ to this cover to prevent my cover being cancelled, subject to certain eligibility terms and conditions.⁷
- 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 whom 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 (e.g. 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)

⁵ There are various circumstances when cover will end. See the *Accumulation Account Insurance Guide* at qsuper.qld.gov.au/pds

⁶ To permanently opt in to insurance you hold, visit Member Online or complete section 3 of this form.

⁷ For details on available insurance, including eligibility and exclusions, please refer to the *Accumulation Account Insurance Guide* available at qsuper.qld.gov.au/pds

11 Medical Authorities

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history, and lifestyle. Health providers cannot release this information about you without your consent.

We, **QInsure**, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your general practitioner), before the insurance starts, you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your duty of disclosure under the *Insurance Contracts Act 1984* (Cth).

Please read each authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this authority, with the exception of a copy of the consultation notes held by your general practitioner/practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- Preparing a general report and/or a report about a specific condition
- Accessing and releasing your records in SafeScript
- Releasing your hospital patient notes
- Releasing the results of any investigations they have done; and/or
- Releasing correspondence with other health providers.

Authority 2 explanatory notes – through this authority, you are consenting to any general practitioner/practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- They will be unable to, or did not, provide the report within four weeks; or
- The report provided is incomplete or contains inconsistencies or inaccuracies.

Your general practitioner maintains consultation notes to support quality care, your wellbeing, and to meet legal and professional requirements. General practitioners/practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my general practitioner/practice

With the exception of consultation notes held by any general practitioner/practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider, or any hospital to access and release, in writing or verbally, any details of my health information to **QInsure**, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form **QInsure** asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- **QInsure** can collect, use, store, and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This authority is valid only while **QInsure** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this authority will be valid and effective, and this authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date signed (dd/mm/yyyy)

Authority 2 – to release a copy of the full record, including consultation notes, held by my general practitioner/practice in specified circumstances

I authorise any general practitioner/practice I have attended to release a copy of my full record, including consultation notes, to **QInsure**, or to third parties they engage, only if **QInsure** has asked them for a report on my health and either:

- The general practitioner/practice will be unable to, or did not, provide the report within four weeks; or
- The report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- **QInsure** can collect, use, store, and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This authority is valid only while **QInsure** is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this authority will be valid and effective, and this authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date signed (dd/mm/yyyy)

Additional information about this form

Maximum cover limits and automatic acceptance limits (AAL) apply 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 income⁸

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

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

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

The maximum cover limit for income protection is \$50,000 per month. The maximum income protection benefit payment is \$50,000 per month for the first two years of cover, then \$30,000 per month for the remainder of the benefit period.

Cover for casual employees is capped at \$5,000 per month. Maximum cover limits include your contribution replacement benefit.

To calculate your insured benefit, please refer to the *Accumulation Account Insurance Guide*.

If you're a permanent employee or self-employed and apply for the two-year 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 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 (two 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 to provide additional information.

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

Income means:

- a) Unless you meet the definition of a self-employed person,⁹ 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, 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-disability income means:

- a) If you are employed by the Queensland Government on a permanent full-time or part-time basis, pre-disability 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-time or part-time basis, pre-disability 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-disability income is calculated as at the date of disablement.

⁸ Not applicable for police officers unless a Commissioned Officer.

⁹ 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.

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 later of the effective date of the increase or the notification date of your salary increase
- 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 five year pre-existing condition exclusion period.

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

Member Centres**70 Eagle Street, Brisbane****63 George Street, Brisbane****Sunshine Coast University Hospital**, Ground Floor,
Main Hospital Building, 6 Doherty Street, Birtinya**Member Services team****Phone** 1300 360 750**Overseas** +61 7 3239 1004

Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001**Email** qsuper@qsuper.qld.gov.au**Fax** 1300 242 070**Website** qsuper.qld.gov.au

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