

Change of Insurance

When to use this form

Use this form if you would like to:

- Apply for, change or cancel death cover, total and permanent disability (TPD) cover or income protection cover
- Choose to be occupationally rated
- Permanently opt in to insurance cover
- Remove your pre-existing exclusion period
- Apply for additional units of death cover and TPD cover through an Accumulation account if you have a Defined Benefit, State or Police account.

Deciding what is best for you will depend on your personal circumstances, and you may want to seek personal financial advice to get the most from your super. You can find out more about financial advice options at qsuper.qld.gov.au/advice.

Before you fill in this form, did you know that 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.

If you want to apply to change your insured salary, please complete the Application to Change Insured Salary form.

If you want to transfer insurance from another insurer or super fund, please use the Application to Transfer My Insurance to QSuper form.

These forms are available at qsuper.qld.gov.au

➤ If you see this symbol, please go to page 9 and read the additional information about this form.

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

1 Personal details

Client number

Residential address

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

Title First names

State Postcode
Postal address As above

Last name

State Postcode

Previous name¹ (if we know you by another name)

Employment status

Date of birth (dd/mm/yyyy) Home phone number

Full-time Self-employed Unemployed

Mobile phone number Work phone number

Part-time Casual Retired

Email address



Part of Australian Retirement Trust

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.

The duty to take reasonable care

When applying for insurance, you have a legal duty to take **reasonable care not to make a misrepresentation** to us or the insurer (ART Life)² before the contract of insurance is entered into. A misrepresentation is a false answer, an answer that is only partially true, or an answer that 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

If you do not meet your legal duty, this 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 the insurer may later investigate whether the information you provided to us was true. For example, the insurer may do this when a claim is made. As part of these investigations, the insurer may require you to supply health and other information and require you to attend medical examinations.

Guidance for answering our questions

When we ask you questions, we do so on behalf of the insurer. You are responsible for the information provided to us and the insurer. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your 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, please tell us about any changes that mean you and each person that answered our questions would now answer differently. 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 we ask. Ask us or your adviser for help if you have difficulty understanding the process of applying for insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, please let us know so we can discuss any additional support you may need. If you want, you can have a support person you trust with you or receive assistance from the Australian Government's Translating and Interpreting Service (TIS National) on 131 450. It's available to anyone, 24/7 (all day, every day).

About this application

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

You will be asked questions that the insurer needs to know the answers to. These will 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 in response to these questions is vital to the insurer's decision.

Notifying the insurer

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

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 the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

For example the insurer may:

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

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

- whether, when you answered our questions, you 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 the insurer would have done if the duty had been met – for example, whether the insurer would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before the insurer exercises any of these remedies, the insurer will explain its reasons, how to respond and provide further information, and what you can do if you disagree.

2 Tell us what you want to do

Tick which option/s you wish to complete.

Permanently opt in to cover - sections 3, 10

Apply for default cover - sections 3, 8C, 10

Change your cover to default cover - sections 4, 8A, 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, cancel or fix your death and/or TPD cover at your current level - sections 5, 6, 10

Decrease or cancel 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 back to salary-based cover after it was automatically unitised - section 8B, 10

Remove your pre-existing exclusion period - sections 4, 5, 9, 10, 11

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 cover³
- You request that we cancel your cover.⁴

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, Government Division of the Australian Retirement Trust, 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
- applying for income protection with a to age 65 benefit period
- applying for a type of cover that you have previously cancelled. ▶

³ For details on available insurance, including eligibility and exclusions, please refer to the Insurance Guide available at qsuper.qld.gov.au/pds

⁴ 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

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. Are you:

- a) Currently being paid, or have you been paid, a benefit through any life insurance policy (including total and permanent disability (TPD) and trauma) or any source of income support (e.g. Workers' Compensation or income protection benefits) replacing all or part of your income while unable to work as a result of accident, injury, or sickness?

AND/OR

- b) In the process of, or are you considering, submitting a claim through any life insurance policy (including total and permanent disability (TPD) and trauma) or any source of income support (e.g. Workers' Compensation or income protection benefits) to replace all or part of your income if unable to work as a result of accident, injury, or sickness?

Yes No

Q3. Have you ever had, or received medical advice or treatment for, any of the following:

- a) Any cancer, tumour or melanoma, or diabetes type 1 or 2?
 b) Multiple sclerosis (MS), cerebral palsy, any form of plegia (paralysis), or any neurological disorder?
 c) Stroke, aneurysm, heart disease, cardiovascular disease, arrhythmia, heart valve problem, or heart attack?
 d) Alcohol and/or drug abuse, Hepatitis B or C, HIV, or AIDS?
 e) Schizophrenia, personality disorder, bipolar disorder, psychotic disorder, eating disorder, or post-traumatic stress disorder (PTSD)?
 f) Huntington's disease, Parkinson's disease, Alzheimer's disease or any form of dementia, or motor neurone disease?

Yes No

Q4. In the last 5 years have you had, or received medical advice or treatment for:

- a) Any symptoms of stress (for which you have sought and/or received medical advice)?
 b) Any mental health conditions such as anxiety or depression, or any behavioural condition?
 c) Any injury to, disease, or disorder of the back, or neck?
 d) Any injury to, disease, or disorder of the knee, shoulder, or any other joint or bone, or arthritis? (Note: You do not need to tell us about strains, sprains, or minor fractures that have fully resolved.)
 e) Any autoimmune disease (e.g. rheumatoid or psoriatic arthritis, lupus, inflammatory bowel disease), chronic pain, chronic fatigue, or fibromyalgia?
 f) Any disease or disorder of the liver or kidney, or organ transplant as a recipient?
 g) Any lung disease or disorder (excluding asthma or bronchitis), sleep apnoea, coronavirus (COVID-19), loss of hearing, or loss of sight? (Note: You don't need to tell us if you are short or long-sighted.)

Yes No

Q5. Aside from your answers to the previous questions, are you currently under investigation, awaiting investigation, or considering seeking medical advice or treatment for any symptoms, condition, or any abnormal test results?

(Note: You don't need to tell us about any routine annual health checks or age-related surveillance checks that have been confirmed to you to be normal with no treatment or subsequent investigations or tests required.)

Yes No

Q6. What is your current height and weight?

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

If your new cover is replacing cover held outside your QSuper Accumulation account, you should review your existing cover (including the loss of any accrued benefits or the possibility of waiting periods restarting again) and you shouldn't cancel any existing cover until we confirm your application has been accepted.

5 Occupational rating questions

If you're applying to be occupationally rated, for additional cover, to reduce your cover, to fix your cover, or if you are only cancelling some of your insurance 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

Read more about the occupational rating factors that could affect your premiums in the 'Occupationally rating your premiums' section of the QSuper Insurance Guide.

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

If you would like to apply for, change or cancel 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.

A

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 complete option 'C' instead.

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.

B

I would like fixed cover. Please tell us below how much cover you would like in multiples of \$1,000.

The fixed amount of death cover I would like is:

\$

The fixed amount of TPD cover I would like is:

\$

OR

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

C

I would like to cancel the below insurance cover/s:

Death

TPD

If you cancel your cover, you will be considered to have personalised your cover, so we won't automatically provide you with cover again, even if your employment situation changes.

If you change your mind and want to reapply, you'll need to be eligible and provide health and other information for us to assess. More information can be found in QSuper's Insurance Guide.

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. 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.

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

\$

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.

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, change, or cancel 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.

A

I would like to apply for salary-based cover, or increase my salary-based cover because it's been capped at my automatic acceptance limit or approved limit (if higher). I work for the Queensland Government or a default employer and I'm not a casual employee.

OR

If you apply for salary-based cover, your cover will be set at 87.75% (including a contribution replacement benefit of 12.75%) of your insured salary.⁵ If you receive additional income you may be able to cover it by choosing units of cover.

B

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:

OR

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). >

C

I want to cancel my Income Protection cover.

If you cancel your cover, you will be considered to have personalised your cover, so we won't automatically provide you with cover again, even if your employment situation changes.

If you change your mind and want to reapply, you'll need to be eligible and provide health and other information for us to assess. More information can be found in QSuper's Insurance Guide.

For the purpose of claims your benefit will be the lesser of your cover (salary IP cover amount or value of 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

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.

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.

⁵ Insured salary means, in summary the salary notified to us by your Queensland Government or Default employer for your permanent full-time or part-time employment. See the Insurance Guide for the full definition of Insured Salary. Your salary-based cover will be automatically updated on 1 November each year based on your insured salary.

8 Apply for, or change to default cover >

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

A

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.

OR

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.

B

Choose this option if your salary-based cover was automatically changed to unitised cover and you are now eligible to change back to salary-based cover:

I have returned to work with the Queensland Government or a default employer on a permanent full-time or part-time basis 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.

OR

C

Choose this option if you don't have cover, because you are under age 25⁶ or have less than \$6,000 in your account and you want to apply for default cover.

More information about default cover can be found in the 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

Your Privacy

Information collected on this form and in connection with your application is collected by Australian Retirement Trust Pty Ltd as trustee for Australian Retirement Trust and ART Life Insurance Limited (ART Life), our registered life insurance company. This information may be shared with other entities that are ultimately owned by Australian Retirement Trust Pty Ltd when it is necessary.

We take protecting your privacy seriously. We are collecting your personal information that may include sensitive information in order to assess your application for insurance cover.

Without this information and information we may collect, with your consent, from third parties such as medical, we may be unable to appropriately assess your application or provide you with cover for which you may be eligible. We may share your personal information with third parties if we need to, if you have provided consent, or if we are required to by law. Some third parties may be located overseas. More information about how we may use or disclose your personal information or how individuals can access or correct their information, is set out in our Privacy Policy, available from qsuper.qld.gov.au/privacy.

10 Your declaration and authorisation

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 and understand my legal duty to take reasonable care not to make a misrepresentation to Australian Retirement Trust and the insurer.⁷ I understand that if I do not meet my legal duty, my cover could be avoided (treated as if it never existed) or its terms may be unfavourably changed. In addition, if I make a claim, it may be declined or the applicable benefit reduced.
 - I agree to assist the insurer to investigate any claim or representation I make by:
 - a) providing all information and third party consents reasonably required by the insurer, and/or
 - b) attending all medical examinations reasonably required by the insurer.
- I have read QSuper's Product Disclosure Statement for Accumulation Account and the QSuper Insurance Guide.
- I authorise Australian Retirement Trust and the insurer to disclose my personal and medical information (if collected) to their appointed service providers in connection with assessing my application.
- I am the person named on this form.
- I understand that the changes I have applied for will take effect from the date Australian Retirement Trust accepts my application.
- I understand that in the first two years of any additional insurance starting, a benefit won't be paid on any additional insurance, 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 Australian Retirement Trust deducts a fee (insurance premium) from my Accumulation account to cover the cost of any insurance.
- I understand Australian Retirement Trust 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 Australian Retirement Trust will cancel my insurance in certain circumstances.⁸ I know I can permanently opt in⁹ to this cover to prevent my cover being cancelled, subject to certain eligibility terms and conditions.¹⁰
- I understand I can cancel my insurance at any time using Member Online or by completing an Application to Cancel Insurance form.

- I authorise the 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
 - 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 to take reasonable care not to make a misrepresentation.

Name

Signature

Date signed (dd/mm/yyyy)

⁷ ART Life Insurance Limited (ABN 79 607 345 853, AFSL 483057) 'ART Life' is a registered life company that is ultimately owned by the Australian Retirement Trust Pty Ltd as trustee for Australian Retirement Trust.

⁸ There are various circumstances when cover will end. See the Insurance Guide at qsuper.qld.gov.au/pds

⁹ To permanently opt in to insurance you hold, visit Member Online or complete section 3 of this form.

¹⁰ For details on available insurance, including eligibility and exclusions, please refer to the 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.

Our insurer¹¹ collects and uses 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.

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 the insurer, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form the insurer 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.
- The insurer 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 the insurer 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 the insurer, or to third parties they engage, only if the insurer 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:

- The insurer 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 the insurer 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. 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.

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 64:** \$300,000 or 3 x your total annual income¹²

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're a permanent employee, the maximum limit for death cover and TPD cover is \$3 million for each. If you're a casual employee or unemployed, the maximum limit for cover is \$1 million for each. The AAL for income protection cover if you're a permanent employee or self-employed and apply for the two-year or five-year benefit period 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.

For casual employees who are not employed by a Queensland Government or default employer, the AAL is \$1,000 per month.

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.

The maximum cover limit for casual employees is \$5,000 per month. Maximum cover limits include your contribution replacement benefit.

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

Income means:

- a) for salary-based income protection cover:
 - i) if you are employed by a Queensland Government employer or 'default employer', only the remuneration package paid by your Queensland Government employer or 'default employer' including base salary and fees, regular bonuses, regular allowances, regular overtime earnings and regular commissions (but excluding mandated superannuation contributions, unearned income such as investment or interest earnings and income from any other employment);
 - ii) if you are not employed by a Queensland Government employer or 'default employer' and are not a 'self-employed person', 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); or

- iii) if you are not employed by a Queensland Government employer or 'default employer' and are a 'self employed person' and directly or indirectly own all or part of the business from which you earn your usual income, the gross monthly amount earned by the business as a direct result of the your personal exertion or activities through your usual occupation after allowing for the costs and expenses incurred in deriving that income;
- b) for unitised income protection cover, Death and TPD cover:
- i) If you are employed (but not a 'self employed person'), 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); and
- ii) if you are a 'self employed person' who directly or indirectly owns all or part of the business from which you earn your usual income, the gross monthly amount earned by the business 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.

Pre-disability income means:

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 you are an employee or self-employment if you are self-employed, if shorter than 12 months). If you have been absent from work on employer approved leave without pay for an entire pay period and earned zero (\$0) 'income', the zero (\$0) 'income' for that pay period will not be included in the average of the gross monthly 'income'.

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 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 two year pre-existing condition exclusion period.

Where to send this form

Please send your completed form to us by:

Post

QSuper Member Services
GPO Box 200
Brisbane QLD 4001

Email

qsuper@qsuper.qld.gov.au

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations

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 241 602
Website qsuper.qld.gov.au

This is general information only. It's not based on your personal objectives, financial situation or needs. So think about those things and read the relevant Product Disclosure Statement and Target Market Determination at art.com.au/pds before you make any decision about our products. And if you're still not sure, talk with a financial adviser.

We issue this information and all Australian Retirement Trust products. When we say 'we', 'us' or 'the Trustee', we mean Australian Retirement Trust Pty Ltd (ABN 88 010 720 840, AFSL 228975), trustee of Australian Retirement Trust (ABN 60 905 115 063) ('the Fund' or 'ART').

We're careful with your personal information. Our privacy policy explains how we handle it. You can find it at art.com.au/privacy.

ACCH-1768. FO104. 0725a.