

Insurance Guide

1 April 2012



- *Flexible insurance options to suit your needs*
- *Competitive cover rates*
- *Premiums deducted directly from your AGEST account*



Contents

1. How to apply for (or alter) your insurance cover	2
2. Introduction to Insurance Cover within AGEST	3
3. Death and TPD Cover	5
Choose your style of cover	6
Definition of Total & Permanent Disablement	7
4. Income Protection Insurance	9
5. Summary of forms attached to this Insurance Guide	12

This document forms part of the AGEST Product Disclosure Statement dated 1 April 2012

This document contains important information about how personal insurance cover within AGEST works. It details Death cover, Death and Total & Permanent Disablement (TPD) cover and Income Protection cover.

You should read this document carefully before making any decisions about personal insurance cover within AGEST.

The importance of Personal Insurance Cover

Personal insurance cover protects your ability to earn an income through working. It may pay a lump sum in the event of death or total and permanent disablement, or a monthly income benefit (Income Protection) for a period of temporary disablement.

Just like general insurance protects us for the loss of our cars, homes and belongings, personal insurance covers loss of personal income, arguably our most important asset.

If you become sick or injured and unable to work, or if you were to die, do you know how you or your dependants will be able to cover your living costs? Will there be added expenses resulting from additional care required after disablement? These are important questions, and at AGEST we understand the importance of flexible, low-cost cover.

Super is a way to save some of your salary now to use in retirement later, you can protect that salary by paying for personal insurance cover through your super fund. As a member of AGEST you can take advantage of our ability to negotiate a group discount on insurance cover and pass on the benefits to your account.

1. How to apply for (or alter) your insurance cover

1. Read this Insurance Guide. It contains important information regarding your entitlement to cover and will help you decide whether insurance in AGEST is appropriate for you.
2. Determine the type(s) and level of cover that best suit you.
3. Complete one of the following forms that accompany this guide.
 - Bonus Insurance Cover Application
 - Application to Increase Insurance Cover
 - Life Events Cover Application
 - Insurance Transfer Cover Form
 - Insurance Cover Change Form

2. Introduction to insurance cover within AGEST

Types of cover

Death cover

Provides a lump sum benefit if you die, payable to your dependents. You can choose from Unit based or fixed cover.

Combined Death and Total and Permanent Disablement (TPD) cover

Provides a lump sum benefit if you die, payable to your dependents or a lump sum benefit payable to you if you become totally and permanently disabled. You can choose from unit based or fixed cover (explained on page 6).

Income Protection cover

Provides an ongoing income benefit paid to you monthly if you are temporarily disabled by illness or injury. The income benefit can be paid for periods up to two years, and you can choose from 30, 60 or 90 day waiting periods.

Automatic insurance cover for employed AGEST members

Insurance cover for new members generally commences automatically when an employer or salary sacrifice contribution is first received from an employer.

This automatic cover provides 10 Units of combined Death and TPD cover. The premium cost of \$2.30 per week is deducted from your AGEST super account on a monthly basis.

Bonus Cover

Members who receive Automatic Cover can apply for additional bonus insurance cover (with little or no evidence of health) within a limited time.

Death & TPD:

Add up to 40 additional units of cover without evidence of health (subject to a cap of 10 times your salary).

Income Protection:

Apply for up to 85% of salary (to a limit of \$6,000 per month), by answering only three simple health questions.

Requests for bonus cover must be received by AGEST within 60 days from the date you are notified that your automatic cover has commenced. Information about the bonus cover will be sent to you (if you are eligible) when your first employer or salary sacrifice contribution is processed.

Simply complete the *Bonus Insurance Cover Application Form* and send it to us. Additional cover will commence from the date that we receive your application.

Additional cover

You can apply for more insurance cover in AGEST.

Insurance cover within super is a simple and cost-effective way of getting protection for you and your family because:

- we are able to negotiate a discount or 'group rate' on premiums
- all premiums are deducted monthly from your AGEST account, so your take-home pay is not reduced
- the tax deduction AGEST receives for your premiums is credited directly to your AGEST account

If you wish to apply for new or additional cover you will need to supply evidence of your health.

You must apply if:

- you would like cover above the Automatic or Bonus Cover limits.
- you are applying for additional cover later than 60 days from the commencement of Automatic Cover.
- you are not eligible for Automatic Cover.
- you are not eligible for Life Events Cover.
- you have previously opted-out of Automatic Cover.

Life Events Cover

Life Events Cover allows you to increase your existing Death or Death & TPD cover by the lesser of \$250,000 and 100% of your current sum insured without having to provide further evidence of health. You can apply to increase your cover following a range of life events:

- marriage
- birth/adoption
- child starting primary or secondary school
- mortgage on buying primary residence
- divorce
- death of a spouse
- first becoming eligible for Centrelink carer's allowance

You can apply only once in a 12 month period and up to a maximum of three times over the life of the policy. This only applies to the type of cover you already have (for example, Death and TPD or Death only).

You need to apply for life events cover within 60 days of the life event occurring or within 60 days of your next AGEST member statement issue date.

Any additional insurance obtained under Life Events Cover is subject to the same exclusions and other special conditions applicable to your cover at the time of applying for Life Events Cover.

Please see the *Life Events Cover Application* in this guide for further details.

To apply for additional Death & TPD cover and/or Income Protection cover

Simply complete the *Application to Increase Insurance Cover* and forward it to AGEST.

Your application will be referred to AGEST's insurer (CommInsure). The cover you have applied for will not commence until the insurer approves your application, although you may be covered for some accidents while your application is being considered.

You must also have sufficient money in your AGEST account to pay the premiums.

When the insurer assesses your application, it will take into account your standard of health based on your responses to questions on the forms and any additional information or evidence of health they may request, such as a medical examination or blood test.

Cover may be granted by the insurer with or without exclusions (for example, if you have an existing injury, the insurer may grant you full death and TPD cover other than TPD directly related to that injury).

If cover is approved, we will advise you in writing of the terms and commencement date of cover.

Changing, reducing or cancelling insurance cover

You can reduce or cancel any cover by completing the *Insurance Cover Reduction Form* accompanying this guide. Note that we cannot accept cancellation requests by telephone or email because we must have your signed request in writing before we can act upon it.

If you later wish to reinstate your cover, you will need to provide evidence of health.

If your request to cancel cover is received within 60 days of you being notified that your Automatic cover has commenced, any premiums already charged to your account will be refunded. If it is received after this time, your cover (and premiums) will cease from the date we receive the notification.

Transferring other insurance cover to AGEST

If you have insurance cover in another superannuation fund, as an individual policy, you can apply to transfer that cover into AGEST if all of the following conditions are satisfied:

- your former cover ceases on acceptance of cover by AGEST,
- you have not received nor are you eligible for a TPD benefit from another fund or insurance arrangement,
- you are not terminally ill with a life expectancy of less than 12 months,
- you are gainfully employed and physically capable of undertaking gainful employment for at least 30 hours per week,
- any special conditions to your cover such as premium loadings or exclusions continue to apply in AGEST,
- you provide an up-to-date statement from your former fund as evidence of cover held, and
- you complete the relevant forms to the satisfaction of AGEST's insurer.

The level of death and TPD cover provided to you will be based on the equivalent type and level of cover provided by your former fund, and expressed as a fixed cover amount. This transferred cover will be an addition to any existing cover provided under AGEST subject to maximum benefit limits.

The level of Income Protection cover will be the equivalent level of cover provided by the former fund, and will replace existing income protection cover in AGEST, if any.

3. Death and TPD Cover

Automatic death and TPD insurance cover when employer contributions are paid to AGEST

If employer contributions are paid into your AGEST account, this page provides important insurance information for you, including the default level of cover you will receive.

You will automatically receive and pay for 10 units of death and TPD insurance cover when an employer pays contributions for you into AGEST for the first time.

This applies to members who commence or recommence having employer contributions paid into AGEST. Employer contributions are Superannuation Guarantee (SG), salary sacrifice contributions and one-off employer contributions.

If you cancel your cover and later an employer starts paying contributions to AGEST for you, you will not receive this automatic cover.

The cost of 10 units of death and TPD cover is \$2.30 per week. This is automatically deducted from your AGEST account on a monthly basis (\$9.96 each month) once cover commences.

When does Death & TPD cover start?

Automatic Cover will apply from the latest of the following:

- the date that you become a member of AGEST
- the date which is 120 days prior to the date when the employer contribution is received by AGEST
- the earliest date in the period covered by the employer contribution for you.

Increased cover commences when all of the following have occurred:

- you have completed and returned the relevant forms;
- you have provided any other information the insurer may require, and
- the insurer approves your application.

Full cover will apply if:

- on the day that cover commences you are actively at work (This means that you are at work with an employer and performing the normal duties of your occupation. You will still be considered to meet the requirements of this definition if you are not at work on the respective date but you are still employed by an employer and the reason for absence is not due to illness or injury); and
- the employer contribution for you is received by AGEST within 120 days of the end of the period to which it relates; and
- you have received this cover no more than 120 days after commencing employment with your employer.

If full cover does not apply, limited cover will apply for a period of 24 months, after which time full cover will commence (provided that you have been actively at work for that time).

Limited cover means that you are only covered for claims arising from an illness which became apparent or an injury which occurred on or after the date that your cover most recently commenced or recommenced. Limited Cover excludes suicide during the first 13 months after cover most recently commenced or recommenced.

Despite the above conditions, if you have previously received, been admitted or are eligible for a total and permanent disability benefit from AGEST or another superannuation entity or another insurance policy before the date you most recently joined AGEST, you may only be eligible for Death only cover on a limited cover basis. You will not be eligible for TPD cover or any additional cover.

Terminal illness benefit

In the event of terminal illness (as certified by two medical practitioners, one being a specialist), you may be able to access your superannuation balance, including insured death benefits. Payment of an insured death benefit under terminal illness is subject to a maximum amount.

Maximum benefits

Death and TPD cover is subject to the following maximum cover amounts:

- | | |
|--------------------------|--------------|
| • Death cover | \$10 million |
| • Terminal Illness cover | \$5 million |
| • TPD cover | \$3 million |

Payment of TPD benefits

TPD benefits are only payable to members with TPD cover when they satisfy the insurer's definition of TPD (see pages 7-8).

If submitting a claim for TPD, you will be required to provide medical and such other information as the insurer requires to assess your claim.

If you need to attend a medical appointment, the insurer will arrange this and advise you of details. Travel costs to and from the appointment will be at your expense and, if you do not attend the pre-arranged appointment without reasonable cause, the insurer may cease consideration of your claim until any non-attendance fees levied by the medical practitioner are paid by you.

The assessment of a TPD claim may take some time to complete, so it is important that you lodge a claim as soon as practical after becoming disabled.

Investment of Death & TPD benefits

Death: If the insurer pays an insured amount as a result of a member's death, it will be added to the member's AGEST account and invested in the Cash investment option.

TPD: A payment made in respect of TPD will be added to the same investment option(s) that the member has nominated for future contributions (or the Balanced option if no nomination has been made).

Choose your style of cover

You can choose from two styles of Death and TPD cover, unit based cover or fixed cover. The underlying premium rates are the same at each age – only the style of benefit is different, to suit your individual needs.

Unit based cover

This style of cover is purchased in 'units', where your premium generally does not alter from year to year but your cover reduces each year on your birthday.

Each unit of cover costs:

- 13.8 cents per week for Death only cover
- 23 cents per week for death and TPD cover

Example

If you have 10 units of Death and TPD cover, your premium is:

23 cents x 10 = \$2.30 per week.

This is deducted from your account monthly at \$9.96

Fixed cover

Under this style of cover, you maintain a fixed level of cover every year and the premium will increase on your birthday. You can also request on the application form to have this cover indexed (increased) 5% each year on your birthday, without ongoing evidence of health.

The table below shows the annual premium per \$1,000 of fixed cover.

Example

If you are aged 40 next birthday and have \$100,000 of Death & TPD cover, your premium this year would be:

$\$0.91 \times \$100,000$ divided by \$1,000

= \$91.00 per annum or \$7.58 per month.

Death only and Death/TPD unit based cover

Age Next Birthday	1 Unit	10 Units
Up to 30	\$23,000	\$230,000
31	\$22,000	\$220,000
32	\$21,000	\$210,000
33	\$20,000	\$200,000
34	\$19,000	\$190,000
35	\$18,300	\$183,000
36	\$17,300	\$173,000
37	\$16,300	\$163,000
38	\$15,300	\$153,000
39	\$14,300	\$143,000
40	\$13,200	\$132,000
41	\$12,200	\$122,000
42	\$11,200	\$112,000
43	\$10,200	\$102,000
44	\$9,100	\$91,000
45	\$8,100	\$81,000
46	\$7,700	\$77,000
47	\$7,200	\$72,000
48	\$6,600	\$66,000
49	\$6,100	\$61,000
50	\$5,800	\$58,000
51	\$5,600	\$56,000
52	\$5,000	\$50,000
53	\$4,300	\$43,000
54	\$3,800	\$38,000
55	\$3,400	\$34,000
56	\$3,100	\$31,000
57	\$2,800	\$28,000
58	\$2,500	\$25,000
59	\$2,200	\$22,000
60	\$2,000	\$20,000
61	\$1,700	\$17,000
62	\$1,400	\$14,000
63	\$1,200	\$12,000
64	\$1,000	\$10,000
65	\$900	\$9,000
66-70	\$800	\$8,000
71+	NIL	NIL

Annual premium per \$1,000 of fixed cover

Age Next Birthday	Death only	Death & TPD
Up to 30	\$0.31	\$0.52
31	\$0.33	\$0.55
32	\$0.34	\$0.57
33	\$0.36	\$0.60
34	\$0.38	\$0.63
35	\$0.39	\$0.66
36	\$0.42	\$0.69
37	\$0.44	\$0.74
38	\$0.47	\$0.78
39	\$0.50	\$0.84
40	\$0.55	\$0.91
41	\$0.59	\$0.98
42	\$0.64	\$1.07
43	\$0.71	\$1.18
44	\$0.79	\$1.32
45	\$0.89	\$1.48
46	\$0.94	\$1.56
47	\$1.00	\$1.67
48	\$1.09	\$1.82
49	\$1.18	\$1.97
50	\$1.24	\$2.07
51	\$1.29	\$2.14
52	\$1.44	\$2.40
53	\$1.67	\$2.79
54	\$1.89	\$3.16
55	\$2.12	\$3.53
56	\$2.32	\$3.87
57	\$2.57	\$4.29
58	\$2.88	\$4.80
59	\$3.27	\$5.46
60	\$3.60	\$6.00
61	\$4.24	\$7.06
62	\$5.14	\$8.57
63	\$6.00	\$10.00
64	\$7.20	\$12.00
65	\$8.00	\$13.33
66-70	\$9.00	\$15.00
71+	NIL	NIL

Definition of Total & Permanent Disablement

Eligibility for Total and Permanent Disablement (TDP) benefits may be based on one of the seven definitions detailed below. Different definitions may apply depending on whether members have been employed for the period before the disablement event occurred.

TDP means the state of health of the insured member resulting from illness, accident or injury (while covered under the terms of this policy) and as a result of which:

1) Specific loss

The insured member suffers the total and permanent loss of the use of:

- (a) two limbs (where 'limb' is defined as the whole hand or the whole foot) or
- (b) the sight in both eyes or
- (c) one limb and the sight in one eye.

2) Any Occupation

Where the insured member has been employed for 6 or more months and is aged 65 years or less as at the date of disablement, the insured member is unable to follow his or her own occupation and any other occupation to which he or she is reasonably suited by education, training or experience for 3 consecutive months after the date of disablement and we consider, on the basis of medical or other evidence satisfactory to us, that the insured member is unlikely ever to be employed or attend to any such occupation;

3) Activities of daily living

As a result of illness or injury, the insured member is totally unable to perform without the physical assistance of another person any two of the following activities of daily living and the insured member is permanently and irreversibly unable to do so for life:

- (a) bathing and/or showering
- (b) dressing and undressing
- (c) eating and drinking
- (d) using a toilet to maintain personal hygiene
- (e) getting in and out of bed, a chair or wheelchair, or moving from place to place by walking, wheelchair or with assistance of a walking aid.

4) Day one TPD

All of the following paragraphs (i), (ii), (iii) and (iv) apply to the person:

- (i) the person, was on the date of disablement, aged 70 years or less;
- (ii) the person is absent from all work as a result of suffering Cardiomyopathy, Primary Pulmonary Hypertension, Major Head Trauma, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Paraplegia, Quadriplegia, Hemiplegia, Diplegia, Tetraplegia, Dementia and Alzheimer's Disease, Parkinson's Disease, Blindness, Loss of Speech, Loss of Hearing, Chronic Lung Disease or Severe Rheumatoid Arthritis.

- (iii) We consider, on the basis of medical and other satisfactory evidence to us, the insured member is unlikely ever to be able to engage in any occupation whether or not for reward; and
- (iv) the insured member is likely to be so disabled for life;

where occupation means an occupation that the insured member can perform, on a full time basis if employed on a full time basis prior to the date of disablement, or part time basis, if employed on a part time basis prior to the date of disablement, based on the skills and knowledge the person acquired through previous education, training or experience.

5) Domestic duties

All of the following paragraphs (a), (b) and (c) apply to the insured member:

- a) the insured member has not been employed in the 12 months immediately before the date of disablement, and during that time was capable of performing full-time unpaid domestic duties (even if not actually performing such domestic duties); and
- b) as a result of illness or injury, has been unable to perform domestic duties for 6 consecutive months from the date of disablement and we consider, on the basis of medical evidence and other evidence satisfactory to us, the person is unlikely ever to be able to engage in their unpaid domestic duties or any occupation, whether or not for reward; and
- c) is so incapacitated that they are unable to leave their place of residence without the assistance of another person.

For the purpose of paragraph 5 (b), occupation means an occupation that the insured member can perform, on a full-time or part-time basis, based on the skills and knowledge the insured member has acquired through previous education, training or experience.

6) Activities of daily work

The insured member has become so disabled by illness or injury that he or she will never be able to perform at least four of the following activities of daily work:

(a) Bending:

The ability to bend, kneel or squat to pick something up from the floor and straighten up again.

(b) Communicating:

The ability to:

- (i) Clearly hear with or without a hearing aid or alternative aid if required;
- (ii) Comprehend and express oneself by spoken or written language with clarity; and
- (iii) Successfully communicate on a day to day basis in a work environment.

(c) Vision (reading):

The ability to read, with or without correction or with suitable lenses, to the extent that an ophthalmologist can certify that:

- (i) Visual acuity is equal or greater than 6/48 in both eyes; or

- (ii) Constriction is within or greater than 20 degrees of fixation in the eye with the better vision.

(d) Walking:

The ability to walk more than 200 metres on a level surface without stopping due to breathlessness, angina or severe pain anywhere in the body.

(e) Lifting:

The ability to lift, carry or otherwise move objects weighing up to 5kg using either or both hands.

(f) Manual dexterity:

The ability, with reasonable precision and success, to:

- (i) Use at least one hand, its thumb and fingers, including the ability to pick up and manipulate small objects; and
- (ii) Use a keyboard.

The insured member must be undergoing appropriate treatment/care and any claim must be supported by evidence.

7) Unemployed members

Where the insured member has not been unemployed for 12 or more months and is aged 65 years or less as at the date of disablement. The insured member is unable to follow his or her own occupation and any other occupation to which he or she is reasonably suited by education, training or experience for six consecutive months after the date of disablement and we consider, on the basis of medical or other evidence satisfactory to us, that the insured member is unlikely ever to be employed or attend to any such occupation.

Definition of a salary

For members who are employed by an employer, *salary* means their regular annual remuneration, including:

- the value of fringe benefits taken by way of salary sacrifice (provided they would have been paid for at least six months after the Monthly Income Benefit is first payable); and
- performance-related annual bonuses and commissions (averaged over the last three years, or such lesser period as the member has been in receipt of such payments).

For members who are casual workers or contractors, Salary will be the annualised average remuneration received over the 12 months prior to the commencement of the waiting period or, if less than 12 months, the period of employment.

Where a member directly or indirectly owns all or part of the business from which he or she earns his or her usual income, Salary shall mean the total amount earned by the business over the financial year as a direct result of the member's personal exertion or activities through his or her usual occupation, less his or her share of business expenses, but before the deduction of income tax, for that

business (or the relevant proportion for part of a financial year).

When does Death and/or TPD cover cease?

- Once you have Death only or Death and TPD cover, it continues until:
 - you cancel it; or
 - your AGEST account has insufficient funds in it to pay the premiums; or
 - you reach age 70; or
 - you are a member of the Australian Armed Forces Reserve and are called to active duty (only applies to Death and TPD cover); or
 - the account to which your insurance cover is attached is closed (including on transfer to an AGEST Pension).

Death only and Death and TPD cover does not cease if employment ceases. This means that you do not have to worry about Death and TPD insurance cover when you are between jobs or on leave without pay. Provided that you keep sufficient money in your AGEST account to pay premiums, your Death and TPD insurance cover continues until age 70.

Recommencement of cover

If your cover ceases due to having insufficient funds to pay the premiums, it will be re-instated when an employer makes a salary sacrifice or employer contribution for you. Subject to some conditions, the cover will generally recommence as follows:

- if the employer contribution is received within 120 days of the cover ceasing, recommencement will be back-dated to the date it ceased (no break in coverage).
- if the employer contribution is received after 120 days of the cover ceasing, recommencement will begin from the date of the contribution and will be on a limited basis.

Tax deductions for Death and TPD premiums

Premiums for Death & TPD cover are tax-deductible against the income earned within your AGEST account. You cannot claim a personal tax deduction for the premiums.

The benefit of the tax deduction is passed directly to your account via a tax rebate. This rebate is credited on the same date your premium is deducted

4. Income Protection Insurance

AGEST can provide you with low-cost Income Protection insurance. It can cover you for up to 85% of your income whilst you are temporarily disabled and unable to work for periods up to two years. Cover applies 24 hours a day, 7 days a week.

If you become temporarily Totally Disabled due to injury or illness, while insured for Income Protection under AGEST, and you are still Totally Disabled after expiry of the waiting period, you will be eligible for a Monthly Income Benefit.

When does my cover start?

Subject to maximum cover restrictions, your selected level of Income Protection cover commences when ALL of the following have occurred:

- you have completed and returned the relevant forms;
- you have provided any other information the insurer may require;
- the insurer approves your application.

Waiting period

You have a choice of waiting period when you apply for Income Protection Insurance:

- 30 days; or
- 60 days; or
- 90 days.

The waiting period is the period that must elapse after becoming disabled before you are eligible to receive benefits. During the waiting period, you have to be Totally Disabled (or Partially Disabled if applicable).

Benefits only commence to be paid at the end of the waiting period (monthly, in arrears).

The waiting period commences only when you are Totally Disabled and a Registered Medical Practitioner confirms your total disability. The waiting period cannot begin until after you have been accepted for cover.

You may return to full-time work once for up to five consecutive days without having to restart the waiting period. The days you worked are added to the waiting period.

If you return to full-time work for more than five consecutive days during the waiting period, a new waiting period will apply subject to cover being in place.

What is the maximum available benefit?

Benefit payments are subject to a maximum benefit of \$30,000 per month or a maximum of 85% of your Salary. The first 75% is paid directly to you.

The remaining benefit is directed to your AGEST account as a concessional contribution and is based on your employer superannuation entitlement, up to a maximum of 10%.

How long is a benefit paid for?

Your Monthly Income Benefit will be paid until the earlier of:

- the end of the two-year benefit period;
- you cease to be Totally Disabled;
- you reach age 65;
- you die.

If you die while receiving a Monthly Income Benefit, the insurer will pay an amount equal to the total monthly benefit for two months after your death. It will be paid either to your dependants or your estate.

Payment of Monthly Income Benefits will stop if you travel or reside overseas for longer than six months (and may resume only when you are again residing in Australia).

How to calculate your premium

Firstly, you need to determine:

- the level of Monthly Income Benefit you require (noting that a maximum benefit of 85% of Salary will be paid if you later make a claim); and
- the waiting period for benefits that you wish to select (30, 60 or 90 days).

You can then use the table on the next page to work out the monthly premium that we will deduct from your AGEST account if your application is accepted. Note that the premium usually increases each year on your birthday.

You can also request to have this cover indexed by 5% each year on your birthday, without ongoing evidence of health. This will help to keep your cover up-to-date.

Example

Lucy is 37 years old and earns \$80,000 per annum. She wishes to acquire Income Protection insurance through her AGEST superannuation account for the maximum 85% of her salary and with a waiting period of 90 days.

Step 1

Determine level of monthly cover required

$$\begin{aligned} &= (85\% \times \$80,000) \div 12 \\ &= \$5,667 \text{ per month} \end{aligned}$$

Step 2

Calculate monthly premium. Monthly cover required divided by \$1,000 x Premium (see table on page 10)

$$\begin{aligned} &(\$5,667 \div \$1,000) \times \$2.17 \\ &= \$12.30 \text{ per month} \end{aligned}$$

**Premium Per Month
Per \$1,000 Of Monthly Income Benefit**

Waiting Period Of Benefits

Age Next Birthday	30 Days	60 Days	90 Days
Up to 20	\$3.91	\$2.61	\$1.74
21	\$3.91	\$3.04	\$1.74
22	\$3.91	\$3.04	\$1.74
23	\$4.35	\$3.04	\$1.74
24	\$4.35	\$3.04	\$1.74
25	\$4.35	\$3.04	\$1.74
26	\$4.35	\$3.04	\$1.74
27	\$4.35	\$3.04	\$1.74
28	\$4.35	\$3.04	\$1.74
29	\$4.35	\$3.04	\$1.74
30	\$4.35	\$3.04	\$1.74
31	\$4.78	\$3.48	\$1.74
32	\$4.78	\$3.48	\$1.74
33	\$5.22	\$3.48	\$1.74
34	\$5.22	\$3.91	\$1.74
35	\$5.65	\$3.91	\$2.17
36	\$5.65	\$3.91	\$2.17
37	\$6.09	\$4.35	\$2.17
38	\$6.52	\$4.78	\$2.17
39	\$6.96	\$4.78	\$2.61
40	\$7.39	\$5.22	\$2.61
41	\$7.39	\$5.22	\$3.04
42	\$7.83	\$5.65	\$3.04
43	\$8.26	\$6.09	\$3.48
44	\$8.70	\$6.09	\$3.91
45	\$9.57	\$6.52	\$4.35
46	\$10.00	\$6.96	\$4.78
47	\$10.44	\$7.39	\$5.22
48	\$11.31	\$7.83	\$5.65
49	\$12.18	\$8.26	\$6.09
50	\$12.61	\$9.13	\$6.96
51	\$13.48	\$9.57	\$7.39
52	\$14.78	\$10.44	\$8.26
53	\$15.65	\$10.87	\$9.13
54	\$16.96	\$11.74	\$10.00
55	\$17.83	\$12.61	\$10.87
56	\$19.13	\$13.48	\$11.74
57	\$20.87	\$14.35	\$12.61
58	\$22.18	\$15.65	\$13.91
59	\$23.92	\$16.96	\$15.22
60	\$25.66	\$18.26	\$16.52
61	\$27.83	\$19.57	\$17.83
62	\$30.00	\$21.31	\$19.57
63	\$26.96	\$21.74	\$16.09
64	\$22.61	\$18.26	\$12.18
65	\$13.91	\$10.87	\$5.22
66+	Not available		

Level of benefit payable

If you are eligible, the Monthly Income Benefit will be the lesser of:

- the level of cover that you have been accepted for (as at the date you became Totally Disabled);
- a maximum of \$30,000 per month; or
- 85% of your Salary, including up to 10% super contributions as at the date you become Totally Disabled;

Income Protection payments are based on your regular remuneration prior to disablement, so Income Protection cover may not be suitable if you are not working.

Other income that may reduce your income protection benefit:

If you receive, or are entitled to receive, income from one of the following sources while receiving a Monthly Income Benefit, your benefit will be reduced by the amount of that income:

- sick leave payments;
- any amount payable under legislation such as workers' compensation (including settlement for permanent impairment), social security benefit or motor accident compensation;
- any benefits payable under other income protection policies;
- any income earned by you from personal exertion while disabled;
- the income equivalent of any commuted income benefit;
- any income you could reasonably be expected to earn in your occupation where the type of work you can perform is available via your employer, or where you have terminated employment with your employer, any income you could reasonably be expected to earn in your occupation where the type of work you can perform is available in the marketplace;
- any combination of the above.

Important definitions

Salary

For members who are employed by an employer, *salary* means their regular annual remuneration, including:

- the value of fringe benefits taken by way of salary sacrifice (provided they would have been paid for at least six months after the Monthly Income Benefit is first payable); and
- performance-related annual bonuses and commissions (averaged over the last three years, or such lesser period as the member has been in receipt of such payments).

For members who are casual workers or contractors, Salary will be the annualised average remuneration received over the 12 months prior to the commencement of the waiting period or, if less than 12 months, the period of employment.

Where a member directly or indirectly owns all or part of the business from which he or she earns his or her usual income, Salary shall mean the total amount earned by the business over the financial year as a direct result of the member's personal exertion or activities through his or her usual occupation, less his or her share of business expenses, but before the deduction of income

tax, for that business (or the relevant proportion for part of a financial year).

Total Disability/Totally Disabled:

An injury or illness that stops the member from performing one or more of the important duties of his or her regular occupation necessary to produce income as confirmed by a Medical Practitioner, as a result of which the member is not engaged in any occupation.

What if I return to work in a reduced capacity?

If, after receiving a Monthly Income Benefit because you are Totally Disabled (or Totally Disabled for at least 7 out of 12 consecutive days in the waiting period), you return to work in a reduced capacity, and receive a reduced Salary due to continued disability, you may be eligible for the payment of a Partial Disability benefit. This benefit will be a proportion of the Monthly Income Benefit whilst you are in receipt of a reduced Salary and you are not engaged in any other occupation.

The proportion of the Monthly Income Benefit payable for Partial Disability is:

where:

$$\frac{A - B}{A}$$

A = the member's monthly Salary prior to becoming Totally Disabled;
B = the member's monthly Salary whilst Partially Disabled.

If you are eligible to receive a Partial Disability benefit, it will be paid after the waiting period until the earlier of:

- the end of the two year benefit period (which will include the period during which you received Monthly Income Benefits for Total Disability); or
- you are able to return to full duties; or
- you are engaged in another occupation; or
- you receive full Salary; or
- you reach age 65; or
- you die.

Rehabilitation expenses

In addition to the Monthly Income Benefit payments, the insurer may also cover rehabilitation expenses for a period of up to 24 months.

Recurring claims

If within six months of income benefit payments having ceased to be paid to you, you are again Totally Disabled due to the same cause, it will be treated as the same claim and a new waiting period will not apply.

A benefit paid under this condition will be limited to the balance of the maximum benefit period. However, you must still be a member of AGEST.

Situations in which you will not be covered for Income Protection

Some restrictions on the payment of income protection benefits are in place. This helps us to keep the cost of insurance low.

The situations in which the insurer will not pay any Income Protection benefits are

- where your illness or injury arose from:
 - service in the armed forces of any country other than the Australian Armed Forces Reserve; or
 - war or an act of war (whether declared or not); or
 - an intentional self-inflicted act; or
 - normal pregnancy or childbirth;
- where the injury or illness first occurred before you became a member of AGEST or before the policy commenced unless you made a full and accurate disclosure to the insurer of those conditions of which you were aware, or could reasonably have been expected to be aware, and cover for those pre-existing conditions was accepted by the insurer; or
- if premiums have not been paid in respect of your cover.

Benefits may not be paid if the insurer is not notified within 12 months (or as soon as is reasonably possible) of you becoming disabled and, as a result, the insurer's management of the claim is prejudiced.

When does Income Protection cover cease?

Once you have Income Protection cover, it continues until:

- you cancel it; or
- you die; or
- you reach age 65; or
- your AGEST account has insufficient funds in it to pay the premiums; or
- the account to which your insurance cover is attached is closed (including on transfer to an AGEST Pension).

Income Protection cover does not cease if employment ceases. This means that you do not have to worry about cover when you are between jobs or on leave without pay. Provided that you keep sufficient money in your AGEST account to pay premiums, your Income Protection cover continues until age 65.

Tax deductions for Income Protection premiums

Premiums for Income Protection cover are tax-deductible against the income earned within your AGEST account. You cannot claim a personal tax deduction for the premiums.

The benefit of the tax deduction is passed directly to your account via a tax rebate. This rebate is credited on the same date your premium is deducted.

Tax on Income Protection benefits

Any monthly income benefit paid to you is taxable income and attracts PAYG tax, the same as salary and wages. PAYG tax will be deducted from the benefit before it is paid to you.

Any amount above 75% of Salary will be paid as a concessional superannuation contribution to your AGEST account and taxed at 15% (or 46.5% if we do not have your Tax File Number).

5. Summary of forms attached to this Insurance Guide

Bonus Insurance Cover Application

Use this form to increase your cover with little or no evidence of health if you receive notification from us that you are eligible for Automatic Cover.

We must receive your *Bonus Insurance Cover Application* within 60 days of commencement of your Automatic Cover. We will notify you in writing when your Automatic Cover has commenced.

Subject to some basic conditions, you can apply to

- Increase your Automatic Cover (10 Units of Death & TPD Cover) by adding to up to 40 units of Death and TPD Cover. Alternatively, you can add up to 40 units of Death only cover, if preferred.
- Apply for up to 85% of salary (to a limit of \$6,000 per month) of Income Protection cover by answering only three simple health questions.

Life Events Application Form

Use this form if you would like to increase your cover after one of the following life events

- marriage
- birth/adoption
- child starting primary or secondary school
- mortgage on buying primary residence
- divorce
- death of a spouse
- first becoming eligible for Centrelink carer's allowance

You can increase your existing death and/or total and permanent disablement (TPD) cover by the lesser of \$250,000 and 100% of your current sum insured without having to provide further evidence of health. See the application form for further details.

Insurance Transfer Form

Use this form if you would like to apply to transfer other insurance cover you have to AGEST.

Acceptance will be subject to the Insurer's conditions and limitations may apply. Acceptance will also be conditional upon you agreeing to cancel your original cover with the other provider. (We do not recommend you cancel your other cover until acceptance of transfer is confirmed in writing).

Insurance Cover Change Form

Use this form to change, reduce or cancel your existing insurance cover levels in AGEST.

If you cancel your Automatic Cover and choose to re-instate your cover in the future, you will need to apply using the *Increase Insurance Cover Application*, and evidence of health will be required.

Application to Increase Insurance Cover

Use this form if you would like to increase your Insurance Cover and you:

- Would like cover above the Bonus Cover limits.
- Are applying after 60 days from the commencement of automatic cover.
- Are not eligible for Automatic cover.
- Have previously opted-out of automatic cover.

Evidence of health is required and the *Application to Increase Insurance Cover* has two Personal Statement options.

Use the Short personal statement if you:

- Are applying for Death only or Death & TPD Cover for \$1,000,000 or less , and
- Are applying for Income Protection Cover for \$8,000 a month or less.

Use the Full personal statement if you:

- Are applying for Death only or Death & TPD Cover for more than \$1,000,000, and/or
- Are applying for Income Protection Cover for more than \$8,000 a month.

To confirm your current level of cover, log onto your AGEST account online, refer to a recent Member Statement or call the AGEST Member Services Team on 1300 724 378.

Privacy

When applying for insurance cover, you may need to provide sensitive personal and health information in order for our insurer to assess your application. We take the privacy of your information seriously and are guided by the National Privacy Principles, the Commonwealth Privacy Act 1988 and by our Privacy Policy. Details of our Privacy Policy are available on our website at **agest.com.au**

Important Notes

- Insurance benefits provided by AGEST are underwritten by insurance policies between the fund's insurer (CommInsure) and the Trustee of AGEST. If there is any inconsistency between the contents of this booklet and the insurance policies, the contents of the insurance policies shall prevail. You can obtain copies of these insurance policies from our website or by contacting us.
- If you have two or more accounts in AGEST, you will only be entitled to insurance from the account with the highest level of insurance cover. Any premiums deducted from other accounts will be refunded.

Contact AGEST

Phone

1300 724 378
from 8am - 8pm weekdays
or +61 2 4298 6011
if calling from overseas

Fax

1300 664 378 or
+61 2 4253 6108
if faxing from overseas

Email

info@agest.com.au

Website

agest.com.au

Postal Address

Locked bag 20
Wollongong NSW 2500



Useful AGEST Reference Numbers

AGEST SPIN AGE0101AU
AGEST SFN 2683/539/47
AGEST ABN 79 781 199 140
AGEST RSE Registration R1001556
AGEST Super Pty Ltd AFSL Licence 233 707
AGEST Super Pty Ltd RSE Licence L0000383

Bonus Insurance Cover Application

Please complete this form if you would like to apply for bonus insurance cover.

Members who receive a new employer or salary sacrifice contribution automatically receive 10 units of Death and Total and Permanent Disablement (TPD) cover without evidence of health. This is called Automatic Cover and it is subject to some conditions as outlined in AGEST's Insurance Guide.

Members who receive Automatic Cover have a limited offer to access Bonus Cover with little or no evidence of health. To apply for Bonus Cover, simply complete and return this form to AGEST within 60 days of being notified of the commencement of your Automatic Cover.

1. Your Personal Details

Membership Number (if known)

Title (please tick)

Miss Ms Mrs Mr Dr

First name(s)

Family name

Date of birth

Gender

F M

Home phone number

Work phone number

Mobile phone number

Email address (work or home)

Home address

Suburb/Town

State/Territory

Postcode

Country (if not Australia)

Mailing address (if different to Home address)

Suburb/Town

State/Territory

Postcode

Country (if not Australia)

2. Confirmation of Automatic Cover

You can only access Bonus cover without evidence of health if this application is lodged within 60 days of you first becoming eligible for automatic cover.

Yes, I have received confirmation from AGEST that I have Automatic Cover. Date of Notification (if known):

3. Bonus Death and TPD

You can apply for up to 40 additional units, subject to a cap of 10 x salary. Please refer to page 6 to work out how many units you can apply for, based on your age next birthday (rounded up to the nearest whole unit).

3.1 What type of Bonus Cover would you like?

Please note that if your Automatic cover is for Death only cover, then you may only apply for Death only Bonus Cover.

Death and TPD Cover Death only cover

What is your annual salary? Please refer to page 8 for the definition of salary.

\$

3.2 How many additional units of cover would you like? (without evidence of health)

units (40 additional units maximum)

Note: To apply for more than 40 units of cover, you will need to complete the Application to Increase Insurance Cover. You will need to provide some evidence of health.

3.3 Would you like to fix your Death and TPD or Death only cover?

No – Your insured amount will decrease with age, but your premium will stay the same.

Yes - your insured amount will stay the same, but your premium will increase with age.

Would you like to have your cover indexed (increased) by 5% each year (without evidence of health)?

Yes No



4. Your Income Protection Cover

New members who are eligible for automatic Death and TPD cover can also apply for Income Protection cover of up to \$6,000 per month simply by answering the questions below. The maximum benefit is 85% of your salary (75% to you and up to 10% to super).

4.1 Would you like to apply for Income Protection cover?

No – Please proceed to Section 5.

Yes – How much cover would like per month \$

If you would like your Income Protection cover to be indexed (increased) by 5% each year, please tick this box.

If you require more than \$6,000 per month, you should complete this section to apply for \$6,000 in cover and also complete an Application to Increase Insurance Cover for the total amount you require.

4.2 What waiting period would you like?

Your income protection premium will vary according to the waiting period you select (see the AGEST Insurance Guide for details). If you do not answer this question, your waiting period will be 90 days.

30 days 60 days 90 days

4.3 Key health questions

1. Are you restricted by illness or injury from carrying out the identifiable duties of your current and normal occupation on a full time basis (even if you are not currently working on a full time basis i.e. At least 30 hours per week)

Yes No

2. Have you been unable to work because of accident, illness, injury or any disorder for more than 5 days in the last 12 months?

Yes No

3. Have you received any medical advice, treatment, investigation or operation or been hospitalised (in the last 5 years) in relation to cancer, heart complaints including chest pain, alcohol or drug abuse, diabetes, stroke, paralysis, neurological disorders including epilepsy, multiple sclerosis, mental or nervous disorders including anxiety or fatigue, degenerative musculoskeletal conditions, disorders of the kidney, bladder, prostate or ovaries, gall bladder, bowel or liver.

Yes No

If you answered YES to any of the 3 questions above, you are ineligible to apply for Income Protection cover on this application and you will need to complete an Application to Increase Insurance Cover.

5. Declaration

I declare that the answers to all the questions on this application are true and correct.

Full name

Signature

Date

Please send this form to:

AGEST Administration
Locked Bag 20
Wollongong NSW 2500

or fax it to us on **1300 664 378**

(or **+61 2 4253 6108** from overseas)

Section C - Type and amount of cover

Please indicate how much you would like to add to your existing cover below. Any increase to cover will be in addition to your existing level and type of insurance cover, subject to a maximum of \$250,000 or an additional 100% of your current insurance cover, which ever is lower.

Death Only

Death & TPD

Conditions:

- You must apply to vary your cover.
- You may not apply to vary your cover if you are receiving Income Protection benefits, are totally and permanently disabled or are terminally ill.
- You may not apply if your cover has ended under the policy.
- You may exercise the Life Events cover option up to three times over the life of your membership but not more than once in any 12-month period.
- You must be capable of actively performing the normal duties of your usual occupation without restriction at the date you apply to increase your cover.
- Only existing Death Only or Death & TPD cover can be increased as a result of a Life Event.
- Any increases will be accepted on the same basis as existing cover, i.e. any existing special provisions will also apply to cover provided under the Life Events cover
- You must apply within 60 days of the Life Event occurring or within 60 days from the date of your next member statement is issued, which directly followed the Life Event.

Section D - Declaration and signature

I have read and understood the information contained in the current AGEST Insurance Guide and acknowledge I must be capable of performing my normal duties to qualify for Life Events Cover. I confirm that all statements are true and correct. I understand if I do not provide all requested information my application will not be processed.

I understand my request for increased cover or change of cover will not commence until AGEST advises me in writing. I acknowledge that the answers I have provided will form the basis of the contract of insurance.

I understand my personal information will be used in accordance with the AGEST Privacy Policy, available at agest.com.au

Signature

Date

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AGEST Administration
Locked Bag 20
Wollongong NSW 2500
or fax it to us on **1300 664 378**
(or **+61 2 4253 6108** from overseas)

Note: You must mail or fax certified copies of your applicable documents together with this application form.



Insurance Transfer Form

You can apply to transfer other insurance cover you have into AGEST.

Please note that acceptance of your transfer request is subject to the insurer's acceptance and some limitations may apply.

IMPORTANT NOTES: Do not cancel the cover you are transferring until you have received written confirmation that AGEST's insurer (CommInsure) has accepted your insurance transfer request. If accepted, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund or individual insurer and your level of insurance cover in AGEST will change as follows:

- **Death only or Death and Total and Permanent Disablement (TPD):** any additional amount accepted from this application will be added (as a fixed dollar amount) to the existing level of cover you have in AGEST.
- **Income Protection:** any amount accepted from this application will replace the existing level of cover you have in AGEST.

The insurance premiums you pay in AGEST will increase according to your new levels of cover.

1. Personal details

Membership number

Title (please tick)

Miss Ms Mrs Mr Dr

First name(s)

Family name

Date of birth

Gender

F M

Telephone numbers

Home

Work

Mobile

Email address (work or home)

Residential address

Suburb/Town

State/Territory

Postcode

Name of current employer

Current employer contact person

Current employer phone number

2. Details of insurance being transferred

Name of former fund or individual insurer

Former fund member number or life policy number

Former fund SPIN number (if known, not for individual policies)

Please attach an up-to-date statement from your former fund or written evidence from your individual insurer confirming the type and level of cover you have with the former fund or individual insurer (we must receive this evidence within 45 days of it being issued).

Please note that we round any Death and TPD cover transferred to the nearest \$1,000. Income Protection cover is rounded to the nearest \$100 per month.

I confirm the details of my current cover with the former fund or individual insurer are as follows:

Death cover

Date started

Amount of cover

\$

TPD cover

Date started

Amount of cover

\$

Income Protection cover

Date started

Amount of cover (per month)

\$

Waiting period (days)

Benefit payment period

Additional income protection benefits

(eg. nursing benefit, specific illness benefit etc)



3. Your general health

If you tick 'Yes' to any of the questions (a) to (c) below, you are not eligible for insurance transfer into AGEST. This does not affect any default cover you are entitled to or may have under AGEST.

(a) Are you restricted, due to injury or illness, from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Full-time basis is considered to be at least 30 hours per week even though you may not actually be currently working that number of hours. YES NO

(b) Have you been paid or are you eligible to be paid or have you lodged a claim for total and permanent disablement or disability benefit from AGEST, another superannuation fund or under a life insurance policy? YES NO

(c) Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? YES NO

(d) Is your cover with the former fund or individual insurer subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions or restrictions in regards to medical or other conditions? YES NO

If you have ticked 'Yes' to (d) please:

- attach a copy of the advice you received from the former fund or individual insurer advising you of the acceptance of your cover subject to these additional terms; and
- provide summary details of the premium loading, exclusion or restriction:

.....

4. Personal statement

If you tick 'No' to the question below, you are not eligible for insurance transfer into AGEST. This does not affect any default cover you are entitled to or may have under AGEST. Please confirm (by ticking the box below) that the following statements are true and correct:

- I will cancel all insurance cover with my former fund or individual insurer within 60 days of receiving confirmation from AGEST of my successful transfer application; and
- I will not be transferring the cover with my former fund to any other part (including division, section or category) of the former fund or to any other superannuation fund, other than AGEST; and
- I will not effect a continuation option or subsequently reinstate any cancelled cover within the former fund or any other division, section, category of the former fund or within any fund or insurance policy where such reinstatement of cover is available to me; and
- I understand that my cover once accepted, will be subject to the terms and conditions relating to insurance provided by AGEST.

I confirm that all four statements above are true and correct and I agree to abide by these requirements YES NO

5. Indexation of cover:

(a) Any cover approved from this application will be automatically indexed (increased) by 5% each year without further evidence of health. If you do not wish to have your cover indexed (increased), please tick the relevant box/es below:

Please do NOT index the following cover I applied for:

Death Total and permanent disablement (TPD) Income protection

(b) If you have existing unit-based Death and TPD cover in AGEST, you can request to change this to a fixed dollar amount.

Please change my AGEST existing death and TPD cover:

to a fixed dollar amount and index it by 5% each year.

6. Acknowledgements

I acknowledge that:

- if I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to AGEST; and
- if the insurer accepts my application, my amount of cover with my former fund or individual insurer will be matched by an equivalent level of fixed cover (subject to rounding as outlined in section 2) in AGEST; and
- any Death and TPD cover accepted will be added to my existing level of cover in AGEST and any income protection cover accepted will replace my existing level of cover in AGEST; and
- my premiums in AGEST will increase according to any increase in cover accepted from this application; and
- if the insurer has accepted my application, my cover will commence in AGEST on the date this application is completed subject to cancellation of the cover I successfully transferred as outlined in section 4; and
- AGEST and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided on this form; and
- I agree to provide AGEST or the insurer with any authority that may be necessary to access the health evidence I provided to my former fund, the former fund's insurer or my individual insurer for the purposes of assessing any application for that cover and I agree that any failure to abide by my duty of disclosure to the former fund, former fund's insurer or individual insurer may be acted upon by AGEST or its insurer in respect of cover transferred on the basis of this application; and
- should it become apparent to AGEST or its insurer that I have not undertaken the requirements that I confirmed in section 4 above, then any insured benefit that may be payable to me or my estate or my beneficiaries from AGEST may be reduced in whole or in part as a consequence of my failure to abide by these conditions. This reduction in benefit will however be limited to the extent that my benefit from AGEST is no less than I would have been eligible to receive under the terms of the policy between AGEST and the insurer had I not applied for a transfer of cover.

Your duty of disclosure

Before you enter into or become insured under a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate your insurance. Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have covered you on any terms if the failure had not occurred, the insurer may void your cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may void your cover at any time.

An insurer who has not voided your cover may, within three years of issuing it, elect to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Signature

Date

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When you have completed this form, please send it to:
AGEST Administration, Locked Bag 20, Wollongong NSW 2500
 or fax it to us on **1300 664 378** (or **+61 2 4253 6108** from overseas)

Insurance Cover Change Form

Please complete this form if you wish to change, reduce or cancel insurance cover.

If you are unsure about the insurance cover you have in AGEST please call us on 1300 724 378.
If you wish to increase any cover, you need to complete our application to increase insurance cover.

You cannot use this form to convert Death Only cover to Death and Total and Permanent Disablement (TPD) cover or to shorten your waiting period for Income Protection benefits.

1. Personal details

Membership number

Title (please tick)

Miss Ms Mrs Mr Dr

First name(s)

Family name

Date of birth

Gender

F M

Telephone numbers

Home

Work

Mobile

Email address (work or home)

2. Cancel ALL insurance cover in AGEST

I wish to cancel all AGEST insurance cover applicable to the membership account noted above.
This includes any Death only, Death and Total Permanent Disablement (TPD) and Income Protection cover.

You can now proceed straight to section 5 (authorisation)

3. Change to existing Death and Death & TPD insurance cover

Please select the type of insurance cover you currently have:

Death only cover **OR** Death and TPD cover

3 (a) Cancellation: Please cancel my insurance cover applicable to the membership account noted above.

3 (b) Reduction: Please reduce my insurance cover as follows:

From units to units

OR

to \$ fixed dollar cover.

3 (c) Conversion: Please convert my insurance cover as follows:

From unit based cover to fixed dollar cover.

From fixed dollar cover to unit based cover.

3 (d) Indexation: Please start indexing my insurance cover by 5% each year

3 (e) Stop Indexation: Please stop indexing my insurance cover by 5% each year.

3 (f) Cancellation TPD cover: Please convert my Death and TPD cover to Death only cover (must be equal to or lower than the amount of Death and TPD cover you currently hold):

From units of Death and TPD cover

to units of Death only cover.

OR

to \$ fixed dollar cover.

4. Change to existing Income Protection cover

4 (a) Cancellation: I wish to cancel any Income Protection cover applicable to the membership account noted above.

4 (b) Reduction: Please reduce my Income Protection cover

to \$ per month.

4 (c) Indexation: Please start indexing my Income Protection cover by 5% each year.

4 (d) Stop indexation: Please stop indexing my Income Protection cover by 5% each year.

4 (e) Extend waiting period: Please extend my Income Protection waiting period to:

60 Days **OR** 90 Days



5. Authorisation

- I understand that if I wish to increase my cover in future, I will need to be underwritten by AGEST's insurer.
- I understand that my request is effective from the date it is received by AGEST and that insurance premiums already deducted from my AGEST account will only be reimbursed if AGEST receives this form within 60 days of issuing to me notification of my membership in the fund.

Signature

[Signature box]

Date

[Date grid]

When you have completed this form, please send it to:

AGEST Administration
Locked Bag 20
Wollongong NSW 2500

or
fax it to us on **1300 664 378**

or
+61 2 4253 6108 from overseas

Application to Increase Insurance Cover

Complete this form if you wish to apply for new or increased Death only, Death and Total & Permanent Disablement (TPD) or Income Protection insurance with AGEST.

1. Your Personal Details

All members must complete this section.

Membership Number

Title (please tick)

Miss Ms Mrs Mr Dr

First name(s)

Family name

Date of birth

Gender

F M

Home phone number

Work phone number

Mobile phone number

Email address (work or home)

Home address

Suburb/Town

State/Territory

Postcode

Country (if not Australia)

Mailing address (if different to Home address)

Suburb/Town

State/Territory

Postcode

Country (if not Australia)

Your job title/occupation

What is the average number of hours worked each month in your main occupation?

Note: You need to work a minimum of 60 hours per month on a regular basis to be eligible to apply for Income Protection Cover.

Your Height cms

Your Weight kgs

2. Amount of cover required

Please refer to the Insurance Guide for information about your cover options.

Please note that the NEW level of cover you select below will, if accepted by the insurer, supersede your current level of cover. If you leave a 'New' level of cover' field blank or your increase in cover is not accepted, your existing cover will remain unchanged.

Death Only Cover Units OR Fixed Cover	Current level of cover <input type="text"/> \$ <input type="text"/>	New level of cover <input type="text"/> \$ <input type="text"/>
Death & TPD Cover Units OR Fixed Cover	Current level of cover <input type="text"/> \$ <input type="text"/>	New level of cover <input type="text"/> \$ <input type="text"/>
Income Protection Cover Monthly Benefit	Current level of cover \$ <input type="text"/> per month	New level of cover \$ <input type="text"/> per month
Waiting Period (Days)	30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>

Indexation

If you are applying for fixed cover, please tick the following boxes if you wish to have your fixed cover automatically indexed (increased) by 5% each year on your birthday.

Death only Death & TPD Income Protection

Are you applying for:

Death only or Death and Total and Permanent Disablement (TPD) in excess of \$1,000,000? Yes No

Income Protection in excess of \$8,000 per month? Yes No

If you answered 'Yes' to either question above, please proceed to Section 4, otherwise go to Section 3.



3. Short personal statement

If you answer 'Yes' to any of the questions below, please do not continue completing this section. Instead, proceed to Section 4.

- 3.2 Has an application for life, disability, trauma, accident or sickness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? No Yes
- 3.2 Are you claiming or have you ever claimed any type of disability or sickness benefit from any source, e.g. TPD benefit from any superannuation fund, Workers' Compensation, Disability Pension, Veteran Affairs or any other insurance policy providing accident or sickness benefits? No Yes
- 3.3 Are you at the date of this application, due to injury, accident or illness:
- off work? No Yes
 - restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week), even though your actual employment can be on a full-time, part-time or casual basis? No Yes
- 3.4 Have you lost the sight of an eye or the total and permanent loss of the use of a limb ('limb' includes whole hand or whole foot)? No Yes
- 3.5 Excluding the contraceptive pill and inhaled asthma medication, have you been advised to take or been given prescribed medication by a medical practitioner that has intended to be used for three months or longer within the last year (including but not limited to blood pressure, diabetes, oral steroids for asthma or depression medication)? No Yes
- 3.6 Have you been unable to work because of sickness or injury for more than two consecutive weeks in the last three years? No Yes
- 3.7 Have you undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery for any illness or injury that would affect your long-term health and require ongoing medical supervision. This includes, but is not limited to:
- Cancer or diabetes
 - High blood pressure, cholesterol or any heart complaint
 - Alcohol or drug abuse
 - Stroke, paralysis, neurological disorder or multiple sclerosis? No Yes
- 3.8 Have you been infected with, or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or Hepatitis B and C? No Yes
- 3.9 Have you received any medical advice or undergone any medical treatment, investigation or an operation, suffered from or are you contemplating surgery for any of the following:
- Any injury or complaint of the back, neck, knee or shoulder requiring time off work in the last twelve months AND/OR any disease, disorder or degeneration to the muscles, tendons, bones, discs or joints? No Yes
 - Depression or mental disorder (including but not limited to stress, anxiety, chronic tiredness or fatigue, panic attacks, post traumatic stress, behavioural or nervous disorder)? No Yes
 - Chest pain, asthma, bronchitis or any other lung complaint requiring hospitalisation within the last five years? No Yes
 - Disorders of the kidney, bladder, prostate, ovaries, gall bladder, bowel, or liver? No Yes
 - Epilepsy? No Yes

Have you answered YES to any of the questions in Section 3 above?

- No – Go straight to Section 5 (on page 7). Do not complete Section 4.
- Yes – Go to Section 4.

Please note: Section 6 needs to be completed in all circumstances.

4. Full personal statement

4.1 Insurance history details

(a) Has an application for life, disability, trauma, accident or sickness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms?

No Yes

If 'Yes', please provide details below:

Fund or insurance company name

Date

Terms offered and reason

(b) Are you claiming or have you ever claimed any type of disability or sickness benefit from any source, eg. TPD benefit from any superannuation fund, Workers' Compensation, Disability Pension, Veteran Affairs or any other insurance policy providing accident or sickness benefits?

No Yes

If 'Yes', please provide details below:

Claim type/source/reason for claim

Date claim submitted

Claim amount

Date claim finalised

\$

4.2 Activities and pastime details

Do you currently engage in or intend to engage in any of the following sports or hazardous activities:

- i. Flying (other than as a fare-paying passenger on a commercial airline?) No Yes
- ii. Underwater diving? No Yes
- iii. Motor sports of any kind, eg. rally driving, trail bike riding, ocean racing? No Yes
- iv. Football of any code (including touch football or tag)? No Yes
- v. Any other sport or hazardous activities, eg. parachuting, hang-gliding, body contact sports, paragliding, competitive water sports or recreations involving heights? No Yes

If you have answered 'Yes' to any of the above, please provide further details below:

What are the activity/ies you engage in?

At what level do you participate? (please tick the appropriate box)

Recreational only (non-competition) Recreational with competition Semi-professional/professional

Number of times you participate on average in this activity/ies per annum (eg. hours flown, number of drives, events etc.)

Do you receive any income from participating in this activity/ies?

No Yes

4.3 Personal health details

(a) Have you smoked tobacco or any other substance at any time during the last twelve months?

No Yes

If 'Yes', please indicate type (eg. cigarettes, cigars, etc.) and average amount smoked in one of the following boxes.

Substance smoked

Per day

Per week

Per year

(b) Do you drink alcohol?

No Yes

If 'Yes', please provide the average number of drinks consumed in one of the following boxes.

Per day

Per week

Per year

4.4 Family history

Have any of your immediate family (parents, brothers, sisters) suffered from or been diagnosed with any of the following?

- Heart problems, stroke, high blood pressure, diabetes, cancer (breast, ovarian, cervical or other)
- Hereditary disorders such as Huntington's disease, polycystic kidney, muscular dystrophy, familial polyposis etc. or any other inherited or hereditary disease.

Unknown No Yes

If 'Yes', please complete the following table:

Family member	Condition	Approximate age of onset	Age at death (if applicable)

4.5 Doctor details

(a) What is the name and address of the last doctor or medical centre you visited?

Full name of doctor or medical centre

Address

 State Postcode

Telephone number

Fax number

(b) Is the doctor/medical centre mentioned above your usual doctor/medical centre? No Yes

(c) When was your last consultation?

Within the last month 1–3 months 4–6 months 7–12 months 13 months–2 years Over 2 years

(d) What was the reason for your last consultation?

(e) What was the result/outcome from your last consultation? (please tick)

- | | |
|---|---|
| <input type="checkbox"/> Referral to specialist/health professional | <input type="checkbox"/> Ongoing treatment (eg. ventolin inhaler) |
| <input type="checkbox"/> Tests conducted – results pending | <input type="checkbox"/> Routine tests conducted – results all clear/normal |
| <input type="checkbox"/> Not fully recovered yet | <input type="checkbox"/> All clear/normal/full recovery – no tests or prescribed treatment require (other than contraceptive and cold/flu medication) |

4.6 Lifestyle declaration

To the best of your knowledge, is there any possibility that you have ever been infected with or have you ever tested positive for AIDS (Acquired Immune Deficiency Syndrome), HIV (Human Immunodeficiency Virus) or Hepatitis or are you in a high-risk category (eg. injected drugs other than as prescribed by a medical practitioner, shared needles, engaged in unprotected male to male sexual intercourse, worked as or engaged the services of a prostitute)?

No Yes

If 'Yes', please provide details below:

Please note: If you answered 'Yes' to the declaration above, you will be asked to complete a specific lifestyle questionnaire.

4.7 Medical history

Have you ever had, or sought advice or treatment, experienced symptoms, or suffered from any of the following:

- (a) Asthma, bronchitis or any other lung complaint? No Yes
- (b) Cysts, moles, sunspots or skin lesions? No Yes
- (c) Diabetes or abnormal blood sugar? No Yes
- (d) Back, neck, shoulder, knee, elbow complaints, sciatica, disc or spine complaints, or injury of the joints, bones or muscles? No Yes
- (e) Depression or mental disorder (including but not limited to stress, anxiety, panic attacks, behavioural or nervous disorder)? No Yes
- (f) Chest pains, heart complaint, heart murmur, high blood pressure, raised cholesterol, palpitations or rheumatic fever? No Yes
- (g) Stroke, paralysis, neurological disorder, multiple sclerosis or blood vessel disorder? No Yes
- (h) Cancer, tumour or melanoma? No Yes
- (i) Thyroid, glandular or pancreatic disorder? No Yes
- (j) Gastric or duodenal ulcer, persistent indigestion, irritable bowel or other bowel disorder? No Yes
- (k) Any disorder of the gall bladder or liver (including hepatitis B, C or raised liver function)? No Yes
- (l) Varicose veins, haemorrhoids or hernia? No Yes
- (m) Disorder of the kidney, bladder or prostate, blood in urine or kidney stones? No Yes
- (n) Epilepsy, fits of any kind, fainting episodes or recurring headaches or migraines? No Yes
- (o) Chronic fatigue syndrome, lethargy, sleep apnoea or any sleeping disorder? No Yes
- (p) Arthritis, gout, osteoporosis, fibromyalgia, repetitive strain injury (RSI) or any chronic pain syndrome? No Yes
- (q) Eczema, dermatitis, psoriasis or any other skin disorder? No Yes
- (r) Anaemia, leukaemia, haemophilia, haemochromatosis or any other blood disorder? No Yes
- (s) Any impairment of sight (other than corrected by glasses or lenses) or blurred vision? No Yes
- (t) Any impairment of hearing, including tinnitus, or speech? No Yes
- (u) Any sexually transmitted diseases? No Yes
- (v) Any other illness, injury, disease or disorder not mentioned above? No Yes
- (w) Other than those conditions mentioned in this section, are you taking any regular prescribed medication (excluding contraceptives)? No Yes
- (x) Within the last three years, have you had:
 - i. Any blood tests which revealed an abnormality? No Yes
 - ii. Any tests such as ECG, X-ray (excluding broken bones or joint strains), genetic test or ultrasound (other than for pregnancy)? No Yes
- (y) Are you considering seeking medical advice, treatment, tests or surgery in the future? No Yes
- (z) (Females only) Are you currently pregnant? No Yes
 - i. Due date for birth of baby?

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 - ii. Have you ever had any complications with pregnancy or childbirth (eg. diabetes, ectopic pregnancy)? No Yes – If **'Yes'**, please provide details below:

Please note If you have answered 'Yes' to any part of Questions (a) to (e) in this section, we will ask you to complete a specific questionnaire on the related condition. If you answered 'Yes' to any part of Questions (f) to (y) above, please provide full details in Section 4.8

4.8 General health questionnaire

If you have answered 'Yes' to any part of Questions (f) to (y) in Section 4.7, please complete the table below.

Please ensure that you write the letter of each relevant question at the top of each column.

	Question <input type="checkbox"/>	Question <input type="checkbox"/>	Question <input type="checkbox"/>
(a) Name of condition	<input type="text"/>	<input type="text"/>	<input type="text"/>
(b) Date symptoms first started	<input type="text"/>	<input type="text"/>	<input type="text"/>
(c) Date symptoms ceased (if ongoing, please tick)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Ongoing
(d) How often do/did you have symptoms? Please choose one of the following: daily, weekly, monthly, quarterly, half-yearly, yearly, one-off, other (please specify)	<input type="text"/>	<input type="text"/>	<input type="text"/>
(e) Severity of condition Please choose from one of the following: mild, moderate, severe, never had symptoms, symptoms have ceased	<input type="text"/>	<input type="text"/>	<input type="text"/>
(f) Did you take medication or have you had any other treatment (eg. physiotherapy or an operation) for this condition? (please tick)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If 'Yes', name the treatment/condition	Details <input type="text"/>	Details <input type="text"/>	Details <input type="text"/>
(g) Are you still on treatment, including medication? (please tick)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
(h) Have you ever been off work due to this condition? (please tick)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If there is insufficient space to supply details here, please attach an additional sheet	Details <input type="text"/>	Details <input type="text"/>	Details <input type="text"/>
If 'Yes', please state the total time off work in days, months and years	Days Months Years <input type="text"/>	Days Months Years <input type="text"/>	Days Months Years <input type="text"/>
(i) Have you had any residual, ongoing effects or restrictions as a result of this condition? (please tick)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If 'Yes', please provide details and dates	Details <input type="text"/>	Details <input type="text"/>	Details <input type="text"/>
If there is insufficient space to supply details here, please attach an additional sheet	<input type="text"/>	<input type="text"/>	<input type="text"/>

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