

Insurance variation

WEST STATE SUPER AND GESB SUPER

Member Services Centre 13 43 72 Facsimile 1800 300 067 gesb.com.au
PO Box J 755, Perth WA 6842 Level 4 Central Park, 152 St Georges Terrace, Perth

Did you know you can make most changes to your insurance cover via Member Online at gesb.com.au at anytime? If you visit Member Online and click on 'Your insurance', there may be no need to complete this form.

WEST STATE SUPER AND GESB SUPER INSURANCE ONLY

This form allows you to:

- Increase the level of your insurance cover within 90 days of GESB receiving your first Employer Superannuation Guarantee (SG) contribution.
- Fix the level of your Death and Total & Permanent Disablement (TPD) cover.
- Increase the waiting period of your Salary Continuance Insurance (SCI) cover.
- Decrease or opt-out of your insurance cover.
- Change your occupation category or your date of birth.

All other changes require the completion of a full 'Insurance application' and approval by the Insurer. Apply through Member Online under 'Your insurance' or download an application from www.gesb.com.au/brochures. Insurance applications are also available from your Member Services Centre on 13 43 72.

SECTION 1 YOUR DETAILS

GESB member number

Mr Mrs Miss Ms Other

Surname (family name) please print

Given names

Postal address (If different from residential)

Postcode

Email address

Telephone - home

 ()

Telephone - work

 ()

Telephone - mobile

AIA CODE

ADCOR



SECTION 2 CHANGE YOUR DETAILS

Complete this section if you would like to correct or update your existing details, relating to your insurance cover.

I would like to change: (✓)

Occupation category

Provide a description of your usual occupation and select from the occupation categories below:

Occupation description (required)

Note: If your occupation meets the Professional and Executive category, refer to the 'Professional and Executive occupation category insurance application, available at www.gesb.com.au/brochures.

White Collar

Occupations that are office based with no manual work, eg clerical roles, administrative roles such as office manager, accountant, computer analyst, lecturer, social worker, administrator, secondary school teacher, clerk.

Light Blue Collar

Occupations which are primarily non-manual but may involve light manual duties only, eg hairdresser, dental assistant, shop assistant, florist, cashier, tailor, child care worker.

Blue Collar / Heavy Blue Collar

Blue Collar - Occupations that involve a moderate degree of manual work, or recognised qualified trades, eg baker, gasfitter, electrician, mechanic, printer, sign writer, greengrocer.

Heavy Blue Collar - Heavy manual occupations or those with a degree of additional risk of disability, eg boilermaker, gardener, storeman, tyre fitter, welder.

Hazardous occupations

Occupations that involve high accident or health risks, eg police officers, fire fighters, prison officers, underground mine workers, any occupations involving hazardous chemicals or work environments.

If, after reading the above occupation descriptions, you are unsure which occupation category applies to you, contact us on 13 43 72 for further assistance.

Date of birth / /

If your date of birth on our records is incorrect, provide original certified proof of identity showing your correct date of birth, along with this form. See the 'Proof of identity' fact sheet available at www.gesb.com.au/brochures to help you provide identification.

SECTION 3 INCREASE EXISTING INSURANCE COVER

Complete this section if:

- This application will be received by GESB within 90 days of us receiving your first Employer Superannuation Guarantee (SG) contribution; and
- The total of your insurance cover including this increase will not exceed the Maximum Basic cover levels shown in the following table; and
- You are actively at work (see Section 7 'At Work' declaration).

Increase the total value of my insurance cover to:

| | | | |
|--------------|-------------------------|-----------------------------------|---|
| Death | \$ <input type="text"/> | In increments of \$10,000* | Up to the Maximum Basic cover for your age shown in the following table |
| TPD | \$ <input type="text"/> | In increments of \$10,000* | |
| SCI | \$ <input type="text"/> | In increments of \$200 per month# | |

*Death and TPD nominated amounts will be rounded down to the nearest \$10,000 increments.

#SCI nominated amounts will be rounded down to the nearest \$200 if not in \$200 increments.

The maximum SCI cover you can apply for is 85% of your income (75% of income and up to a 10% contribution to super). Refer to the 'Insurance and your super' brochure for more information.

You will need to complete a full 'Insurance application' form if:

- We receive your request more than 90 days after we receive the first SG contribution from your employer;
- You wish to increase your cover in excess of the Maximum Basic cover, shown below;
- You were previously ineligible for insurance cover;
- You have no insurance cover but would like to apply for insurance cover;
- You are not actively At Work (see section 7 'At Work' declaration).

The following tables outline Maximum Basic cover limits:

| Your current age | Maximum Basic cover Death and TPD | |
|------------------------------------|--------------------------------------|----------|
| 15 - 45 | \$400,000 | |
| 46 | \$240,000 | |
| 47 | \$230,000 | |
| 48 | \$210,000 | |
| 49 | \$200,000 | |
| 50 | \$190,000 | |
| 51 | \$180,000 | |
| 52 | \$160,000 | |
| 53 | \$150,000 | |
| 54 | \$140,000 | |
| 55 | \$130,000 | |
| 56 | \$110,000 | |
| 57 | \$100,000 | |
| 58 | \$90,000 | |
| 59 | \$80,000 | |
| 60 | \$60,000 | |
| | Death | TPD |
| 61 | \$60,000 | \$50,000 |
| 62 | \$60,000 | \$40,000 |
| 63 | \$60,000 | \$30,000 |
| 64 | \$60,000 | \$10,000 |
| Salary Continuance Insurance (SCI) | | |
| Maximum Basic cover | \$3,000 per month | |

SECTION 4 FIX INSURANCE COVER

Complete this section if you would like to fix the amount of your Basic cover.

From your 46th birthday, the value of your Basic Death and TPD cover will decrease by \$10,000 per year. You can elect to fix the amount of your Basic cover at any time until you turn 60.

I would like to fix the amount of my Basic cover (✓)

Note: All TPD cover will reduce on a linear basis to nil from your 61st birthday until you turn 65.

SECTION 5 DECREASE INSURANCE COVER OR OPT-OUT

| Decrease the total value of my insurance cover to: | I would like to elect to opt-out completely (✓) |
|--|---|
| Death <input type="text"/> \$ Increments of \$10,000* | <input type="checkbox"/> |
| TPD <input type="text"/> \$ Increments of \$10,000* | <input type="checkbox"/> |
| SCI <input type="text"/> \$ Increments of \$200 per month# | <input type="checkbox"/> |

*Death and TPD nominated amounts will be rounded down to the nearest \$10,000 if not in \$10,000 increments.

#SCI nominated amounts will be rounded down to the nearest \$200 if not in \$200 increments.

Consider carefully before decreasing or opting-out of any insurance cover. By opting-out of your insurance cover, you or your estate will no longer be eligible for an insured benefit. You will then only be entitled to the benefit that has accumulated in your super account. You and your family should assess your ability to cope financially in the event of an unforeseen death or disablement.

If you wish to increase or reinstate your insurance at a later date, automatic acceptance will no longer apply. You will be subject to the satisfactory completion of a full insurance application.

INFORMATION FOR MEMBERS OF WEST STATE SUPER

By opting-out of your entitlement to any cover for Death and/or TPD, you also opt-out of any entitlements under Partial and Permanent disablement cover specified in State Superannuation regulations.

You may wish to seek financial advice before making any changes to your insurance cover.

SECTION 6 INCREASE SCI WAITING PERIOD

Complete this section if you would like to **increase** your SCI waiting period. The default waiting period is 90 days.

If you want a shorter waiting period of 30 or 60 days you will need to complete an 'Insurance application'. Apply through Member Online under 'Your insurance' or download an application from www.gesb.com.au/brochures.

I would like to increase my SCI waiting period to (✓):

- 60 days
 90 days
 120 days
 180 days

SECTION 7 DECLARATION

I acknowledge that:

- I have read the 'Insurance and your super' brochure and the section 'Important information' which contains information on your duty of disclosure, non-disclosure and misrepresentation and privacy. I understand this brochure contains general information only and only for me to consider in light of my own personal circumstances.
- I declare that the information I have provided on all pages of this form is true and correct. I understand that if I have made a false or misleading statement or withheld any relevant information, GESB may:
 - Reject any application or subsequent application for a benefit where your entitlement may have been affected by false or misleading information; or
 - Provide only such a benefit or entitlement as would have been awarded if the false or misleading information had not been given or relevant information had not been withheld.
- I authorise the Insurer, AIA Australia Limited, to change my insurance details as indicated on this form, but understand this is at the Insurer's discretion and I may be required to provide additional information before my cover is changed.
- I understand that an application for a change in the level of my insurance cover will only come into effect upon acceptance by the Insurer and that my cover will be fixed until I change it, however my TPD cover will automatically reduce annually to nil from my 61st birthday until age 65.
- I understand that I must be actively 'At Work' in order to apply for any increases in insurance cover under Section 3 'Increase existing insurance cover' of this application form. This means that I am actively performing or capable of performing (if unemployed) all duties of my usual occupation and not in receipt of, or entitled to claim, any income support benefits from any source including (but not limited to) workers' compensation benefits, statutory transport accident benefits and disability income benefits.
- I understand that my insurance premiums may increase or decrease as a result of my changes.
- If I have elected to decrease or cancel my insurance cover, I understand and accept that:
 - If I decide to apply to reinstate my insurance cover at any time, I may be subject to the medical terms and conditions as prescribed by the Insurer.
 - The Insurer may decline a future application for insurance cover or offer me cover with exclusions depending on the information provided in my 'Insurance application' form.

Your signature

X

Date

/ /

IMPORTANT INFORMATION

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, 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 extend, vary or reinstate your insurance. Your duty however does not require disclosure of a matter:

- That diminishes the risk to be underwritten 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 and misrepresentation

If you fail to comply with your duty of disclosure and the Insurer would not have entered into a contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time. An Insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the Insurer.

Privacy

By completion of this form you consent to any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you in the normal course of our and AIA Australia's business, being used as outlined in our and AIA Australia's respective Privacy Policies. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of AIA Australia's privacy policy can be obtained from www.aia.com.au. GESB has a Privacy Statement to ensure that it handles private information about individuals responsibly. GESB's Privacy Statement is available at gesb.com.au or can be obtained by contacting your Member Services Centre on 13 43 72.

MORE INFORMATION

- We will send you a confirmation notice outlining your new insurance details and any change in premiums.
- You may apply to reinstate your insurance cover at any time up to age 65.

For more information contact your Member Services Centre on 13 43 72.

Check that all relevant parts of this form have been completed, then send to:

**GESB
PO Box J 755
Perth WA 6842**