

Work Events Cover Application Form

EMPLOYER SPONSORED MEMBERS ONLY (AS APPLICABLE)*

Instructions for completing this form

- Please attach the required documents as set out in section 2 'Evidence Required'.
- You must complete each section of this form. We will not accept this form if it is unsigned or undated.
- Please return the completed form along with the attachments to the address outlined above.

Please use **BLOCK LETTERS** and **BLACK INK** when completing this form.

* Please note that this form may not be applicable to you if your employer entered into a separate Salary Continuance insurance arrangement with the Trustee. We will let you know if separate insurance arrangements apply to you and provide you with a copy of your employer's Insurance Guide. You should read your employer's Insurance Guide to determine if this whole form or only parts of it are applicable to you.

Return this completed form to either:

Email: mail@legalsuper.com.au

OR

Post: legalsuper

Locked Bag 5081

Parramatta NSW 2124

Phone: 1800 060 312

Please refer to the legalsuper *Product Disclosure Statement (PDS)* and *Employer Sponsored Super & Personal Super Additional Information Guide* (available online at legalsuper.com.au/pds) for full terms and conditions that apply to your application.

When to use this form

Work Events Cover allows you to increase your Salary Continuance cover once in any 12 month period, without having to provide medical evidence when a specific Work Event occurs. You can apply for a maximum of three Work Events based increases during your membership with legalsuper.

A specific Life Event is any of the following:

1. Completion of an approved practical legal training course and gaining a practicing certificate.
2. Admission to the bar.
3. Appointment as a Senior Associate, Principal, Practice Manager or equivalent.
4. Appointment as Partner.
5. Appointment as a:
 - King's Counsel;
 - Senior Counsel

You can increase your cover under Work Events Cover by the following amounts:

1. Where you currently do not have any existing IP cover with legalsuper:

You can apply for an Insured Benefit of up to \$5,000 per month, subject to the Insured Benefit not exceeding 87% of your monthly Salary (of which 75% is paid as a Disability benefit and up to 12% is paid as a Superannuation Contribution Benefit).

2. Where you currently have Salary Continuance cover with legalsuper:

You can increase the Insured Benefit by up to 10%, subject to the Insured Benefit after the increase not exceeding the lesser of:

- 87% of your monthly Salary; and
- \$10,000 per month.

Increase in cover (as applicable) will be on the same terms and conditions that already apply to your cover under this Policy.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the Insurer. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigate whether the information given to them was true. For example, they may do this when a claim is made.

About this application

When you apply for life insurance, the Insurer conduct a process called underwriting. It's how they decide whether they can provide cover, and if so on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to them in response to their questions is vital to their decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, we may pass on to the Insurer personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to us.

Guidance for answering our questions

You are responsible for the information you provide to the Insurer. When answering their questions, you should:

- think carefully about each question before answering. If you are unsure of the meaning of any question, please ask them before you respond.
- answer every question.
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume the Insurer will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell the Insurer about any changes that mean you would now answer our questions differently. It could save time if you let them know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the Insurer

If, after the cover starts, you think you may not have met your duty, please tell them immediately and the Insurer let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, the Insurer may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you understand this information and the questions the Insurer ask. Ask them for help if you have difficulty answering their questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, they are here to help and can provide additional support for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the Insurer. These are set out in the *Insurance Contracts Act 1984 (Cth)*. They are intended to put the Insurer in the position we would have been in if the duty had been met.

For example, the Insurer may do one of the following:

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

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

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific their questions were and how clear the information they provided on the duty was
- what the Insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before they exercise any of these remedies, the Insurer will explain their reasons, how to respond and provide further information, and what you can do if you disagree.

This form will not be accepted if it is unsigned and undated.

1. Eligibility Conditions

To be eligible for **Work Events Cover**, you must be able to answer **'True' to all questions noted below**. If you answer 'False' to any of these questions you are not eligible for any Work Events Cover.

I confirm that:

- I am aged under 55 at the time of applying; ☐ True ☐ False
- I have not received an increase as part of Work Event or Life Event in the last 12 month period, and not received a total of three Work or Life Events based increase during my entire membership with legalsuper; ☐ True ☐ False
- I have not previously applied for an increase based on the same 'Work Event' reason; ☐ True ☐ False
- I have not had a previous application for Work Events or Life Events Cover declined; ☐ True ☐ False
- This application has been completed and submitted within 180 days of the occurrence of the Work Event; ☐ True ☐ False
- I have not made, not been entitled to make, nor am I entitled to make a Total and Permanent Disablement (TPD) claim in relation to my insurance cover through legalsuper, or any other source; ☐ True ☐ False
- I have not received, nor do I intend to currently apply for, or entitled to apply for/claim for any form of sickness, accident or disability benefit(s) from any source such as a life insurer or workcover authority; ☐ True ☐ False
- I currently work at least 15 hours per week on a regular basis and I am not employed on a Casual Basis; ☐ True ☐ False
- I have provided proof of the relevant Work Event, as described in in the table below. ☐ True ☐ False

2. Evidence Required

Work Event	Evidence to be provided
Completion of an approved practical legal training course and gaining a practicing certificate.	A copy of the practicing certificate.
Admission to the bar	Copy of written correspondence from the relevant admission authority confirming admission to the bar.
Appointment as a Senior Associate, Principal, Practice Manager or equivalent.	Written confirmation provided by a director or senior partner of the practice.
Appointment as Partner	Written confirmation provided by a director or senior partner of the practice.
Appointment as a: • King's Counsel; • Senior Counsel	Copy of written correspondence from the relevant admission authority confirming appointment as King's Counsel or Special Counsel (as applicable).

3. Personal details

legalsuper Membership Number (if known)

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Justice

Gender

☐ Male ☐ Female

Surname

Given Names

Date of birth (dd/mm/yyyy)

Postal Address

Town or Suburb

State

Postcode

Work telephone number

Home telephone number

Mobile number

Email

4. Employment details

1. Occupation

2. Current Employment status

☐ Permanently Employed – full time or part-time basis;

☐ Contractor;

☐ Self Employed;

☐ Other (please provide details)

3. How many hours do you work a week? (if working less than 15 hours per week, you are not eligible for an increase in IP cover).

Hours

4. What is your current annual income earned through personal exertion, before tax, and including superannuation contributions, but after deduction of business expenses?

\$

5. Details of Income Protection (IP) cover you wish to apply for

A. I **currently do not have** any existing IP cover with legalsuper and would like to apply for:

Cover amount: \$ /month

Note: Maximum cover available is \$5,000/month and cover amount cannot exceed 87% of your monthly Salary.

Waiting Period: ☐ 30 Days ☐ 60 Days ☐ 90 Days

Benefit Period: ☐ 2 years ☐ 5 years

B. I **currently have** existing IP cover with legalsuper and would like to apply for:

Percentage increase: %

Note: You can increase your benefit amount by up to 10%, subject to the Insured Benefit after the increase not exceeding the lesser of:

- 87% of your monthly Salary; and
- \$10,000 per month.

Increase in cover (as applicable) will be on the same terms and conditions with the same Waiting Period and Benefit Period that already applies to your cover under this Policy.

6. Declaration and signature

- I declare that:
- If I do not complete this form correctly, do not sign and date this declaration, or do not attach any additional information requested, my application will not be considered by the Insurer.
- I have read and understood the insurance information contained in the most recent version of legalsuper's Superannuation Product Disclosure Statement, Employer Sponsored Super & Personal Super Additional Information Guide (available at legalsuper.com.au) and, if applicable to me, the Insurance Guide related to my employer's insurance arrangements with the Trustee.
- I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.
- I have read the Insurer's Privacy Statement set out in section 7 of this form. (the Insurer's Privacy Policy details how they manage personal information and is available at zurich.com.au/important-information/privacy). I consent to the Insurer collecting, using, storing and disclosing my personal information (including health and other sensitive information) to assess and process my application, as well as to manage and administer my insurance in accordance with the Insurer's Privacy Statement. I understand that the Insurer may not be able to process my application or administer the policy without this consent.
- If I have provided information about another person in this application, I declare that I have the consent of that person to do so. I understand that the Insurer requires me to inform the person concerned that I have done so and direct them to the Insurer's Privacy Policy available at zurich.com.au/important-information/privacy.
- I understand that all the information I have provided in this application form, along with any other statements made or evidence provided in connection with this application, will be used by the Insurer to determine my application.
- I understand that the increased amount of insurance I have applied for will not become effective until I am notified in writing that the Insurer has accepted my application
- I understand that all the information I have provided in connection with this application will be used by the Insurer to determine whether to increase my insurance cover.
- I understand and accept that all terms and conditions that currently apply to my existing cover provided by the Insurer will also apply to any increased cover.
- I have read and understood all the information in this application form, and all the answers I have provided in this application form are true and complete (including those not in my own handwriting).

Signature of insured member

Date (dd/mm/yyyy)

7. Privacy Statement of Zurich Australia Limited

We collect your personal information (including health and other sensitive information) from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information (including health and other sensitive information). Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from zurich.com.au/important-information/privacy.