

# Life Events insurance increase form for Accumulation Plan members

## Section 1

### Who should use this form?

You should complete this form if you want to increase your existing Death and Total and Permanent Disablement (TPD) or Death Only cover in the Accumulation Plan using the Life Events option.

Provided you satisfy the eligibility requirements, the Life Events option allows you to increase your level of existing Death and TPD or Death Only insurance cover without the need for complex underwriting.

**You may apply to increase your cover by one *unit of cover*, or the equivalent amount of *fixed cover* depending on your age, for each Life Event (even where more than one Life Event occurs concurrently, for example marriage and a mortgage), subject to the total amount of cover which applies to you not exceeding the applicable maximum cover limit.**

## Section 2

### Eligibility to receive increased cover on a Life Event

To be eligible to obtain additional Death and Total and Permanent Disablement cover without providing evidence of good health should a Life Event occur the following must be satisfied:

- you cannot exercise the option more than four (4) times since joining the Fund;
- you make an application to increase your cover as a result of a Life Event within 90 days of the Life Event occurring;
- we receive proof, satisfactory to the Insurer, that the Life Event has taken place and of the date it took place;
- you have not previously had an application for cover, or an increase in cover, declined by the Insurer;
- the application must relate to a type of cover you have in force. If you previously opted out of a type of cover you cannot reinstate cover under this process and a full application would be required to be completed;
- at the time of application, you have not previously claimed, or been entitled to claim, a terminal illness or total and permanent disablement benefit.

**You must answer all the questions in Section 7.**

## Section 3

### Limits on increased cover

Any additional cover which comes into force as a result of a Life Event occurring will be subject to the same individual conditions, restrictions, exclusions and premium loadings that apply to your existing cover.

If, when additional cover comes into force as a result of a Life Event occurring, you are not in *active employment*, your additional cover will be *limited cover* until you have returned to *active employment* for at least two consecutive months.

Any *pre-existing medical condition* exclusions already in place will still apply. Refer to the Accumulation Plan Product Disclosure Statement for further information.

## Section 4

### Premium payable as a result of increased cover

Upon the acceptance of cover, the amount of the premium payable will be recalculated to reflect the increase in cover according to the premium rates current at the time.

## Section 5

## Your personal details

Member number











Title

 Mr
  Mrs
  Ms
  Miss
  Other (please specify)
 






Surname

















Given names

















Date of birth


 / 
 


 / 
 




Postal address

















Suburb

















State




Postcode






 Mark with an **X** if your postal and residential address are the same. If your residential address is different, please specify below.

Residential address

















Suburb

















State




Postcode







Telephone (business hours)

 (   ) 
















(after hours)

 (   ) 
















Telephone (mobile)











Email address























By providing your email address you are authorising ESSSuper to send communications including statement notifications to that address. This authorisation will apply until it is revoked by you.

## Section 6

## Life events

Please select the specific life event you are applying under to increase your cover.

Note: Key persons who can certify documents include (but are not limited to) an Accountant, Chemist, Bank Officer, Justice of the Peace, Police Officer, Full-time Teacher or Medical Practitioner. For a full list, please call our Member Service Centre.

All copies must be certified. Certified copies are copies of original documents that have been verified and signed by one of the professional persons listed below. Certified copies provided must contain the original signature and cannot be a photocopy, scanned copy via email or facsimile.

Please attach the relevant certified identification indicated below the relevant life event.

 Marriage
Date of event 
 / 
 / 






Certified copy of Marriage certificate required.

 Divorce
Date of event 
 / 
 / 






Certified copy of Decree Nisi/Absolute OR Certificate of divorce required.

 Birth / Adoption of a child
Date of event 
 / 
 / 






Certified copy of Birth certificate / Adoption documentation required.

 Your child commencing their first day at primary school or secondary school
Date of event 
 / 
 / 






Certified copy of the confirmation of enrolment in the first year of primary school or secondary school (ie. year 7) and a copy of the birth certificate or adoption documentation.

## Section 6

## Life events (continued)

Death of a spouse

Date of event   /   /

Certified copy of Death certificate.

You effecting a mortgage on the initial purchase of a primary residence

Date of event   /   /

Certified copy of stamped front page of the 'contract of sale' AND letter on bank letterhead detailing the loan arrangement.

## Section 7

## A few health questions

You must answer **Yes** or **No** to the following questions:

If you answer 'Yes' to any of these questions, you are not eligible to increase your insurance cover as a result of a Life Event.

**Question 1**

Are you currently not working, or restricted or unable to perform the full and normal duties of your occupation due to an injury or illness?

Yes  No

**Question 2**

In the last 24 months, have you been unable to work because of injury or illness for more than 5 consecutive days (excluding the common cold or flu)?

Yes  No

**Question 3**

Have you ever had an application for death, total and permanent disablement (TPD) and/or income protection cover declined, or accepted subject to an exclusion or premium loading?

Yes  No

**Question 4**

Have you ever been diagnosed with, or are you under investigation for, a terminal illness, stroke, heart condition including angina, cancer, diabetes, back or joint condition, multiple sclerosis or a mental health condition such as, but not limited to anxiety, depression, fatigue, stress, bipolar disorder or schizophrenia?

Yes  No

**Question 5**

In the last 24 months, have you made a claim or are you eligible to make a claim for an injury or illness through a superannuation fund, insurance company, or any state or federal government body (such as workers' compensation, social security, veterans' affair or motor accident scheme)?

Yes  No

## Section 8

## Declaration and signature

I declare that:

- I have received and read the *Accumulation Plan Product Disclosure Statement* (PDS) (including Insurance guide (AP.2)) available from ESSSuper.
- I have read and understood the section relating to my duty of disclosure and insurance arrangements in the Insurance guide (AP.2). I have not withheld any information which may affect any decision to provide insurance and I am aware of the consequences of non-disclosure.
- I acknowledge insurance cover is subject to exclusions and conditions as outlined in the PDS and policy documents.
- I have read and accept the statements relating to privacy in the PDS and I consent to providing ESSSuper with my personal information pursuant to the *Privacy and Data Protection Act 2014* for the purposes described in the ESSSuper Privacy Policy.
- The information supplied by me in this application form is true, correct and complete.

Signature of  
account holder

 PLEASE SIGN HERE

Date

/   /

Please forward this completed form to

ESSSuper GPO Box 1974, Melbourne Vic 3001  
T 1300 650 161 | [www.esssuper.com.au](http://www.esssuper.com.au)

At ESSSuper, we treat the privacy and confidentiality of our members' personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper's privacy policy go to our website at [www.esssuper.com.au](http://www.esssuper.com.au)