

→ Extended insurance application form

Use this form to apply for additional units of death and TPD cover and/or income protection. We will pass these details on to our insurer, AIG Life.

Plan Name

LGsuper

Plan number

MP9916

Disclosure notice

Your duty of disclosure—Before you enter into 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 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 a contract of insurance.

Non-disclosure—If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 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 3 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.

Member details
Member number
Title Mr Mrs Miss Ms Other please specify

Last name
Given names
Date of birth

DD / MM / YYYY

Age next birthday
Gender M F

Telephone (home)
Telephone (business/ mobile)
Email
Address
Suburb
State
Postcode
Country
Occupation
Industry
Daily duties (including % time spent performing each duty, i.e. manual duties)

Do you work full time or part time?
How many hours?

Insurance application details

Please tick one

Please tick one or more

New

Death only

Amount
\$

or

Number of units

Increase

Death/ TPD

Amount
\$

or

Number of units

Income protection

Amount
\$

(Monthly benefit up to 75% of salary excluding super)

Income protection only:

Waiting period 30 days

60 days

90 days

Other — please specify

days

Annual salary

\$

Personal history

- | | | | |
|---|---|--------------------------|--------------------------|
| 1 | Please state your: <input type="text"/> Height? <input type="text"/> and <input type="text"/> Weight?
cm kg | Yes | No |
| 2 | Are you a permanent resident of Australia? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Have you smoked any tobacco or any other substance in the last 12 months?
If YES, please state forms and quantities | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Do you intend to work, live or travel overseas?
If YES, please state the destination, duration, frequency and purpose of travel | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Have you ever engaged or are you ever likely to engage in aviation (other than as a fare paying passenger) or in any hazardous occupation, recreation, pastime, pursuit or sport (e.g. motor racing, football, martial arts, scuba diving)?
If YES, please provide details | <input type="checkbox"/> | <input type="checkbox"/> |

At the date of this application:

- | | | | |
|---|---|--------------------------|--------------------------|
| 6 | Are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Have you ever had back or neck pain for 7 or more consecutive days, or have you ever had mental/nervous/stress disorders, cancer, blindness or deafness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | In the last 3 years, have you had any medical advice or treatment, taken prescribed (excluding for colds or flu) or illicit drugs or been hospitalised for any injury or illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Are you under any treatment by diet, medication, sedative, drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

Questions continue over the page

	Yes	No
10 Has any company ever declined, deferred, applied special or modified conditions or cancelled any proposal to insure you for life or disablement policy?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any of the above questions (6–10), please give full details.

Medical history

Section A — Medical details		Yes	No
1	Have you ever had or received treatment for or had symptoms of:		
	a) High blood pressure or blood disorder e.g. leukaemia, anaemia or haemophilia?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Heart, vein or circulatory disorder, including chest pain, heart attack, stroke, heart murmur, raised cholesterol or rheumatic fever?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Mental or nervous disorder (e.g. stress, depression, insomnia), fainting, epilepsy, fits of any kind, paralysis, multiple sclerosis, migraines, brain disorder, psychiatric treatment/counselling or neurological disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Gout, arthritis, rheumatism, skeletal injury, spine/neck disorder, cartilage or ligament injury, bone fracture or hernia?	<input type="checkbox"/>	<input type="checkbox"/>
	e) Back or neck pain, whiplash, sciatica or any muscle or joint disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	f) Asthma, bronchitis, tuberculosis, pleurisy or other respiratory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	g) Stomach, intestinal or rectal disorder, ulcer, bleeding from bowel, gall bladder?	<input type="checkbox"/>	<input type="checkbox"/>
	h) Diabetes, thyroid or prostate disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	i) Cancer, tumour or any form of breast lump (even if you have not seen a doctor)?	<input type="checkbox"/>	<input type="checkbox"/>
	j) Impairment/disorder of hearing or sight (other than short or long sightedness fully correctable by glasses) or loss of any limb?	<input type="checkbox"/>	<input type="checkbox"/>
	k) Hepatitis B or C or have you ever been told you are a Hepatitis B or C carrier?	<input type="checkbox"/>	<input type="checkbox"/>
	l) Dermatitis, psoriasis or any skin disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	m) Liver, kidney or bladder disease, including renal colic or stone, blood in urine or reproductive organ disorder?	<input type="checkbox"/>	<input type="checkbox"/>
	n) Sexually transmitted diseases?	<input type="checkbox"/>	<input type="checkbox"/>
	o) Drug or alcohol dependence?	<input type="checkbox"/>	<input type="checkbox"/>
	p) Any other medical condition not mentioned above?	<input type="checkbox"/>	<input type="checkbox"/>
	q) Females only		
	i) Female organ disorder (including abnormal- pap smear, breast ultrasound or mammogram)?	<input type="checkbox"/>	<input type="checkbox"/>
	ii) Are you currently pregnant? If YES, date of expected delivery	<input type="checkbox"/>	<input type="checkbox"/>

DD / MM / YYYY

Medical history continued

Section E—Other details

- 1 Do you drink alcohol? Yes No
 If YES, what type of alcohol? How much (daily intake)?
- 2 Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)? Yes No
 If YES, please provide the policy details in the schedule below.

Commencement date	Insurer	Type of cover	Amount of cover	To be replaced 'Y' or 'N'

For policies to be replaced, please attach a copy of the policy document or other proof of existing insurances and terms of acceptance.

Section F—Family history

- 1 Have any of your parents, brothers or sisters (living or deceased) had Huntington's disease, muscular dystrophy, cystic fibrosis, familial polyposis, polycystic disease or any other hereditary disorder? Yes No
 If YES, please provide details in the schedule below.

Relation	Condition/ Illness	Age at Onset (approximately)	Age at death (if applicable)

- 2 Have any of your parents, brothers or sisters (living or deceased) been diagnosed prior to age 65 with any of the following conditions: Diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease? Yes No
 If YES, please provide details in the schedule below.

Relation	Condition/ Illness For Cancer—Specify type	Age at Onset (approximately)	Age at death (if applicable)

Futher income details (complete only if income protection is required)

1 a) Please state your monthly income from your current occupation (net of business expenses but before tax)?
DO NOT INCLUDE INVESTMENTS AND SUPERANNUATION.

• **SELF EMPLOYED**

If you are self-employed, a working director or partner in a partnership, your income is the income generated by the business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses. Note the benefit may be averaged in some circumstances based on the last 2 years' incomes.

• **EMPLOYED**

Your income is the total value or remuneration paid by your employer including salary, fees, regular commission, regular bonuses, regular overtime and fringe benefits but excluding mandated superannuation contributions.

Principal Occupation: Current year \$ per month Previous year \$ per month

b) How long have you been at your current occupation?
 years months

c) How much of the above income will continue if you are disabled?
\$

i) For how long?
 years months

ii) State source of income (e.g. sick leave, directors fees, income protection insurance, profit share from the business)

2 If you become disabled, would you receive income from other sources? Yes No

If YES:

a) How much?
\$ per month

b) For how long?
 years months

c) State source of income

3 Do you also perform another occupation? Yes No

If YES, describe the daily duties of this occupation (including manual work)

4 Do you receive any unearned income (e.g. from investments such as rental property or dividends)?

Yes No If YES, how much?
\$ per month

5 What was your previous occupation?

6 Are you self-employed or employed by your own company? Yes No

If YES:

a) Date your business started
DD / MM / YYYY

b) How long have you been self-employed?
 years months

c) What percentage of your work is:
Freelance? % Contract? %

d) How many people do you employ?

Further income details (complete only if income protection is required)

- 7 Has your business or practice had a net operating loss in the last 2 years?
If YES, please provide copies of Profit & Loss Statements for the last 2 years. Yes No
- 8 Have you or any business with which you were associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? Yes No
- If YES, when Date of discharge
- 9 Do you work at home? Yes No
- If YES, state percentage of the time %
- 10 Do you earn commission or bonuses? Yes No
- If YES, state percentage of total income %

AIDS declaration

I hereby declare that:

- I am not suffering from Acquired Immune Deficiency Syndrome (AIDS) and I am not infected with the HIV virus and I am not carrying antibodies to the HIV virus;
 - Since 1980, I have not used intravenous drugs, I have not engaged in male to male anal sexual activity and I have not worked as or had sexual intercourse with a prostitute; and
 - I have not had sexual intercourse with someone I know or suspect to be HIV positive.
- I am ABLE to declare that ALL the above statements are true.
- I am UNABLE to declare that ALL the above statements are true.*
- *If unable, a Confidential Supplementary Personal Statement is required.

Before signing, one of the above boxes must be ticked.

Signature of Life Insured

Date

Declaration

I declare that the above statements are true and correct (whether written in my hand or not) and that no information material to the insurance has been withheld.

I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with American International Assurance Company (Australia) Limited trading as AIG Life.

I declare that I have read the Privacy Statement set out in this application and I consent to the collection, use and disclosure of my personal and sensitive information in the manner described in that Privacy Statement.

I consent to AIG Life collecting sensitive information, that is, health information about me for the purposes of the performance of this contract.

I agree that cover will not commence until the premium is paid and the proposal is accepted by AIG Life.

I have read the Duty of Disclosure notice and understand what is meant by that notice.

I also understand that my duty to disclose continues after I have completed this application until AIG Life has accepted the risk.

I understand that AIG Life does not currently send any Direct Marketing materials.

Signature

Date

Privacy statement

American International Assurance Company (Australia) Limited ABN 79 004 837 861 trading as AIG Life is required under the National Privacy Principles of the Privacy Amendment (Private Sector) Act 2000 to provide you with the following information.

Purpose of collection

AIG Life collects personal information about you to:

- a) process your application(s);
- b) administer and manage your policy including claims;
- c) facilitate AIG Life's business operations; and
- d) market AIG Life promotional material. (Please refer to 'Your acknowledgment and consent' below.)

Privacy statement continued

If you do not wish to provide us with all or part of the personal information we request from you, we may not be able to provide you with insurance cover.

Access to your information

You are entitled at any time to request access to your personal information held by AIG Life. All requests to access your personal information should be made in writing to the Policy Administration Manager, Level 6, 549 St Kilda Road, Melbourne, Vic. 3004.

You can ask us to update your personal information at any time if it is inaccurate, incomplete or out of date.

In some circumstances, AIG Life may not permit access to your personal information. Circumstances where access may be denied include where access would be unlawful or denying access is authorised by law.

In these cases, AIG Life will provide you with written reasons for denial of access or a refusal to correct personal information.

Disclosure of information

AIG Life may disclose your personal information to:

- a) LGsuper
- b) another member of the AIG group of companies (whether in Australia or overseas);
- c) your adviser;
- d) AIG Life contractors and third party service providers, eg. medical practitioners and reinsurers;
- e) your employer (for employee superannuation products);
- f) financial institutions you nominate;
- g) mail houses (only for the purposes of sending AIG Life mail) and archive companies.

We will only disclose your personal information to these parties for the primary purpose for which it was collected. In some circumstances AIG Life is entitled to disclose your personal information to third parties without your authorisation, such as law enforcement agencies or government authorities to protect our interests or to report illegal activities.

Any questions or concerns

If you have any questions or concerns about your personal information, please write to the Policy Administration Manager, Level 6, 549 St Kilda Road, Melbourne, Vic. 3004.

AIG Life has established an internal dispute resolution process for handling customer complaints about AIG Life's compliance with the National Privacy Principles. This dispute resolution mechanism is designed to be fair and timely to all parties and is free of charge.

If you have a complaint about AIG Life's National Privacy Principles, you should submit it in writing to the Policy Administration Manager. You will receive a letter from AIG Life within 5 working days which documents AIG Life's complaints handling process. Your complaint will be referred to AIG Life's Internal Disputes Resolution Committee who will resolve your complaint within 45 days of receipt.

Should your complaint not be resolved to your satisfaction by AIG Life's internal dispute resolution process, you may take your complaint to the Privacy Commissioner. The Privacy Commissioner's contact details are: Office of the Federal Privacy Commissioner, GPO Box 5218, Sydney, NSW 1042 or call the Privacy Hotline on 1300 363 992.

LGsuper Privacy statement

Primary purpose for collecting information

Personal information, in order to:

- commence and maintain a correct superannuation account/record for an LGsuper member
- accurately calculate the amount of benefit to which a member is entitled
- communicate with a member about their entitlement

it is necessary that LGsuper collect certain personal information that will identify the member and their entitlement.

Sensitive information, in order to determine:

- the value of a member's death or disablement benefit
- the person(s) to whom a death benefit may be distributed
- the entitlement of a member to the early release of benefits

It may also be necessary for LGsuper to collect certain sensitive personal and/or financial and/or health information about a member and/or sensitive personal and/or financial information about a potential beneficiary.

Secondary purpose for collecting information

Personal information may also be:

- disclosed by LGsuper to the scheme's insurer for the purposes of providing death and disability insurance cover for members
- used by LGsuper or its agents to undertake market research with members
- used by LGsuper to search the Australian Taxation Office register of Lost Members
- disclosed by LGsuper to its agents (such as mailing houses) responsible for undertaking a Scheme function
- disclosed by LGsuper to government agencies in compliance with legislation (like the Income Tax Assessment Act)
- used or disclosed for another purpose that is related to the primary purpose of collection, provided that it is reasonable for this to occur.

Collection

LGsuper will not collect personal information unless the information is necessary for one or more of the Scheme's functions/activities. LGsuper will collect personal information only by lawful and fair means and not in an unreasonably intrusive way.

At the time of collection of personal information, LGsuper will provide a collection statement that summarises the Scheme's privacy policy in relation to the information being collected. LGsuper will, wherever reasonable and practical, collect personal information about a member or potential beneficiary only from that person.

If LGsuper collects personal information about a person from somebody else, it will take reasonable steps to ensure that both parties are aware of the Scheme's privacy policy in relation to the information being collected.

Use and disclosure

LGsuper will not use or disclose personal information about a person for a purpose other than the specified primary or secondary purpose of collection unless the person has consented to the use or disclosure.

Data security

LGsuper will keep personal information secure from unauthorised access and will destroy or permanently de-identify personal and sensitive information that is no longer needed for primary or secondary collection purposes.

Openness

LGsuper will make this Privacy Policy available to any person who asks to see it. LGsuper will reveal to any member who asks, the type of personal information held, for what purpose, how information is collected and held and uses and disclosures.

Access and correction

LGsuper will provide persons with access to the information held about them, without charge, unless:

- providing access would pose a serious and imminent threat to the life or health of the person
- providing access would have an unreasonable impact on the privacy of other persons
- the request for access is frivolous or vexatious
- the information relates to existing or anticipated legal proceedings between LGsuper and the person and the information would not be accessible by the process of discovery in those proceedings
- providing access would reveal the intentions of LGsuper in relation to negotiations with the person in such a way as to prejudice those negotiations
- providing access would be unlawful
- denying access is required or authorised by law
- providing access would be likely to prejudice an investigation of possible unlawful or improper activities
- providing access would prejudice the preparation for, or conduct of, proceedings before any court or tribunal, or implementation of its orders.

If LGsuper refuses to provide a person with access to the information held about them, it will provide reasons for not providing access. If a person satisfies LGsuper that the information it holds about that person is not accurate, complete or up-to-date, LGsuper will take reasonable steps to correct the information held. If LGsuper refuses to correct information it holds on a person, it will provide reasons for refusing to make the correction.

Identifiers

LGsuper will not adopt as its own identifier, an identifier of a person that has been assigned by another agency and disclosed by the person. LGsuper will not disclose to a third party, the identifier assigned by another agency unless such disclosure is consistent with the primary or secondary purposes for collection.

Sensitive information

LGsuper will not collect sensitive (e.g. health or financial affairs) information about a person unless:

- the person has consented
- the information is required for either or both the primary or secondary purpose for collection
- the sensitive information is destroyed or permanently de-identified as soon as the primary or secondary purpose for collection has been fulfilled.

LGsuper will be especially careful in handling sensitive information and protecting it from unauthorised access.

When collecting sensitive information, LGsuper will specify the purpose for it is being collected and will provide an undertaking that the information will be not be used for any other purpose.

Your acknowledgment and consent

Your signature below indicates your consent to such use and disclosures of your personal information as outlined above.

Signature of Life Insured

Date
DD / MM / YYYY

Print name

Medical authority

I,

authorise any Doctor/Hospital/Clinic to disclose to LGsuper or AIG Life full details of my health and medical history.

Signature

Date
DD / MM / YYYY