



## Income Protection Cover Insurance tables

The cost of Income Protection Insurance with LUCRF Super depends on your age, gender, work category and waiting period you select.

The example below is to help you determine the level and cost of cover that may suit you.

### Example

#### JOHN

- 25 years old at next birthday
- Heavy machine operator (Heavy Blue Collar)
- Gross weekly income of \$600.
- 60 day waiting period

Wants cover of	\$600 per week
Cost of cover	\$0.36 per \$100 weekly benefit
Maximum cover limit	John can apply up to 85% of his salary (\$600 per week)
How to work out cover	\$600 per week salary x 85% (of gross salary) = \$510 per week So, \$510 per week / \$100 weekly benefit = <b>5 units (rounded to the nearest \$100)</b> <b>5 units x \$0.36 = \$1.80 per week</b>
John Chooses	\$500 per week of income protection cover
Cost per week	\$1.80 (deducted from John's super account)

Refer to the tables below to determine the cost of your income protection insurance cover.

### 1 White Collar – Weekly premium you pay per \$100 weekly benefit

Age Next Birthday	30 day waiting period		60 day waiting period		90 day waiting period	
	Male	Female	Male	Female	Male	Female
16–20	\$0.23	\$0.23	\$0.12	\$0.13	\$0.08	\$0.09
21–25	\$0.24	\$0.24	\$0.12	\$0.13	\$0.08	\$0.09
26–30	\$0.25	\$0.27	\$0.13	\$0.15	\$0.08	\$0.10
31–35	\$0.31	\$0.35	\$0.16	\$0.20	\$0.08	\$0.11
36–40	\$0.41	\$0.48	\$0.21	\$0.28	\$0.11	\$0.15
41–45	\$0.56	\$0.65	\$0.30	\$0.39	\$0.17	\$0.24
46–50	\$0.79	\$0.88	\$0.43	\$0.53	\$0.28	\$0.37
51–55	\$1.15	\$1.19	\$0.68	\$0.77	\$0.49	\$0.58
56–60	\$1.75	\$1.65	\$1.04	\$1.07	\$0.87	\$0.85
61–65	\$1.99	\$1.73	\$1.22	\$1.11	\$0.99	\$0.80

### 2 Light Blue Collar – Weekly premium you pay per \$100 weekly benefit

Age Next Birthday	30 day waiting period		60 day waiting period		90 day waiting period	
	Male	Female	Male	Female	Male	Female
16–20	\$0.40	\$0.43	\$0.24	\$0.26	\$0.16	\$0.18
21–25	\$0.42	\$0.45	\$0.25	\$0.27	\$0.17	\$0.18
26–30	\$0.45	\$0.51	\$0.27	\$0.31	\$0.16	\$0.21
31–35	\$0.54	\$0.67	\$0.32	\$0.40	\$0.17	\$0.22
36–40	\$0.72	\$0.91	\$0.43	\$0.56	\$0.22	\$0.30
41–45	\$0.99	\$1.24	\$0.61	\$0.79	\$0.35	\$0.48
46–50	\$1.39	\$1.67	\$0.87	\$1.07	\$0.56	\$0.75
51–55	\$2.03	\$2.27	\$1.37	\$1.54	\$0.99	\$1.17
56–60	\$3.10	\$3.15	\$2.10	\$2.15	\$1.76	\$1.72
61–65	\$3.52	\$3.29	\$2.46	\$2.23	\$2.00	\$1.61

### 3 Heavy Blue Collar – Weekly premium you pay per \$100 weekly benefit

Age Next Birthday	30 day waiting period		60 day waiting period		90 day waiting period	
	Male	Female	Male	Female	Male	Female
16–20	\$0.59	\$0.63	\$0.34	\$0.38	\$0.21	\$0.23
21–25	\$0.61	\$0.65	\$0.36	\$0.39	\$0.22	\$0.24
26–30	\$0.66	\$0.74	\$0.39	\$0.45	\$0.21	\$0.27
31–35	\$0.79	\$0.97	\$0.47	\$0.59	\$0.22	\$0.29
36–40	\$1.05	\$1.33	\$0.62	\$0.81	\$0.29	\$0.39
41–45	\$1.44	\$1.81	\$0.89	\$1.15	\$0.46	\$0.63
46–50	\$2.03	\$2.44	\$1.26	\$1.56	\$0.74	\$0.98
51–55	\$2.96	\$3.30	\$1.99	\$2.24	\$1.30	\$1.54
56–60	\$4.51	\$4.58	\$3.05	\$3.13	\$2.30	\$2.25
61–65	\$5.13	\$4.79	\$3.57	\$3.24	\$2.61	\$2.10

## Step 2 Your work category

The type of work you do is used to determine the cost of your Income Protection Insurance cover.

There are 3 separate work categories to choose from:

- 1 White collar** – for professional, clerical or administrative white collar workers who do not perform any manual work, including sales people not involved in deliveries.
- 2 Light Blue** – for skilled and unskilled workers, performing light manual work and involved in non-hazardous industries and/or tasks. Light blue also covers supervisors of heavy blue workers or fully qualified tradespeople (details of qualifications must be provided).
- 3 Heavy Blue** – for skilled or semi-skilled manual workers and heavy machine operators who are not exposed to high risk accidents, health hazards or who do not participate in high risk occupations are classified heavy blue.

Please indicate the work category that applies to you (cross [X] one box only).

**White collar**

Please indicate your job title and type of work you do

**Light Blue collar**

Please indicate your job title and type of work you do

**Heavy Blue collar**

Please indicate your job title and type of work you do

If you are not sure which work category applies to you, please contact LUCRF Super on 1300 130 780.

## Step 3 Health questions

You need to complete the below health questions to apply for income protection insurance cover with LUCRF Super.

**Important:** Your declaration will be checked at the time you make a claim. If you do not answer all the questions truthfully and accurately, it may result in any insurance claim being denied.

Please cross [X] boxes for 'Yes or 'No'.

If you answer YES to any questions, you will also need to complete an ING Personal Statement.

1. At the cover application date are you restricted in any way from actively working and performing all your usual duties of your normal occupation? YES  NO
2. Are you currently receiving any form of medical treatment? YES  NO
3. To the best of your knowledge, have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than colds or flu)? YES  NO
4. Have you ever received a Total and Permanent Disability (TPD) benefit or are you eligible to claim a TPD benefit from either this fund or any other source? YES  NO
5. Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following?
  - a. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor)? YES  NO
  - b. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, RSI, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression? YES  NO
  - c. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? YES  NO
6. To the best of your knowledge, are you suffering from Acquired Immune Deficiency Syndrome (AIDS), infected with HIV or carrying antibodies to HIV? YES  NO

If you have crossed YES to any of the boxes for the health questions above, you will need to complete an ING Personal Statement. To obtain an ING Personal Statement, please call LUCRF Super on 1300 130 780 or download a copy from [www.lucrf.com.au](http://www.lucrf.com.au).

**DID YOU ANSWER YES TO ANYTHING?**

If you have crossed NO to all the boxes for the health questions above, you are not required to complete an ING Personal Statement. Continue to Step 4.

## Step 4 Select the amount of cover you want to apply for

Please complete this section to apply for income protection insurance cover.

I am currently working in excess of 15 hours per week (cross [X] one box only):

Yes  No

Gender (cross [X] one box):

Female  Male

Please select your waiting period (cross [X] one box only):

30 days  60 days  90 days

### Amount of cover

I would like to apply for:  weekly benefit of income protection cover (benefit must be a multiple of \$100).

My annual gross salary is:

If you are applying for Income Protection Insurance cover in excess of \$5,000 per month, you will need to complete an ING Personal Statement. To obtain a copy of the ING Personal Statement, please call LUCRF Super on **1300 130 780** or download a copy from [www.lucrf.com.au](http://www.lucrf.com.au)

## Step 5 Disclosure and member declaration

Ensure that you have read and understood the declaration. Don't forget to sign and date this form!

### Duty of Disclosure

Before you become insured under a contract of life insurance, the Trustee has a duty of disclosure to the Insurer, under the *Insurance Contracts Act 1984*. In order for the Trustee to comply with its duty, you must disclose, in this Application Form or any other Application Form you complete in relation to life insurance, 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. The duty of disclosure also applies before cover is renewed, varied or reinstated.

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk undertaken by the Insurer;
- that is of common knowledge;
- that the Insurer knows or, in the ordinary course of his/her business, ought to know; or
- as to which the duty of disclosure is waived by the Insurer.

### Non-Disclosure

If the duty of disclosure is not complied with and the Insurer would not have provided the insurance cover on any terms if the failure had not occurred, the Insurer may void the cover within three years of entering into it. If the non-disclosure is fraudulent, the Insurer may void the cover at any time. An Insurer who is entitled to void insurance cover may, within three years of entering into it, elect not to void it but 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 disclosed all relevant matters to the Insurer. The duty of disclosure continues until the Insurer accepts (or declines) your application and confirmation is issued in writing.

### Declaration

I confirm that all of the answers given by me on this form are true and correct. I declare that I have been clearly informed, in writing, of the general nature and effect of disclosure as detailed above.

Sign (member signature)

Date (dd/mm/yyyy)

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## Checklist

Before you send the form to us, make sure you have:

- Answered the health questions honestly.
- Indicated the level of cover you will to apply for.
- Completed and Attached ING personal health statement if required.
- Complete and signed this form.

If you need any help completing this form, please call us on **1300 130 780** or email [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au)

## Send this form to:

LUCRF Super  
PO Box 211  
North Melbourne VIC 3051

**Fax:** (03) 9326 6907

**Email:** [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au)

### Privacy

LUCRF Super is committed to the National Privacy Principles set down by the Federal Government (see [www.privacy.gov.au](http://www.privacy.gov.au)) and has produced a Privacy Policy. For a copy of the LUCRF Super Privacy Policy call us on 1300 130 780 or visit [www.lucrf.com.au](http://www.lucrf.com.au)