

Member Insurance Election form



Australia's first industry fund

LUCRFsuper



COMPLETE THIS FORM IF YOU WANT TO APPLY FOR INSURANCE COVER IN EXCESS OF THE **DEFAULT** INSURANCE YOU RECEIVE WHEN YOU FIRST JOIN LUCRF SUPER.

Please complete all relevant sections using **CAPITAL LETTERS** and a **BLACK** pen.

Step 1 Your personal details

LUCRF Super membership number (if known)

Date of birth (dd/mm/yyyy)

Please cross [X] the appropriate box: Mr

Mrs

Miss

Ms

Other (please specify)

Surname

First names

Residential/Street address (compulsory)

Remember to provide us with as many details as you can. This way we will be able to keep you updated with important super information.

Street / Unit number

Street name

Suburb / City / Town

State / Territory

Postcode

Postal address - if different to residential

Street / PO Box number

Street name

Suburb / City / Town

State / Territory

Postcode

Please send all correspondence to (please cross [X]): Residential address

Postal address

Contact numbers

Home

Work

Mobile

Fax

Email address



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LUCRF Super Member Guide (Combined Product Disclosure Statement and Financial Services Guide), 1 September 2009

Insurance Your options

There are 3 different types of insurance options you can choose from:

1. Death & TPD cover
2. Death ONLY cover and
3. Income Protection insurance (see *Member Income Protection form*).

There are two different levels of cover you can apply for depending on the work you do:

1. Standard cover

For members in traditional blue-collar roles and whose work involves manual labour conducted outside an office environment.

AND

2. White Collar cover

For members whose workplace role is:

- Limited to professional, administrative, clerical, secretarial or similar deskbound tasks;
- Does not involve manual work; and
- Is undertaken entirely (or at least 80%) within an office environment.

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

How much cover should I have?

A majority of Australians are dramatically underinsured. LUCRF Super encourages members to choose the level of cover that is best for them. Insurance provides peace of mind for you and your loved ones in the event that you pass away or become permanently or temporarily disabled.

The case studies below are examples that may help you determine the level and cost of cover that may suit you.

Case Study 1

MAX

- 38 years old
- Forklift Driver (qualifies for Standard Cover)
- Mortgage of \$180,000
- Other debts of \$15,000
- Married with two children.

Insurance goal:

To have enough Death & TPD insurance so that his family could pay off the mortgage and debts as well as have a bit left over, if something were to happen to him.

Wants cover of:	\$230,000 (approx)
Cover available per unit:	\$79,200 (based on job & age)
Selects the following:	3 units Death & TPD insurance cover
Is covered for:	\$237,600
How it is calculated:	1 unit of (Standard) Death & TPD cover for a 38 y.o. = \$79,200 If Max wants to be covered for \$230,000 he multiplies \$79,200 (1 unit) x 3 = \$237,600 1 unit of Death & TPD cover for a 38 y.o. costs \$2 p.w. 3 units of Death & TPD cover = \$2 p.w. x 3 units
Total cost of cover selected:	\$6 p.w. (deducted from Max's super account)

Case Study 2

HELEN

- 36 years old
- Payroll Manager (qualifies for White Collar Cover)
- Mortgage of \$300,000
- Other debts of \$9,000
- Married with four children.

Insurance goal:

To have enough Death & TPD insurance so that her family could pay off the mortgage and put aside some money for the children's education, if something were to happen to her.

Wants cover of:	\$400,000 (approx)
Cover available per unit:	\$136,100 (based on job & age)
Selects the following:	3 units Death & TPD insurance cover
Is covered for:	\$408,300
How it is calculated:	1 unit of (White Collar) Death & TPD cover for a 36 y.o. = \$136,100 If Helen wants to be covered for \$400,000 she multiplies \$136,100 (1 unit) x 3 = \$408,300 1 unit of Death & TPD cover for a 36 y.o. costs \$2 p.w. 3 units of Death & TPD cover = \$2 p.w. x 3 units
Total cost of cover selected:	\$6 p.w. (deducted from Helen's super account)

Step 2 Select your insurance cover

Fill in the relevant table below to select the type of insurance you wish to apply for and the number of units required.

Death and TPD insurance cover This type of cover costs \$2 per week per 'unit' of cover.					'Death ONLY' insurance cover This type of cover costs \$1 per week per "unit" of cover				
Your age at next birthday	Standard cover (per unit)	Select no. of 'units' required	White collar cover (per unit)	Select no. of 'units' required	Your age at next birthday	Standard cover (per unit)	Select no. of 'units' required	White collar cover (per unit)	Select no. of 'units' required
Up to 30	\$100,400	<input type="text"/> <input type="text"/>	\$172,400	<input type="text"/> <input type="text"/>	Up to 30	\$67,600	<input type="text"/> <input type="text"/>	\$116,100	<input type="text"/> <input type="text"/>
31 to 35	\$98,400	<input type="text"/> <input type="text"/>	\$168,900	<input type="text"/> <input type="text"/>	31 to 35	\$50,900	<input type="text"/> <input type="text"/>	\$87,400	<input type="text"/> <input type="text"/>
36 to 40	\$79,200	<input type="text"/> <input type="text"/>	\$136,100	<input type="text"/> <input type="text"/>	36 to 40	\$50,900	<input type="text"/> <input type="text"/>	\$87,400	<input type="text"/> <input type="text"/>
41 to 45	\$44,100	<input type="text"/> <input type="text"/>	\$75,700	<input type="text"/> <input type="text"/>	41 to 45	\$38,100	<input type="text"/> <input type="text"/>	\$65,500	<input type="text"/> <input type="text"/>
46 to 50	\$22,100	<input type="text"/> <input type="text"/>	\$37,900	<input type="text"/> <input type="text"/>	46 to 50	\$22,100	<input type="text"/> <input type="text"/>	\$37,900	<input type="text"/> <input type="text"/>
51 to 55	\$12,400	<input type="text"/> <input type="text"/>	\$21,300	<input type="text"/> <input type="text"/>	51 to 55	\$22,100	<input type="text"/> <input type="text"/>	\$37,900	<input type="text"/> <input type="text"/>
56 to 60	\$7,300	<input type="text"/> <input type="text"/>	\$12,700	<input type="text"/> <input type="text"/>	56 to 60	\$22,100	<input type="text"/> <input type="text"/>	\$37,900	<input type="text"/> <input type="text"/>
61 to 65	\$6,600	<input type="text"/> <input type="text"/>	\$11,400	<input type="text"/> <input type="text"/>	61 to 65	\$19,800	<input type="text"/> <input type="text"/>	\$34,000	<input type="text"/> <input type="text"/>
66 to 70	\$4,500*	<input type="text"/> <input type="text"/>	\$7,500*	<input type="text"/> <input type="text"/>	66 to 70	\$12,500*	<input type="text"/> <input type="text"/>	\$22,000*	<input type="text"/> <input type="text"/>

* If you are aged 66 to 70 next birthday, your TPD cover is restricted. Please refer to our *Member Guide (Combined Product Disclosure Statement and Financial Services Guide)* for further details.

Insurance Cover in excess of 7 units or \$750,000

If you are applying for more than 7 units or \$750,000 of insurance cover, you will need to also 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

Important: Don't forget to attach your completed ING Personal Statement when sending this *Member Insurance Election form* to LUCRF Super.

Step 3 Confirmation of the insurance you have selected

Age at next birthday

Your insurance cover
 Death and TPD insurance cover
 Death ONLY insurance cover

Your work category
 Standard cover
 White Collar cover

Number of insurance units
 I have chosen units of insurance cover.

Note:

If your work category changes in the future you need to advise LUCRF Super.

It is important LUCRF Super has your correct insurance details, as in the event of a claim, the insurer, ING Life Ltd will assess your work category and this might affect your insurance payout.

Please call us on **1300 130 780** to update your insurance details if they change in the future.

Step 4 Health questions

You need to complete all the health questions below to apply for 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.

To the best of your knowledge:

1. Are you planning to, or are you receiving, any form of medical treatment or medication (other than to combat a cold or flu)? YES NO
2. Have you taken more than a total of seven (7) days off work over the past 12 months due to illness or injury (other than colds or flu)? YES NO
3. Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure, heart/vascular complaint, diabetes, back or joint disorder/pain, paralysis, stroke, or mental/nervous disorder including stress, anxiety or depression? YES NO
4. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the HIV virus or carrying antibodies to the HIV virus? YES NO
5. Have you, within the last five (5) years, smoked in excess of 40 cigarettes per day or smoked any other substance? YES NO
6. Have you ever been advised to lose weight for health reasons? 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.

DID YOU ANSWER YES TO ANYTHING?

If you have answered NO to all the above health questions and you are applying for less than 8 units or \$750,000 of cover, you will automatically be provided with the cover you have chosen.

Step 5 Sign and date this form

Remember to sign and date this form. Otherwise, we can not complete your request.

ALL members need to complete this section.

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.

I understand I will be notified in writing of the acceptance of my insurance application.

Sign (member signature)

X

Date (dd/mm/yyyy)

/ /

Checklist

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

- Answered the health questions honestly.
- Indicated the level of cover you wish to apply for.
- Completed and attached ING Personal Statement if required.
- Completed 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

Send this form to:

LUCRF Super
PO Box 211
North Melbourne VIC 3051

Fax: (03) 9326 6907

Email: 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) 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