

Income Protection Form

Complete this form to apply for or increase your Income Protection insurance.

Please print clearly using an  in boxes where required.

Income Protection insurance

Please ensure you have read our Insurance Guide which includes all relevant tables.

Income Protection (IP) insurance is separate from our Death & Total and Permanent Disablement (TPD) or Death Only cover. It provides an income if you're unable to work as a result of an injury, illness or an accident and are receiving reduced or no income. The benefit you receive is paid for a maximum period of either two or five years. You can choose from a 30, 60 or 90-day waiting period. IP insurance is available with or without our Death & TPD or Death Only cover.


The maximum benefit you can receive is 85% of your pre-injury or illness salary (before tax). Up to 75% is paid to you as income (less tax) and any amount above this (up to 10%) is paid as a super contribution into your LUCRF Super account. A maximum monthly benefit of \$30,000 applies (inclusive of the 10% super contribution benefit).

Note: Your IP payment will be reduced if you receive any employment income, workers compensation, social security, other statutory or government payments, or income protection benefits from any other source at the time you make a claim.

A benefit period of up to five years is available to permanent employees who are entitled to accrue sick and annual leave and casual employees (who are paid on an hourly basis for the period they work and who aren't entitled to accrue sick or annual leave). To apply for a five-year benefit period, please **also** complete a OnePath Personal Statement available at lucrf.com.au or by calling **1300 130 780**.

If you're a casual employee, you must be working at least 30 hours a week, averaged over the previous six-month period. **You'll need to provide payslips or other evidence showing both your income and the hours you worked during the six months up to the date you completed this application.** If you make a claim, you'll need to provide a further six months of payslips to demonstrate that you've worked at least 20 hours per week, averaged over the previous six months.

Applying for Income Protection cover

 **Important: Only complete Section A OR Section B in this form (as applicable). Do not complete both sections.**

Are you applying within 90 days of the date of your welcome letter?

Yes No


If you marked YES, complete steps 1, 2, 3, 4 and 5, all the steps in **Section A**, and step 8.


OR

Are you applying more than 90 days after the date of your welcome letter or for cover above \$700 per week?

Yes No

If you marked YES, see below.

For cover up to \$7,000 per month  complete steps 1, 2, 3, 4 and 5, all the steps in Section B, and step 8.

For cover above \$7,000 per month  complete steps 1, 2, 3, 4 and 5, all the steps in Section B, and step 8. A OnePath Personal Statement must also be completed.

Insurance cover above \$7,000 per month

If you're applying for more than \$7,000 per month of cover (even if you're applying as a new member within 90 days of your welcome letter), you also need to complete and attach a OnePath Personal Statement.

To obtain a copy of the OnePath Personal Statement, please call us on **1300 130 780** or download a copy from lucrf.com.au.



Income Protection Form

Step 1 | Opt-in to keep your insurance

By law, if your account becomes inactive (does not receive any amounts, such as contributions or rollovers, for 16 continuous months), any insurance cover you have with us will be cancelled. You can choose to keep your insurance if this happens by crossing the box below:

I want my insurance cover to continue. I understand this election will apply as long as my account is open, or until I choose to cancel my insurance cover. I will be notified at regular intervals how my insurance can be subsequently cancelled if desired.

Step 2 | Your details

Please read our Personal Information Collection Statement at lucrf.com.au/privacy.

LUCRF Super member number

(please call **1300 130 780** if you don't know your member number)

Title

Mr Mrs Miss Ms Other (please specify)

First name(s)

Last name

Date of birth

/ /

Gender

Male Female Other

Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State

Postcode

Postal address – if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State

Postcode

Contact details

Email address

Home phone

()

Work phone

()

Mobile

Step 3 | Your preferred benefit and waiting periods

Please select your benefit period (cross one box):

2 years 5 years (for 5 years, please also complete a OnePath Personal Statement)

Please select your waiting period (cross one box):

30 days 60 days 90 days

Step 4 | Your work category

To ensure you're charged the correct premium for your insurance cover, we need to identify the work category that best represents the type of work you do.

What's the name of your current employer?

What's your main occupation?

Are you engaged in any other occupations?

Yes No

If yes, please specify your other occupation(s)

To determine your work classification, answer the following questions (please cross):

1. Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary-type duties? (This includes the total amount of time spent in all occupations as advised above) Yes No

If YES, go to questions 2 and 3.

If NO, go to questions 4 and 5.

Only complete questions 2 and 3 if you answered YES to question 1.

2. Do you have a university degree qualification relevant to the field of your main occupation OR are you an executive or senior managerial white-collar worker and not self-employed OR are you a member of a professional institute? Yes No

3. Is your current annual salary package (including the Superannuation Guarantee contribution) \$150,000 or more? Yes No

Only complete questions 4 and 5 if you answered NO to question 1.

4. Do you have a recognised trade qualification relating to your occupation OR does your occupation require you to perform light manual work OR are you a supervisor of blue-collar workers and your duties include up to 10% of light manual work? (e.g. an electrician, mechanic, printer, greengrocer, carpenter, plumber etc.)? Yes No

5. Are you a skilled or semi-skilled worker whose duties include heavy manual work OR are you required to operate heavy machinery (e.g. qualified wall/floor tiler, glazier, bulldozer driver, forklift driver)? Yes No

Step 5 | Your current employment status

Please complete this section to apply for IP cover.

I am a casual employee (cross one box only):

Yes No

To be considered a casual employee, you must be paid on an hourly basis for the period you work, and must not be entitled to accrue sick or annual leave.

If you answered **YES** to being a casual employee, have you averaged at least 30 working hours per week over the previous six-month period? Yes No

Note: You'll need to provide payslips or other evidence which show both your income and the hours you worked over the six months up to the date of this application.

Are you considering a change in your current occupation, duties, working hours, employment situation(s) or financial situation? Yes No

OR

I am a permanent employee (cross one box only):

Yes No

To be considered a permanent employee, you must be entitled to accrue sick and annual leave.

If you answered **YES** to being a permanent employee, are you currently working at least 15 hours per week? Yes No

SECTION A: Insurance offer for new members

Step 6 | Within 90 days of your welcome letter

If you don't currently have IP insurance with us you can obtain total IP cover of up to \$700 per week before tax (\$36,400 gross per year).

How much IP cover are you applying for?

A total benefit of \$ per week (must be a multiple of \$100)

Step 7 | Screening questions (for cover of up to \$700 per week and within 90 days of your welcome letter)

! **IMPORTANT:** Your responses to the questions below will be checked at the time you make a claim. Therefore, you must answer all of these questions truthfully and accurately. If you don't, any insurance claim you make may be reduced or declined.

1. Other than for colds, flus, minor upper respiratory tract infections or minor headaches,
 - a. are you now off work due to illness or injury? Yes No
 - b. have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? Yes No
2. Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury (even if you're currently working less than 30 hours per week for non-medical reasons)? Yes No
3. Have you ever made or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), workers' compensation or any other form of compensation (including Centrelink payments) due to injury or illness? Yes No
4. Have you been diagnosed with a medical condition that's expected to reduce your life expectancy to less than 12 months from today? Yes No
5. Have you ever had an application for life, trauma or disability insurance declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion? Yes No
6. Other than for colds, flus, minor upper respiratory tract infections or minor headaches,
 - a. do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment? Yes No
 - b. are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? Yes No

You must be able to truthfully answer NO to all of the above questions to be eligible for increased cover within our automatic acceptance levels. If you answered YES to any of the above questions, you can still apply for additional cover by completing a OnePath Personal Statement.

SECTION B: Insurance for existing members

Step 6 | After 90 days of the date of your welcome letter or for cover above \$700 per week

How much IP cover are you applying for?

A total benefit of \$ per week (must be a multiple of \$100)

If you have an employer contributing to your super account and you're applying for more than \$7,000 per month of Income Protection cover (because you earn a gross salary of at least \$98,800 per year), you'll need to complete a OnePath Personal Statement. To obtain a copy please call us on **1300 130 780** or download one from **lucrf.com.au**.

Step 7 | Health questions (for cover of up to \$7,000 per month and if you have an employer making contributions to your super)

IMPORTANT: Your responses to the questions below will be checked at the time you make a claim. Therefore, you must answer all of these questions truthfully and accurately. If you don't, any insurance claim you make may be reduced or declined.

1. Other than to combat a cold or flu,
 - a. are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness? Yes No
 - b. are you currently receiving any form of medical treatment or taking any form of medication? Yes No
 - c. have you taken more than a total of seven consecutive days off work over the past 12 months due to illness or injury? Yes No
2. Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:
 - a. cancer, a tumour or growth including breast lumps or skin lesions/moles (even if you haven't seen a doctor), high blood pressure, high cholesterol, a heart complaint, a murmur, palpitations or chest pain, a stroke, a thyroid or glandular disorder, or diabetes? Yes No
 - b. back or neck pain/disorder, musculoskeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind, chronic fatigue syndrome, epilepsy or a neurological disorder, or a mental/nervous disorder including stress, anxiety or depression? Yes No
 - c. kidney, bowel, bladder, gall bladder, liver disease or disorder, a lung or other organ disorder, hepatitis, a hernia, a blood disorder, sleep apnoea, asthma or a persistent cough or any lung complaint, or any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)? Yes No
3. Have you ever tested positive for Human Immunodeficiency Virus (HIV), which causes Acquired Immune Deficiency Syndrome (AIDS), or are you suffering from AIDS or any AIDS-related conditions? Yes No
4. Have you ever had an application for life, disability, trauma or income protection declined? Yes No
5.
 - a. What's your current height? (in centimetres)
 - b. What's your current weight? (in kilograms)

Personal Plan members

To apply for, or change your insurance cover as a LUCRF Super Personal Plan member, you'll also need to complete a OnePath Personal Statement. To obtain a copy, please call us on **1300 130 780** or download one from **lucrf.com.au**.

Step 8 | Sign and date this form

Duty of disclosure

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer, OnePath Life Limited (Insurer), anything that they know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before they extend, vary or reinstate the contract. The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for, or
- is of common knowledge, or
- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us (Trustee) and the Insurer anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

If you do not tell the Trustee and Insurer something that you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that we must tell the Insurer.

If you do not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If you do not tell the Insurer or Trustee anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer, the Insurer may avoid the contract within three years of entering into it.


If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time, vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have. However, this right does not apply if the contract provides cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

I declare that:

- The answers that I have provided to all questions in this application are true and correct.
- I have read the duty of disclosure and understand the consequences available to OnePath Life if I fail to tell them any matter relevant to its decision to provide insurance. I understand that the duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I understand that my insurance will not become effective until OnePath Life has accepted my application for insurance cover in writing.
- I have read and understood the information contained in the Insurance Guide and the relevant Super Member Guide – Product Disclosure Statement.
- 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 OnePath Life requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au/privacy-policy.
- I understand that if my application for cover is accepted, insurance cover will be provided to me on the terms contained in the Trustee's insurance policy with OnePath Life as changed from time to time.
- I have read OnePath Life's Privacy Policy which describes how they collect, use, store and disclose personal information (including health and other sensitive information) which is available at OnePath Life's website (onepath.com.au/insurance/privacy-policy) or by calling Customer Service on 133 667.
- I consent to OnePath Life 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 OnePath Life's Privacy Statement available at lucrf.com.au.
- I understand that OnePath Life may require additional information or medical tests to enable assessment of my application and I authorise any medical practitioner or other health professional to release to OnePath Life or any other organisation appointed by OnePath Life any medical information needed in connection with my application.
- I understand that if I fail to attend any required medical appointments, my application may not be finalised and insurance cover may not be offered by OnePath Life.
- I acknowledge that if I do not complete the form correctly or I do not sign and date this declaration, my application will not be considered by OnePath Life.
- I consent to the collection, use and disclosure of my personal information in accordance with the LUCRF Super Personal Information Collection statement and the Privacy Policy available at lucrf.com.au/privacy or by calling **1300 130 780**.

Signature



Date

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| D | D | / | M | M | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|

Checklist

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

- answered the screening and/or health questions honestly and accurately
- indicated the amount of cover you'd like to apply for
- completed and attached a OnePath Personal Statement (if required)
- attached payslips or other evidence showing your income and the hours you worked over the previous six months (casual employees only)
- signed and dated this form at Step 8.

Send this form to:

**LUCRF Super
PO Box 211
North Melbourne VIC 3051**

Or scan and email it to: mypartner@lucrf.com.au



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