

Step 2 | 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 if my account becomes inactive.** 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 3 | 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 4 | Change of waiting and/or benefit period

Complete this section to change your IP insurance waiting and/or benefit period.

If you want to change your benefit period, please cross one box below. Otherwise, leave this blank.

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

If you want to change your waiting period, please cross one box below. Otherwise, leave this blank.

30 days 60 days 90 days

If you're reducing your waiting period, you must also complete Step 5.

Note: Changes to your cover will be effective from the date your application is accepted by the insurer. Changes to your waiting and/or benefit period may result in a decrease or increase in premiums payable.

Step 5 | Health questions (to be completed if you want to reduce your waiting period)

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)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	b. What's your current weight? (in kilograms)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Step 6 | Sign and date this form

Duty of disclosure

LUCRF Super, 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" or "OPL") anything that it knows, or could reasonably be expected to know, may affect OPL's decision to provide the insurance and on what terms. LUCRF Super has this duty until OPL agrees to provide the insurance.

LUCRF Super has the same duty before it extends, varies or reinstates the contract.

LUCRF Super does not need to tell OPL anything that:

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

You must disclose relevant information.

You must tell OPL anything you know, or could reasonably be expected to know, that may affect OPL's decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by LUCRF Super to tell OPL something that LUCRF Super must tell OPL.

If you provide relevant information to LUCRF Super rather than OPL, LUCRF Super will provide the information you give LUCRF Super to OPL. LUCRF Super will do this so that you comply with your obligation to provide relevant information to OPL.

If you do not tell OnePath Life Limited something

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

If LUCRF Super does not tell OPL anything LUCRF Super is required to, and OPL would not have provided the insurance or entered into the same contract with LUCRF Super if LUCRF Super had told OPL, OPL may avoid the contract within 3 years of entering into it.

If OPL chooses not to avoid the contract, OPL may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if LUCRF Super had told OPL everything it should have. However, if the contract provides cover on death, OPL may only exercise this right within 3 years of entering into the contract.

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

If the failure to tell OPL is fraudulent, OPL 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 OPL 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 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 OPL 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 LUCRF Super's insurance policy with OPL as changed from time to time.
- I have read OPL's Privacy Policy which describes how they collect, use, store and disclose personal information (including health and other sensitive information) which is available at OPL's website (onepath.com.au/insurance/privacy-policy) or by calling Customer Service on 133 667.
- I consent to OPL 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 OPL's Privacy Statement available at lucrf.com.au.
- I understand that OPL 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 OPL or any other organisation appointed by OPL 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 OPL.
- 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 OPL.
- 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

/ /

Checklist

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

- completed all relevant steps
- answered the health questions honestly and accurately at Step 5 (if you want to reduce your waiting period)
- completed and attached a OnePath Personal Statement (if required)
- signed and dated this form at Step 6.

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.