

# Short-form Personal statement – Death &/or TPD (HIP division)

For cover up to a maximum of \$1 million.



This form can be used to apply for insurance cover or to increase existing cover, and only applies if the applicant:

- is less than 55 years of age;
- applying for a maximum Death only/Death & TPD benefit of \$1,000,000 (including any existing cover);
- answers 'No' to all questions in Section 3 'Personal Details'.

If you do not meet the above 3 conditions, and intend answering 'Yes' to any of the questions in Section 3, do not complete and return this form. You will instead need to complete the *Request for Insurance (HIP division) form*. This form is available online at [www.primesuper.com.au](http://www.primesuper.com.au).

Members requiring benefits in excess of \$1 million will also need to complete the *Request for Insurance (HIP division) form*.

## SECTION 1 – MEMBER DETAILS

Member Number	Date of Birth (DDMMYYYY)	Title
<input type="text"/>	<input type="text"/>	<input type="text"/> Mr <input type="text"/> Mrs <input type="text"/> Miss <input type="text"/> Ms <input type="text"/> Dr
Surname		
<input type="text"/>		
Given Names	Gender	
<input type="text"/>	<input type="text"/> Male <input type="text"/> Female	
Residential Address		
<input type="text"/>		
<input type="text"/>		
Town/Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number (BH)	Phone Number (AH)	Mobile Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

## SECTION 2 – INSURANCE DETAILS

Please enter the TOTAL amount of insurance cover being applied for under this policy (including any existing cover).

Type of Insurance	Number of Units
Death	<input type="text"/>
Total and Permanent Disablement (TPD)	<input type="text"/>

## SECTION 3 – PERSONAL DETAILS

Height	<input type="text"/>	cm	Weight	<input type="text"/>	kg
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### HEALTH/LIFESTYLE QUESTIONS

1. Have you ever received treatment or been diagnosed with any of the following:

☐ Yes ☐ No

- cancer
- high blood pressure
- a stroke
- hepatitis
- high cholesterol
- a mental health condition, including stress, anxiety or depression
- a tumour of any type
- heart complaint
- a back or joint disorder or paralysis?
- diabetes
- chest pain



2. In the last three years, have you received any advice, treatment or been hospitalised or investigated for any symptoms, illness or injury **(including any of the above conditions listed in Question 1)**, or taken any prescribed medication (excluding medications for cold/flu, minor upper respiratory tract infections, minor headaches or contraceptives)? ☐ Yes ☐ No
3. Are you currently absent from work or unable to perform your usual duties due to illness or injury? ☐ Yes ☐ No
4. Do you intend seeking any medical advice, test, investigation or treatment (excluding general check-ups)? ☐ Yes ☐ No
5. Are you carrying, or are you at risk of contracting, or within the last 3 years have you been at risk\* of contracting, the Human Immunodeficiency Virus (HIV) which causes AIDS, antibodies to that virus, or are you suffering from AIDS or an AIDS-related condition? ☐ Yes ☐ No
6. Have two or more of your parents, brothers or sisters, had or been diagnosed with cancer, heart disease, stroke, Huntington's disease or diabetes, under the age of 60? ☐ Yes ☐ No
7. In the last five years have you had any advice/counselling or treatment for alcohol or drug use/dependence? ☐ Yes ☐ No
8. Do you now engage or do you intend to engage in air travel or activities other than as a farepaying passenger, motor racing, underwater diving, parachuting, hang gliding, mountaineering or any other pursuits considered dangerous or hazardous by an average person? ☐ Yes ☐ No
9. Have you ever claimed or applied to claim on any type of disability, trauma, sickness and accident, Department of Veterans' Affairs or workers' compensation policy? ☐ Yes ☐ No
10. Have you ever had or applied for any life, disability, accident and sickness or trauma cover that was declined, or accepted with a loading, exclusion or cover than that originally applied for? ☐ Yes ☐ No

\* HIV risk situations are those in which you have been potentially exposed to HIV infection. These situations include, but are not limited to, intercourse with someone you know or suspect to be HIV-positive and intravenous drug use.

## SECTION 4 – 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 the 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 life insurance.

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

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know; or
- for which your duty of compliance is waived by the Insurer.

Your Duty of Disclosure continues until we accept your application and issue you with insurance cover. It also applies if you seek to extend, vary or reinstate the contract.

### 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 three 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 life insurance may, within three years of entering into it, elect not to avoid it but 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 had disclosed all relevant matters to the Insurer.

### PRIVACY

The information you provide on this form is collected by and held for Prime Super by the fund Administrator and may be disclosed to third parties who are involved in activities related to your membership or provided to lawfully authorised government agencies in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*. We only use the information for the purpose of administering your membership or related purposes. The insurance application information (including sensitive and/or health information) you provide in this form is usually disclosed to third parties, including the Insurer or medical consultant who may be involved with the assessment of this application, and is held by the fund Administrator and the Insurer. For further information about privacy or to obtain a free copy of our Privacy Policy, please visit [www.primesuper.com.au](http://www.primesuper.com.au), call us on 1800 675 839, write to us at Locked Bag 5103, Parramatta, NSW 2124 or email us at [administration@primesuper.com.au](mailto:administration@primesuper.com.au).

## SECTION 5 – MEMBER DECLARATION

**Read this section carefully before signing**

My decision to apply for insurance under MLC Group Insurance is based on the current *Short-form PDS – Superannuation (HIP division)* and/or Policy Document for the relevant product that I have received and my understanding of the information it contains.

I understand and agree that:

- a) I have read the Duty of Disclosure. I understand that, until MLC accepts this application for insurance, I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to MLC's acceptance of this application and that if I fail to comply with my duty of disclosure MLC may (as permitted by law) cancel this contract or reduce the benefits under it;
- b) the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete, and the answers given form the basis of the contract;
- c) if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are correct;
- d) where this application is for insurance cover under a superannuation fund, I will provide MLC or the Trustee with any information which relates to my membership of that fund which they may request;
- e) no additional insurance is effective until MLC accepts this application;
- f) I authorise MLC to provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by MLC with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance.
- g) I understand my personal and sensitive information will be used in accordance with Prime Super's Privacy Policy (available at [www.primesuper.com.au](http://www.primesuper.com.au)) and MLC's Privacy Policy (available at [www.mlc.com.au](http://www.mlc.com.au)) which I have read and understood and agree to the use, storage and disclosure of my information as described in those policies.

Member's Name (Please print)

[illegible]

Member Signature

Date (DDMMYYYY)

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## WHERE TO SEND THIS FORM

Once completed please return this form to us via mail, fax or email.

**Mail** Prime Super  
Locked Bag 5103  
Parramatta NSW 2124

**Freecall** 1800 675 839

**Fax** 1800 023 662

**Email** [administration@primesuper.com.au](mailto:administration@primesuper.com.au)

If you have any questions about this form or Prime Super please call us on **1800 675 839** (8.00am to 8.00pm Monday-Friday Sydney time).