



See the latest *Insurance guide (Industry Super)* before completing this application. Find it at [cbussuper.com.au/insurance](https://cbussuper.com.au/insurance) or call us on **1300 361 784** for a copy.

Insurance is issued under a group policy with our insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848.

# Change my insurance Industry Super

## September 2025

This information is about Cbus Super. It doesn't account for your specific needs. Please consider your financial position, objectives and requirements before making financial decisions. Read the relevant Product Disclosure Statement (PDS) and Target Market Determination to decide if Cbus Super is right for you. Call **1300 361 784** or visit [cbussuper.com.au](https://cbussuper.com.au).

The case studies provided are for illustrative purposes only.

United Super Pty Ltd ABN 46 006 261 623 AFSL 233792 as Trustee for the Construction and Building Unions Superannuation Fund ABN 75 493 363 262 (Cbus and/or Cbus Super).

Use of 'us', 'we', 'our' or 'the Trustee' is a reference to United Super Pty Ltd.

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## Who should use this form?

Use this form if you're an Industry Super member and want to:



**Apply**  
for new insurance cover



**Increase or reduce**  
your current cover



**Cancel**  
some or all of your cover

You can also use it to change your income protection cover waiting period or benefit payment period (if applicable).

If you want to transfer cover that you have with another super fund or insurer to Cbus Super, please apply online (see below) or complete a *Transfer my other insurance* form available at [cbussuper.com.au/forms](https://cbussuper.com.au/forms).

## Go online and ditch the paperwork

Simply log in at [cbussuper.com.au/login](https://cbussuper.com.au/login), go to insurance and follow the prompts.

## What sort of cover can you get?

You can apply for:

- death cover
- total and permanent disablement (TPD) cover
- income protection (IP) cover for accidents and illnesses

Your cover comes in units. How much cover you can get per unit, and how much it costs, depends on your age, your occupation category and for IP cover, your salary (see the tables on the following pages).

➤ **Check your occupation category in step 3 of the form.**

## Get the right advice

Questions about your cover? Call our Advice team on **1300 361 784** and we'll help you sort it.



## Change my insurance


### How much cover can you get?

You can apply for cover up to the following limits, as long as you meet some basic conditions for the type of cover you want. See step 4 of the form to check if you're eligible.

**All members**


Death cover


**\$5 million**



TPD cover

**\$3 million**



IP cover 

**87%** of your monthly income **or** **\$30k** a month

**whichever is less**

**Other IP options**

**Waiting period**

**30 days**  
Costs more, but you can get paid quicker

**or**

**90 days**  
Costs less, but you'll wait longer for payments

**Payment period**

**2 years**  
Costs less, but your payments will stop sooner

**or**

**5 years**  
Costs more, but you can be paid for longer

You'll be covered if your application is approved by our insurer and you meet the policy requirements when you claim.



If you're applying for more cover, we must receive your accurately completed form within 31 days from when you signed and dated it.

### Choosing your cover

To work out your cover, think about what financial support you or your family might need if you had to stop working because you were sick or injured.

Consider your:

- **income** – how much do you earn now and what could you earn in the future?
- **savings** – how much do you have and how long would it last if you couldn't work?
- **debts** – do you have a mortgage, loans or other expenses?
- **assets** – do you own any property, shares or other investments?

Use the tables on the following pages to work out how much cover you need and how much it will cost based on your age and occupation category. To read more about what happens if you need to claim, see the relevant insurance guide on our website (details below).

As the cost comes out of your super, along with the benefits of insurance you should also consider the impact that higher levels of cover may have on your retirement savings over time.

Make sure you have enough money in your super account to pay the cost of the cover you're applying for and any other cover you have with us. Otherwise, your cover won't change and you'll need to reapply.



#### Get a quick snapshot

Use our simple *Insurance needs calculator* to see how much cover you might need.

Get started at [cbussuper.com.au/calculators](https://cbussuper.com.au/calculators).

### Reducing or cancelling your cover

Cbus Super members work in some tough conditions – and insurance can protect you and your family if the worst happens. Before you decrease or cancel your insurance, think carefully about what losing your income could mean for you and those who depend on you.

If you change your mind and want cover later, you'll need to provide detailed health and other information for our insurer to consider, and you may not qualify for cover. Give us a call or get financial advice if you'd like some help before you make any changes.



#### Read your insurance guide to understand your cover

Some words used in this application (such as **senior manager or executive** and **annual taxable income**) have specific meanings. To understand them, check the *Insurance guide (Industry Super)* at [cbussuper.com.au/forms](https://cbussuper.com.au/forms).

### Death and TPD cover – manual and electech members

Amount and cost per unit								
Age	Manual				Electech			
	Death	Weekly cost	TPD	Weekly cost	Death	Weekly cost	TPD	Weekly cost
15–20	\$52,000	\$1.03	\$52,000	\$0.69	\$50,000	\$0.63	\$50,000	\$0.36
21–24	\$52,000	\$1.03	\$39,000	\$0.69	\$50,000	\$0.63	\$50,000	\$0.36
25–29	\$52,000	\$1.11	\$39,000	\$1.73	\$50,000	\$0.70	\$50,000	\$0.94
30–34	\$52,000	\$1.11	\$36,400	\$1.73	\$50,000	\$0.70	\$50,000	\$0.94
35–39	\$52,000	\$1.52	\$33,800	\$2.51	\$50,000	\$1.14	\$50,000	\$1.73
40–44	\$52,000	\$1.52	\$31,200	\$2.51	\$50,000	\$1.14	\$50,000	\$1.73
45–49	\$52,000	\$1.52	\$26,000	\$2.51	\$50,000	\$1.14	\$50,000	\$1.73
50	\$52,000	\$2.20	\$26,000	\$3.04	\$50,000	\$1.81	\$50,000	\$2.14
51	\$48,000	\$2.20	\$25,000	\$3.04	\$50,000	\$1.81	\$50,000	\$2.14
52	\$44,000	\$2.20	\$25,000	\$3.04	\$50,000	\$1.81	\$50,000	\$2.14
53	\$39,500	\$2.20	\$25,000	\$3.04	\$50,000	\$1.81	\$50,000	\$2.14
54	\$35,000	\$2.20	\$25,000	\$3.04	\$50,000	\$1.81	\$50,000	\$2.14
55	\$33,000	\$2.20	\$23,000	\$3.04	\$50,000	\$1.81	\$46,000	\$2.14
56	\$31,000	\$2.20	\$21,000	\$3.04	\$50,000	\$1.81	\$42,000	\$2.14
57	\$29,000	\$2.20	\$18,750	\$3.04	\$50,000	\$1.81	\$37,500	\$2.14
58	\$27,000	\$2.20	\$16,500	\$3.04	\$50,000	\$1.81	\$33,000	\$2.14
59	\$25,000	\$2.20	\$14,250	\$3.04	\$50,000	\$1.81	\$28,500	\$2.14
60	\$25,000	\$2.20	\$12,000	\$3.04	\$50,000	\$1.81	\$24,000	\$2.14
61	\$25,000	\$2.20	\$10,500	\$3.04	\$50,000	\$1.81	\$19,500	\$2.14
62	\$25,000	\$2.20	\$9,500	\$3.04	\$50,000	\$1.81	\$15,000	\$2.14
63	\$25,000	\$2.20	\$8,500	\$3.04	\$50,000	\$1.81	\$10,500	\$2.14
64	\$25,000	\$2.20	\$7,500	\$3.04	\$50,000	\$1.81	\$5,000	\$2.14
65 <sup>1</sup>	\$12,500	\$2.20	\$6,250	\$3.04	\$10,000	\$1.81	\$5,000	\$2.14
66 <sup>1</sup>	\$10,000	\$2.20	\$5,000	\$3.04	\$10,000	\$1.81	\$5,000	\$2.14
67 <sup>1</sup>	\$8,000	\$2.20	\$4,000	\$3.04	\$10,000	\$1.81	\$5,000	\$2.14
68–69 <sup>1</sup>	\$6,000	\$2.20	\$3,000	\$3.04	\$10,000	\$1.81	\$5,000	\$2.14

<sup>1</sup> If you're a manual member, your TPD cover will stop when you turn 65 unless you extend it. See your insurance guide for details or complete an *Application to extend TPD cover* form available at [cbussuper.com.au/forms](http://cbussuper.com.au/forms).



### Case study

Joe is a plasterer, so he's covered under the manual occupation category. He currently has 4 units of death cover and 4 units of TPD cover, and he'd like another 2 units of TPD cover.

### Joe's cover

Manual, age 32

#### Cover amount

Death cover

**4 x \$52,000 = \$208,000**

TPD cover

**6 x \$36,400 = \$218,400**

#### Weekly cost

Death cover

**4 x \$1.11 = \$4.44**

TPD cover

**6 x \$1.73 = \$10.38**

Total weekly cost

**= \$14.82**

Death and TPD cover – non-manual and professional members

Amount and cost per unit								
Age	Non-manual				Professional			
	Death	Weekly cost	TPD	Weekly cost	Death	Weekly cost	TPD	Weekly cost
15–24	\$122,500	\$0.59	\$122,500	\$0.28	\$153,125	\$0.59	\$153,125	\$0.28
25–29	\$122,500	\$0.63	\$122,500	\$0.75	\$153,125	\$0.63	\$153,125	\$0.75
30	\$119,400	\$0.63	\$119,400	\$0.75	\$149,250	\$0.63	\$149,250	\$0.75
31	\$116,100	\$0.63	\$116,100	\$0.75	\$145,125	\$0.63	\$145,125	\$0.75
32	\$112,900	\$0.63	\$112,900	\$0.75	\$141,125	\$0.63	\$141,125	\$0.75
33	\$109,400	\$0.63	\$109,400	\$0.75	\$136,750	\$0.63	\$136,750	\$0.75
34	\$105,700	\$0.63	\$105,700	\$0.75	\$132,125	\$0.63	\$132,125	\$0.75
35	\$102,000	\$1.09	\$102,000	\$1.53	\$127,500	\$1.09	\$127,500	\$1.53
36	\$96,700	\$1.09	\$96,700	\$1.53	\$120,875	\$1.09	\$120,875	\$1.53
37	\$91,500	\$1.09	\$91,500	\$1.53	\$114,375	\$1.09	\$114,375	\$1.53
38	\$86,200	\$1.09	\$86,200	\$1.53	\$107,750	\$1.09	\$107,750	\$1.53
39	\$81,000	\$1.09	\$81,000	\$1.53	\$101,250	\$1.09	\$101,250	\$1.53
40	\$75,500	\$1.09	\$75,500	\$1.53	\$94,375	\$1.09	\$94,375	\$1.53
41	\$72,400	\$1.09	\$72,400	\$1.53	\$90,500	\$1.09	\$90,500	\$1.53
42	\$69,300	\$1.09	\$69,300	\$1.53	\$86,625	\$1.09	\$86,625	\$1.53
43	\$66,200	\$1.09	\$66,200	\$1.53	\$82,750	\$1.09	\$82,750	\$1.53
44	\$63,200	\$1.09	\$63,200	\$1.53	\$79,000	\$1.09	\$79,000	\$1.53
45	\$61,500	\$1.09	\$61,500	\$1.53	\$76,875	\$1.09	\$76,875	\$1.53
46	\$61,000	\$1.09	\$61,000	\$1.53	\$76,250	\$1.09	\$76,250	\$1.53
47	\$60,400	\$1.09	\$60,400	\$1.53	\$75,500	\$1.09	\$75,500	\$1.53
48	\$60,200	\$1.09	\$60,200	\$1.53	\$75,250	\$1.09	\$75,250	\$1.53
49	\$60,100	\$1.09	\$60,100	\$1.53	\$75,125	\$1.09	\$75,125	\$1.53
50	\$59,800	\$1.82	\$47,300	\$1.91	\$74,750	\$1.82	\$59,125	\$1.91
51	\$55,300	\$1.82	\$43,500	\$1.91	\$69,125	\$1.82	\$54,375	\$1.91
52	\$50,800	\$1.82	\$39,700	\$1.91	\$63,500	\$1.82	\$49,625	\$1.91
53	\$45,700	\$1.82	\$33,900	\$1.91	\$57,125	\$1.82	\$42,375	\$1.91
54	\$42,200	\$1.82	\$26,500	\$1.91	\$52,750	\$1.82	\$33,125	\$1.91
55	\$39,600	\$1.82	\$26,500	\$1.91	\$49,500	\$1.82	\$33,125	\$1.91
56	\$37,000	\$1.82	\$23,800	\$1.91	\$46,250	\$1.82	\$29,750	\$1.91
57	\$34,400	\$1.82	\$21,100	\$1.91	\$43,000	\$1.82	\$26,375	\$1.91
58	\$31,600	\$1.82	\$18,500	\$1.91	\$39,500	\$1.82	\$23,125	\$1.91
59	\$29,000	\$1.82	\$15,800	\$1.91	\$36,250	\$1.82	\$19,750	\$1.91
60	\$26,600	\$1.82	\$13,300	\$1.91	\$33,250	\$1.82	\$16,625	\$1.91
61	\$24,200	\$1.82	\$12,100	\$1.91	\$30,250	\$1.82	\$15,125	\$1.91
62	\$22,000	\$1.82	\$11,000	\$1.91	\$27,500	\$1.82	\$13,750	\$1.91
63	\$20,500	\$1.82	\$10,250	\$1.91	\$25,625	\$1.82	\$12,813	\$1.91
64	\$20,500	\$1.82	\$10,250	\$1.91	\$25,625	\$1.82	\$12,813	\$1.91
65 <sup>1</sup>	\$14,400	\$1.82	\$7,200	\$1.91	\$18,000	\$1.82	\$9,000	\$1.91
66 <sup>1</sup>	\$11,500	\$1.82	\$5,750	\$1.91	\$14,375	\$1.82	\$7,188	\$1.91
67 <sup>1</sup>	\$9,400	\$1.82	\$4,700	\$1.91	\$11,750	\$1.82	\$5,875	\$1.91
68–69 <sup>1</sup>	\$8,200	\$1.82	\$4,100	\$1.91	\$10,250	\$1.82	\$5,125	\$1.91

<sup>1</sup> Your TPD cover will stop when you turn 65 unless you extend it. See your insurance guide for details or complete an *Application to extend TPD cover* form available at [cbussuper.com.au/forms](https://cbussuper.com.au/forms).



Case study

Sue is an architect and is covered under the professional occupation category. She has 4 units of death cover and 6 units of TPD cover, and wants to increase her death cover to 8 units.

She also applies for IP cover. Using the tables on page 5, she chooses 18 units (the maximum for her salary of \$108,000), with a 30-day waiting period and a 2-year payment period.

Sue's cover  
Professional, age 45

Cover amount

Death cover

8 x \$76,875 = \$615,000

TPD cover

6 x \$76,875 = \$461,250

IP cover

18 x \$100 = \$1,800 a week

Weekly cost

Death cover

8 x \$1.09 = \$8.72

TPD cover

6 x \$1.53 = \$9.18

IP cover

18 x \$0.71 = \$12.78

Total weekly cost

= \$30.68


# Change my insurance

## IP cover

Maximum IP units based on your salary				1 unit = \$100 cover a week
Units	Your annual pre-tax income	Units	Your annual pre-tax income	
1	\$0.00 – \$6,117	13	\$73,412 – \$79,529	
2	\$6,118 – \$12,235	14	\$79,530 – \$85,647	
3	\$12,236 – \$18,352	15	\$85,648 – \$91,764	
4	\$18,353 – \$24,470	16	\$91,765 – \$97,882	
5	\$24,471 – \$30,588	17	\$97,883 – \$104,000	
6	\$30,589 – \$36,705	18	\$104,001 – \$110,117	
7	\$36,706 – \$42,823	19	\$110,118 – \$116,235	
8	\$42,824 – \$48,941	20	\$116,236 – \$122,352	
9	\$48,942 – \$55,058	21	\$122,353 – \$128,470	
10	\$55,059 – \$61,176	22	\$128,471 – \$134,588	
11	\$61,177 – \$67,294	23	\$134,589 – \$140,705	
12	\$67,295 – \$73,411	24	\$140,706 – \$146,823	

If your income is more than \$146,823 per year, you can work out how many units you need using this formula:

**Your annual income × 0.87 ÷ 52 ÷ 100 = How many units you need** (rounded up to a whole number)



**Don't pay for more cover than you need**

Don't apply for cover above the maximum for your salary range, as this would mean you'd be paying for more cover than you could get if you made a claim.


Age	Weekly cost per unit – 30-day waiting period					
	2-year payment period			5-year payment period		
	Manual/Electech	Non-manual	Professional	Manual/Electech	Non-manual	Professional
15-19	\$0.69	\$0.27	\$0.24	\$0.92	\$0.34	\$0.31
20-24	\$0.69	\$0.27	\$0.24	\$0.94	\$0.35	\$0.32
25-29	\$0.69	\$0.27	\$0.24	\$0.97	\$0.36	\$0.32
30-34	\$0.85	\$0.34	\$0.31	\$1.24	\$0.46	\$0.41
35-39	\$1.10	\$0.44	\$0.40	\$1.65	\$0.62	\$0.56
40-44	\$1.49	\$0.59	\$0.53	\$2.31	\$0.86	\$0.77
45-49	\$1.99	\$0.79	\$0.71	\$3.17	\$1.19	\$1.07
50-54	\$2.79	\$1.11	\$1.00	\$4.57	\$1.71	\$1.54
55-59	\$4.03	\$1.60	\$1.44	\$6.77	\$2.53	\$2.28
60-64	\$5.69	\$2.01	\$1.81	\$8.17	\$3.25	\$2.93

# Change my insurance

## IP cover (continued)

Age	Weekly cost per unit – 90-day waiting period					
	2-year payment period			5-year payment period		
	Manual/Electech	Non-manual	Professional	Manual/Electech	Non-manual	Professional
15-19	\$0.29	\$0.12	\$0.11	\$0.44	\$0.16	\$0.14
20-24	\$0.29	\$0.11	\$0.10	\$0.43	\$0.15	\$0.14
25-29	\$0.27	\$0.10	\$0.09	\$0.42	\$0.15	\$0.14
30-34	\$0.30	\$0.12	\$0.11	\$0.50	\$0.18	\$0.16
35-39	\$0.41	\$0.16	\$0.14	\$0.70	\$0.25	\$0.23
40-44	\$0.57	\$0.23	\$0.21	\$1.00	\$0.35	\$0.32
45-49	\$0.90	\$0.36	\$0.32	\$1.60	\$0.57	\$0.51
50-54	\$1.41	\$0.56	\$0.50	\$2.60	\$0.92	\$0.83
55-59	\$2.37	\$0.94	\$0.85	\$4.47	\$1.58	\$1.42
60-64	\$3.26	\$1.15	\$1.04	\$5.52	\$1.95	\$1.76

## Contact us




**1300 361 784** 8am to 8pm (AEST/AEDT)  
Monday to Friday, closed on national public holidays



**[cbusenq@cbussuper.com.au](mailto:cbusenq@cbussuper.com.au)**  
**[cbussuper.com.au](https://cbussuper.com.au)**  
Log in to chat to us online



Cbus Super, Locked Bag 5056  
PARRAMATTA NSW 2124



Visit us in person in Adelaide, Brisbane,  
Melbourne, Perth and Sydney.  
Details: **[cbussuper.com.au/contact](https://cbussuper.com.au/contact)**



# Change my insurance: Industry Super

Use this form to apply for, change or cancel insurance cover.

Please use black or blue pen and CAPITAL letters. Use an X in boxes where required.



### The duty to take reasonable care

Before you sign an insurance contract, you must tell us honestly and completely anything you know that could affect the decision to insure you. If you don't, you may get less cover or none at all if you need to make a claim. Please read the important details about your duty to take reasonable care at the end of this form, and consider the answers you've given before you sign and submit this application to us.



### Go online and ditch the paperwork

You can apply for new cover, increase or decrease your cover or cancel cover online. Simply log in at [cbussuper.com.au/login](https://cbussuper.com.au/login), go to insurance and follow the prompts. If you only want to cancel your cover, you can also give us a call.

**Get the right advice:** Questions about your cover? Call our Advice team on **1300 361 784** and we'll help you sort it.

## Step 1: Provide your personal details

Cbus Super member number

Title

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other 

Date of birth

 D  D /  M  M /  Y  Y  Y  Y

Gender

☒ Male ☒ Female

Given name(s)

Family name

Home phone

 (  )           

Mobile

Email address (providing your email means you give us permission to use it)

**Residential address**

Suburb/town

State

Postcode

**Postal address** (complete if different from your residential address)

Suburb/town

State

Postcode

## Step 2: How do you want to change your cover?

☐ **Get new cover or more cover** (including increasing your IP payment period or reducing your waiting period, if applicable)

☒ Complete **all steps**

☐ **Get less cover** (including reducing your IP payment period or increasing your waiting period, if applicable)

☒ Complete **steps 3, 5, 6 and 8**

☐ **Cancel your cover**

☒ Complete **steps 6 and 8**



### Step 3: Choose your occupation category

Choose the occupation category below that describes your current work. We'll check your occupation category if you make a claim, so contact us if you're not sure which category applies to you.

<input type="checkbox"/> <b>Manual</b>	<ul style="list-style-type: none"> <li>You do manual or physical work, and</li> <li>You don't qualify for any other category</li> </ul>
<input type="checkbox"/> <b>Electech</b>	<ul style="list-style-type: none"> <li>You're an electrical worker in a classification set out in schedule A of either the <i>Electrical, Electronic &amp; Communications Contracting Award 2020</i> or <i>Electrical Power Industry Award 2020</i>.</li> </ul>
<input type="checkbox"/> <b>Non-manual</b>	<ul style="list-style-type: none"> <li>You do only administrative, managerial or professional work (and no manual work)</li> <li>At least 80% of your work is in an office, and</li> <li>You don't qualify for the professional category</li> </ul>
<input type="checkbox"/> <b>Professional</b>	<ul style="list-style-type: none"> <li>You do only administrative, managerial or professional work (and no manual work)</li> <li>At least 80% of your work is in an office</li> <li>Your annual taxable income from your primary occupation is over \$100,000 (pro-rated if part time), and</li> <li>You're a senior manager or executive, or have a university degree or higher qualification</li> </ul>

### Step 4: Check if you can get more cover

Complete this step if you're applying for new or more cover (including increasing your IP payment period or decreasing your waiting period).

<b>All cover</b>	Are you entitled to, applying for or have you received a total and permanent disablement or terminal illness payment from a super fund or insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered <b>yes</b> to any of these questions, you can't get any or more death, TPD or IP cover
	Do you have a terminal illness with a life expectancy of 24 months or less from when it was diagnosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you under 15 or over 70?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>IP cover</b>	Are you an Australian resident? This means an Australian citizen or permanent resident (under section 30 of the <i>Migration Act 1958</i> ), or someone living in Australia on an approved working visa.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you answered <b>no</b> to this question, you can't get any or more IP cover
	Are you working less than 15 hours a week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you work (either full-time or part-time) in an excluded occupation? See your <i>Insurance guide (Industry Super)</i> at <a href="http://cbussuper.com.au/forms">cbussuper.com.au/forms</a> for a list of these occupations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you over 65?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Step 5: Consider electing to keep your cover (optional)

Do you want to keep your insurance cover if your account becomes inactive? ☐ Yes

If your account becomes inactive (that is, it doesn't receive any contributions or roll-ins for 16 months), any death and TPD cover – including any future cover – will stop unless you've elected to keep it. See your insurance guide for more details, including other reasons why your cover may stop and when it may restart. You can change your mind and cancel cover at any time.



Please consider what insurance is right for your circumstances and the impact insurance premiums can have on your account balance.



## Step 6: Choose your cover

- apply for more or less cover
- cancel some or all of your cover
- change your IP waiting period or payment period



Use our *Insurance needs calculator* at [cbussuper.com.au/calculators](http://cbussuper.com.au/calculators) and the attached guide to help work it out.

If you cancel your cover and change your mind later, you'll need to apply and provide detailed health and other information for our insurer to consider (see **step 7**) – and you may not qualify for cover. Call us or get financial advice before you make any changes.

## Part A: Select your death and TPD cover

Write down the total amount of cover you'd like, in dollars or units. Or mark the relevant box(es) to cancel your death or TPD cover (or both).

I want the following cover				I want to cancel this cover	
Death cover	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Up to \$5 million	OR <input type="text"/> <input type="text"/> units	OR	<input type="text"/>	
TPD cover	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Up to \$3 million (including cover with any other super fund or insurer)	OR <input type="text"/> <input type="text"/> units		<input type="text"/>	

Choose IP options below or mark the box to cancel your IP cover.

I want the following cover

IP cover

Maximum cover available
 OR
   units

87% of your monthly salary or \$30,000 a month (whichever is less)

Waiting period

30 days
 OR
  90 days

This is how long you're willing to wait to receive IP payments if you can't work because of an accident or illness. Payments will start after your waiting period ends, and be paid monthly in arrears.

Payment period

2 years
 OR
  5 years

This is how long your IP payments can continue for if you make a claim.

I want to cancel this cover

OR

If your application is approved, the cover you've requested will replace the cover that you currently have with us, as long as you have enough money in your account to pay for it. Any cover you don't change will continue until you cancel it or it stops for another reason outlined in your insurance guide.

If you've chosen a dollar amount or the maximum available, we'll calculate the number of units that will apply, rounded up to the next whole unit.

We'll write to you to confirm any changes to your cover (including any exclusions) and the cost.



### Electech, non-manual and professional members

## Under 25 or have less than \$6,000, and don't already have cover?

By law, you will be given automatic cover (if you're eligible for it) when your account balance reaches \$6,000 and you've turned 25.

Check your insurance guide at [cbussuper.com.au/icover](http://cbussuper.com.au/icover) to see what automatic cover you could get based on your age and occupation category, in addition to the cover you've selected on this form.

You should consider electing to receive automatic cover before completing this form (but your cover may be limited depending on when you tell us you want it). Simply visit [cbussuper.com.au/want-cover](https://cbussuper.com.au/want-cover) to make your election.

## Next steps

### Applying for or increasing your cover?

**> Go to step 7**

### Reducing or cancelling your cover only?

**> Go to step 8**

## Step 7: Tell us about your health and work

### Complete this step if you're:

- applying for new or more cover
- increasing your IP payment period
- decreasing your IP waiting period

Please complete this section in full and give more information where requested.



### Need some help? Call us on 1300 361 784

If you have any questions or aren't sure about what information to include, call us and we'll be happy to help.

## General information and habits

How tall are you?    cm

How much do you weigh?    kg

Do you drink alcohol?

☐ Yes ☐ No

> If yes, state type and daily quantity.

Have you smoked, vaped, used tobacco or nicotine replacement products in the last 12 months?

☐ Yes ☐ No

> If yes, state type (cigarettes, cigars, pipe, e-cigarettes/vapes, etc.) and daily quantity.

In the last 5 years, have you smoked or vaped any substance other than tobacco or nicotine products?

☐ Yes ☐ No

> If yes, state substances used, how often, date first used and when last used.

## Your medical history



If you answer **yes** to any of these questions, please give more information in the table on **page 5**.

Please note that if we need further medical information from your health providers, we'll seek your consent and ask you to complete a form.

1. Have you ever had or received medical advice or treatment (including surgery) for, any of the following?

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| (a) Chest pain, high blood pressure, raised cholesterol or any heart or circulatory disorder   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Diabetes, hepatitis or any condition of the thyroid, liver, kidney, prostate or urinary bladder condition  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Asthma, sleep apnoea, silicosis, or any respiratory or other lung condition (other than a cold)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Any injury, disease or disorder of the back, neck, shoulder or any other joint, bone, muscle, tendon or ligament condition, including arthritis or gout  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (g) Cancer, tumour, melanoma, sunspot, mole or malignant growth of any kind  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (i) Hernia, gall bladder, bowel or stomach condition (other than an upset stomach, constipation, diarrhoea or gastro, where these were short, isolated episodes from which you've fully recovered)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery), or impaired hearing or tinnitus | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Apart from any condition you have already disclosed, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis?

☐ Yes ☐ No

3. Have you been infected with the human immunodeficiency virus (HIV) or tested positive for acquired immunodeficiency syndrome (AIDS)?

☐ Yes ☐ No

4. Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms?

☐ Yes ☐ No

5. Have you undergone or are you about to undergo any health screening for silicosis relating to either a pre-employment assessment or your employment, in view of past, current, or future work with engineered stone?

☐ Yes ☐ No

6. Apart from treating any condition already disclosed, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives and treatment for hay fever, hair loss and acne)?

☐ Yes ☐ No

7. Apart from any condition you have already disclosed, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last three years?

☐ Yes ☐ No

## Step 7: Tell us about your health and work (continued)

### More information

Complete this section if you answered yes to any of questions 1 to 7 on the previous page. If you need more room, please complete on a separate page and include with your application.

	Question number <input type="text"/>	Question number <input type="text"/>	Question number <input type="text"/>
Medical condition			
What symptoms did you have?			
When did they start?	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Which part of your body was affected?			
What was the medical diagnosis (including results of any x-rays and investigations)?			
How often did symptoms occur (daily, weekly etc.)?			
How severe were they (mild, moderate, severe)?			
How long did they last?			
How long couldn't you work or do your normal duties or activities?			
If you had to go to hospital, please give details of when and for how long			
What advice, treatment or medication did you receive?			
If you're still getting treatment, give details of what sort and how often			
If you've stopped your treatment/medication, when did it stop?	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
When did you last have any symptoms?	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Degree of recovery	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %

### Health screening

What have you been screened for and when did this occur?			
What tests did you have as part of the screening and what were the results?			
Is follow up required and when will this occur?			
Name and address of medical practitioner who treated you for this condition			

## Step 7: Tell us about your health and work (continued)

## Your family history

8. Has anyone in your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before age 65?

Heart disease (for example, angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

☐ Yes ☒ Give details below

☐ No

☐ Yes ☒ Give details below

☐ No

[illegible]

## Your work and income

9. What's your job?

10. What are your main work duties (for example, general labour, traffic management, office work) and what proportion of your work time do you spend on each one?

	%
	%
	%

Employer name

Street number	Street name
---------------	-------------

Street number	Street name
---------------	-------------

Suburb/town	State	Postcode
-------------	-------	----------

Suburb/town	State	Postcode
-------------	-------	----------

Suburb/town	State	Postcode
-------------	-------	----------

11. What was your annual taxable income last financial year?

\$  We need this as income-based maximums apply to your TPD and IP cover.

## Activities and pastimes

12. Do you currently engage in or intend to engage in any pastime and / or sport that may increase the likelihood of injury or illness compared to others not involved in such activity(ies)? ☐ Yes ☐ No

☐ Yes ☐ No

- Underwater diving
- Football, rugby, soccer
- Horse / equestrian sports
- Martial arts, combat sports
- Competitive road cycling, mountain bike riding
- Mountaineering, outdoor rock climbing or abseiling
- Hang gliding, paragliding, skydiving, parachuting
- Competitive surfing, water or snow skiing / boarding
- Motor sports (excluding using motorcycle / vehicle for commuting purpose)
- Flying as a pilot, crew or passenger in an aircraft / vessel (other than travel with a major commercial airline).

13. Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? ☐ Yes ☐ No

☐ Yes ☐ No

**>** If yes, give details of where, when, why and for how long.

Step 7: Tell us about your health and work (continued)

Your insurance history

14. Are you claiming or have you ever claimed an insurance payment from any source (e.g. a total and permanent disability benefit from any super fund, workers' compensation, disability pension, Veterans' Affairs or any other insurance policy providing accident or illness benefits)? ☐ Yes ☐ No [Give details below](#)
15. Have you ever had an application for death, disability, trauma, accident or illness insurance declined, deferred or accepted with a loading, exclusion or special terms? ☐ Yes ☐ No [Give details below](#)
16. Apart from this application, do you have or are you applying for any other death, TPD or IP insurance? (Please include cover held and/or applied for through TAL or under superannuation). ☐ Yes ☐ No [Give details below](#)

Name of company			
Cover type			
Sum insured	\$	\$	\$
Application date	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y
Decision			
Reason for decision or claim			
Duration of claim			
Degree of recovery			

Your doctor

Name of your usual doctor or medical centre

Street number Street name

Suburb/town State Postcode

When did you last visit this doctor or medical centre? D D / M M / Y Y Y Y

What was the reason for your last visit?

What was the outcome/results?

If you've been seeing this doctor or medical centre for less than 12 months, please give details of your previous doctor.

Name of your previous doctor or medical centre

Street number Street name

Suburb/town State Postcode

## Step 8: Sign and date this form

Insurance is issued under a group policy with our insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848.

### The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms.
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

### Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.

- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

### Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes that occur between when you complete this application and when your cover starts might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

### If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

### Your privacy is important

Cbus Super must comply with a set of principles known as the Australian Privacy Principles when collecting, using, disclosing, storing, and securing personal information.

We will only share the information collected on this form with our insurer, administrator and others mentioned in the declaration section below to allow us to assess and process your application or any insurance claim you make (or someone else makes for you). We won't pass your personal information on to anyone else without your permission, unless required by law.

For full details of how we collect and disclose your personal information (and how you can access it) see the *Privacy Policy* and *Personal Information Collection Statement* at [cbussuper.com.au/privacy](https://cbussuper.com.au/privacy) or call us on **1300 361 784** for a copy.

If you need information on how our insurer collects, handles, secures and discloses information, the TAL Privacy Policy is available at [tal.com.au/privacy-policy](https://tal.com.au/privacy-policy) or on request to TAL.

### Declaration

I've completed this application truthfully and correctly to the best of my knowledge and I understand that:

- Cbus Super and its insurer will review the information on this application form to assess if I'm eligible for the cover I've applied for and may carry out appropriate checks to verify my answers. My insurance may be affected and I may not be entitled to claim an insurance payment if my answers on this form are shown to be inaccurate or false. This may not occur until claim time.
- Cbus Super and its insurer may need more information about me to assess this application or any insurance claim I make (or someone else makes for me). To allow them to do this, I consent to Cbus Super or the insurer obtaining information about me from legal practitioners, tribunals, courts, investigators, consultants, other insurance or reinsurance companies, and my past and present employers and interpreters (if any). I may also be asked to provide medical consent.
- By signing this application, I also consent to Cbus Super or the insurer disclosing information about me to any of the people or organisations mentioned above if it's required to assess my application or insurance claim or to perform any of their functions.
- By submitting this application I consent to my personal information being used to action my insurance request.

### If I'm applying for new or more cover

- I've read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance.
- My application will be reviewed by the insurer and Cbus Super will write to me to confirm if it's approved, when my new cover starts and any exclusions or other restrictions that apply.

### If I'm reducing or cancelling my cover

- I wish to decrease or cancel my insurance cover under my Cbus Super membership in accordance with my nomination on this application.
- I've considered how my nomination may affect my financial security and that of my dependants.
- Once my application is accepted, I will no longer be insured for any type of cover that I cancelled. This means insurance premiums for this cover will stop being deducted from my account and I won't be able to make an insurance claim for events or conditions that arise after my cover was cancelled.
- If I want more cover in future, I'll need to apply for it and provide health and other information for the insurer to consider, and I may not be able to get cover.



Sign here:

Date

D D / M M / 2 0 Y Y

Send this form to: **Cbus Super, Locked Bag 5056, PARRAMATTA NSW 2124**. Or you can email it to us at [cbusenq@cbussuper.com.au](mailto:cbusenq@cbussuper.com.au).

If you're applying for more cover, we must receive your accurately completed form within 31 days from when you signed and dated it.



Cbus Super  
Locked Bag 5056  
PARRAMATTA NSW 2124



**1300 361 784**  
8am to 8pm (AEST/AEDT)  
Monday to Friday



[cbusenq@cbussuper.com.au](mailto:cbusenq@cbussuper.com.au)  
[cbussuper.com.au](https://cbussuper.com.au)  
Log in to chat to us online



Visit us in person in Adelaide, Brisbane, Melbourne, Perth and Sydney.  
Details: [cbussuper.com.au/contact](https://cbussuper.com.au/contact)