



## Step 2: Check if you can apply for a life event upgrade

Answer the following questions to see if you can apply for a life event increase.

1. Did your life event happen in the past 90 days? Please confirm the date your life event happened: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY YY YY	<input type="checkbox"/> Yes <input type="checkbox"/> No >	If you answered <b>no</b> to any of these questions, you can't apply for a life event upgrade.
2. Were you under 55 years of age when the life event happened?	<input type="checkbox"/> Yes <input type="checkbox"/> No >	
3. Are you currently unable to attend work and perform your usual duties without restriction due to illness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Are you currently unemployed, retired, or on full-time home duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No >	
5. Have you changed your cover under any life event option in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Have you applied for three life event upgrades before?	<input type="checkbox"/> Yes <input type="checkbox"/> No >	
7. 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 >	
8. Do you have any medical assessments, procedures or surgeries planned, or are you waiting for any test results?	<input type="checkbox"/> Yes <input type="checkbox"/> No >	If you answered <b>yes</b> to any of these questions, you can't apply for a life event upgrade.
9. Do you have an illness or injury which your doctor has advised may lead to having a limited time to live?	<input type="checkbox"/> Yes <input type="checkbox"/> No >	
10. Have you been diagnosed with any mental or physical health conditions which may result in you having to stop work for 10 or more days in a row within the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No >	
11. In the last 12 months, have you, due to illness or injury, (including mental or physical health conditions), been prevented from performing your usual occupational duties partially or completely, for 10 or more consecutive days?	<input type="checkbox"/> Yes <input type="checkbox"/> No >	
12. Are you claiming, or are you in the process of lodging a claim for a benefit in connection with an illness or injury (including mental or physical health conditions) from any source, including superannuation, Workers' Compensation, disability pension, Veterans' Affairs, Motor Vehicle Accident scheme or any other insurance providing accident or illness benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No >	
13. Have you ever claimed a benefit for an illness or injury (including mental or physical health conditions) from any source? Examples are superannuation, workers' compensation, disability pension, Veterans' Affairs, Motor Vehicle Accident scheme or any other insurance providing accident or illness benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Answer <b>question 13a</b> Go to <b>step 3</b>
13a. If your answer to the above question is <b>yes</b> , does your response solely relate to a past claim which was closed more than 5 years ago?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Answer <b>question 13b</b> You can't apply for a life event upgrade.
13b. If your answer to the above question is <b>yes</b> , do you have any residual symptoms of mental or physical injury or illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	You can't apply for a life event upgrade. Go to <b>step 3</b>

### What if you can't get a life event upgrade?

You may still be able to get more cover by providing some information about your health and work for our insurer to review. To apply, log in at [mediasuper.com.au/login](http://mediasuper.com.au/login) or complete a *Change my insurance: Industry* form available at [mediasuper.com.au/forms](http://mediasuper.com.au/forms).

### Step 3: Confirm your life event

Choose your life event below along with the type of cover you'd like to upgrade and by how much.

Life event	Cover type and amount		
	Death	TPD	IP
<input checked="" type="checkbox"/> You got married or divorced.	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> \$500 a month <input checked="" type="checkbox"/> \$1,000 a month <input checked="" type="checkbox"/> \$1,500 a month <input checked="" type="checkbox"/> \$2,000 a month
<input checked="" type="checkbox"/> Your spouse or de-facto partner died. Partner means a legal spouse or person living with you on a bona fide domestic basis who may be the same gender as you.	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> \$500 a month <input checked="" type="checkbox"/> \$1,000 a month <input checked="" type="checkbox"/> \$1,500 a month <input checked="" type="checkbox"/> \$2,000 a month
<input checked="" type="checkbox"/> You or your partner had a baby or adopted a child. Partner means a legal spouse or person living with you on a bona fide domestic basis who may be the same gender as you.	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> \$500 a month <input checked="" type="checkbox"/> \$1,000 a month <input checked="" type="checkbox"/> \$1,500 a month <input checked="" type="checkbox"/> \$2,000 a month
<input checked="" type="checkbox"/> Your dependent child started primary or secondary school.	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> \$500 a month <input checked="" type="checkbox"/> \$1,000 a month <input checked="" type="checkbox"/> \$1,500 a month <input checked="" type="checkbox"/> \$2,000 a month
<input checked="" type="checkbox"/> You took out a mortgage of over \$100,000 on your home (or increased your existing mortgage by over \$100,000). By selecting this option you are confirming that the mortgage relates solely to your permanent residence.	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> \$500 a month <input checked="" type="checkbox"/> \$1,000 a month <input checked="" type="checkbox"/> \$1,500 a month <input checked="" type="checkbox"/> \$2,000 a month
<input checked="" type="checkbox"/> You received a salary increase.	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> 1 unit <input checked="" type="checkbox"/> 2 units	<input checked="" type="checkbox"/> \$500 a month <input checked="" type="checkbox"/> \$1,000 a month <input checked="" type="checkbox"/> \$1,500 a month <input checked="" type="checkbox"/> \$2,000 a month

## Step 4: 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

We must comply with 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 [mediasuper.com.au/privacy](http://mediasuper.com.au/privacy) or call us on **1800 640 886** 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](http://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 confirm and understand that:

- Media Super and its insurer will review the information on this application to assess if I'm eligible for the cover I've applied for and may carry out appropriate checks to verify my answers. This may not occur until I make a claim.
- My insurance may be affected and I may not be entitled to claim an insurance payment if my answers on this application are shown to be inaccurate or false.
- Media 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 Media 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 Media 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.
- 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.



Sign here:

Date

DD / MM / 20 YY

Send this form to: **Media Super, Locked Bag 5056, PARRAMATTA NSW 2124**. Or email it to us at [enq@mediasuper.com.au](mailto:enq@mediasuper.com.au). We must receive your application within 90 days from when your life event happened.



Media Super  
Locked Bag 5056  
PARRAMATTA NSW 2124



**1800 640 886**  
8am to 8pm (AEST/AEDT)  
Monday to Friday



[enq@mediasuper.com.au](mailto:enq@mediasuper.com.au)  
[mediasuper.com.au](http://mediasuper.com.au)



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