

Key Life Events option

You are applying to enter a contract of insurance.

As such, you have a duty to disclose all relevant information. Failing to provide the insurer with full and accurate information could result in your insurance being cancelled and any claim could be denied, so it is vital you answer all questions fully and accurately.

Although we ask you specific questions via a personal statement in this form, you should also tell us about any other information that will impact on the insurer’s decision to offer you insurance cover, regardless of whether you deem it to be material or important. This includes current medical issues that require investigation, medication or treatment, even if a diagnosis has not been made.

This obligation applies to all insurance cover relating to this application.

Your Duty of Disclosure continues until you receive written confirmation your application has been accepted. You must contact the insurer if there is any change in your health or circumstances that are relevant to the insurer’s decision on your application. The full Duty of Disclosure is contained within this document and it is important you read it carefully.

Having read the above, I declare the information I am about to provide is honest, true and complete.

Signature

X	Date (DD/MM/YY)								
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Eligibility Rules

Vision Super’s Key Life Events cover option makes it simple for you to vary your cover. You can apply for additional Death only, Death and Total and Permanent Disablement (TPD) or Income protection (IP) cover after a significant life event happens to you.

To be eligible for Life Events cover:

- You must apply within 90 days of the life event.
- This option may exercised more than once but cannot be exercised more than four times within your membership of the fund.
- Only existing Death only, Death/TPD or IP benefits can be increased as a result of a life event. If you have previously opted out, or we have declined an application of this type of cover before you are not eligible for Key Life Events cover.
- Any increases will be accepted on the same basis as existing cover, i.e. any existing exclusions will also apply to cover provided under the Key Life Events cover option.
- To apply for additional cover you must be aged 60 or less.
- We require satisfactory proof to be provided that show the life event has taken place, such as a marriage certificate, birth certificate, adoption documentation, decree nisi, mortgage document, etc.
- For additional information, please refer to the PDS.

Section A – Personal details

Your Vision Super membership number (if known)

Title

Mr Mrs Miss Ms Other

Date of birth (DD/MM/YYYY)

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Given name(s)

Family name

Personal details continued

Postal Address

State

Postcode

Phone number

Email

Job title/occupation

Average number of hours worked (per week)

Employer name

Annual gross salary (before tax and excluding Superannuation Guarantee contributions)

Section B – Eligibility

1. Are you currently not working, or restricted or unable to perform, the full and normal duties and contracted hours of your occupation, due to an illness or injury?
 Yes No
2. Have you :
 - a) In the last 12 months: been unable to work because of injury or illness for more than 10 consecutive days?; or
 - b) been advised that due to illness or injury you will need to take 10 or more consecutive days off work? Yes No
3. Have you ever had an application for death, total and permanent disablement (TPD) and/or Income Protection cover declined?
 Yes No
4. Have you been diagnosed with any illness that reduces your life expectancy to less than 24 months from the date of this application?
 Yes No
5. In the last 5 Years, have you made a claim or are you eligible to make a claim for an injury or illness through Workers' Compensation, sickness benefits, invalid pension or any other cover or insurance policy providing injury or illness benefits (except health insurance)?
 Yes No

If you have answered "Yes" to any of the above questions you, are not eligible for Key Life Events cover. You will need to complete a Personal Statement for your request for cover to be considered. You do not need to complete the rest of this form.

Section C – Key Life Events

If you have recently experienced one of the listed 'key life events' below, all you need to do is complete this form and provide evidence of the event within 90 days of the event occurring.

Please tick (✓) the life event you are applying for:

- Marriage (marriage certificate)
- Birth/Adoption of a child (birth certificate/adoption documentation)
- Mortgage (except refinancing existing mortgage on current home or purchasing an investment property) (mortgage documentation)
- Divorce (decree nisi)
- Death of a spouse (death certificate)
- Child's first day at primary or secondary school (enrolment documentation)
- Carer Allowance payable by Centrelink – (notification letter from Centrelink)

You must supply satisfactory evidence of the occurrence of the life event with your application.

Have you included a copy of an official document that proves the event has taken place, and the date of that event? Yes

Section D – Type and amount of cover

You should assess your insurance needs and be aware that any increases will be in addition to your existing level and type of insurance cover held in Vision Super. Please refer to the Vision Super PDS for more information.

Death only and/or Death and Total & Permanent Disablement cover

The increase in cover applied for is the lesser of \$200k or double your existing cover.

I would like to apply for:

- Death cover only
- Death and Total & Permanent Disablement cover

Amount of cover required \$

Income Protection cover

You can apply to increase your cover up to 25% of your existing cover amount (this will be unitised cover and rounded down to the nearest whole unit); or reduce your waiting period to 30 days.

I would like to:

- Reduce my waiting period to 30 days; or
- Increase Income Protection cover to a total of \$

Note: The maximum total Income Protection cover amount cannot exceed \$30,000 a month

Section E – Your duty of disclosure

Duty of Disclosure

When you apply for a life insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the policy.

Your duty of disclosure continued

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as failure by you.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the disclosures that you or the Trustee makes to us.

If you do not tell us something

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

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the policy as if it never existed.

Disclosure – MLC Transfer Applications

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (transfer application), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends.

By submitting a transfer application you consent to this process.

Section F – Privacy of Your Personal Information

I acknowledge that I have access to the Insurer's privacy policy and agree that the Insurer may collect, use, disclose and handle my personal information in a manner set out in the Insurer's privacy policy available on mlcinsurance.com.au

Section G – Declaration and signature

- Please ensure you have met the Eligibility Rules (refer to the first page).
- Please direct all enquiries to Vision Super on: **1300 300 820**.
- Please send this form, along with satisfactory proof of the life event (as shown in Section C) to:
Vision Super. P.O. Box 18041, Collins Street East, VIC 8003.

- I have read and understood the Vision Super Product Disclosure Statement.
- I confirm that I have read the 'Eligibility Rules' section on page one, and that I am eligible to apply for Key Life Events cover.
- I confirm that all statements and declarations given by me are true and correct.
- I understand that if I do not provide all requested information my application will not be processed.
- I understand that my request for increased cover will not commence until Vision Super advises me in writing.
- I acknowledge that the answers and declarations I have provided will form the basis of the contract of insurance.

Member's signature

	Date (DD/MM/YY)								
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