

Life Events Cover Application Form



This form is for members who wish to increase their current death only or death & TPD cover (excluding underwritten cover) under the life events option. The life events option makes it easy to increase cover when certain life-changing events happen, without needing to provide detailed evidence of your health. You must complete all parts of this form and return it within 30 days of the form being signed and dated.

Where the words "we", "us" and "our" appear they refer to the insurer, Hannover Life Re of Australasia Ltd (ABN 37 062 395 484).

Duty of Disclosure

Before you enter into a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance.

This duty of disclosure continues after you have completed this statement until the cover has been issued by us.

The same duty applies before you extend, vary or reinstate the contract.

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 the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to disclose.

If you or the person who becomes the life insured under the policy do not tell us something

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

If you or the life insured does not tell us something that you or they are required to tell us, and we would not have insured you on the same terms if we had been told, we may avoid your cover within 3 years of issuing it.

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

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

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

Section 1: MEMBER DETAILS

| | | | |
|-----------------------------|----------------------|-----------|----------------------|
| Member Number: | <input type="text"/> | | |
| Full Name: | <input type="text"/> | | |
| Residential Address: | <input type="text"/> | | |
| Suburb: | <input type="text"/> | State: | <input type="text"/> |
| | | Postcode: | <input type="text"/> |
| Date of Birth: | <input type="text"/> | Gender: | <input type="text"/> |
| Phone (Home): | <input type="text"/> | Mobile: | <input type="text"/> |
| Email Address: | <input type="text"/> | | |
| Occupation: | <input type="text"/> | | |
| Annual Salary: (Pre-tax) | <input type="text"/> | \$ | <input type="text"/> |

Section 2: SELECT YOUR LIFE EVENT

Important information

The maximum amount of the increase is the lesser of 25% of your cover (excluding underwritten cover), \$200,000, or the amount of a new mortgage. The increase is subject to your total cover not exceeding \$3 million for total and permanent disablement (TPD).

You can only increase your cover (excluding underwritten cover):

- once for each Life Event, and
- once in any 12 month period, and
- for the same type of cover you are currently insured.

To increase your cover (excluding underwritten cover) under the life events option, you must:

- apply within 90 days of your life event, and
- provide all of the required documents outlined under Evidence Required, and
- answer YES to all relevant eligibility statements in Section C.

All of the following conditions must also be met:

- You must have cover on the date the Life Event occurred.
- You must be aged less than 60 on the date the Life Events Cover Application Form was received by the Fund, and
- On the date the Life Event occurred and on the date we accept the Life Events Cover Application Form, you must be at work actively performing all of the normal duties and normal hours of your regular occupation without restriction by any injury or illness, or if on employer approved leave (except leave caused by injury or illness), you must be in our opinion capable of actively performing all of the normal duties and normal hours of your regular occupation, without restriction by any injury or illness.
- You must not have previously been declined for an increase in cover.
- You must not have any non-standard terms applying to your cover, such as an exclusion, premium loading, limitation, special term, condition or restriction.
- You must never have sought medical advice for a condition that would entitle you to apply for or receive a total and permanent disablement benefit, and never have been diagnosed with a terminal illness.

Select the life event you'd like to apply for. Make sure you enclose a copy of the evidence required for your life event with this application.

| Life Event | Evidence Required |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> You got married. | A copy of the marriage certificate. |
| <input type="checkbox"/> You got divorced. | A copy of the divorce certificate. |
| <input type="checkbox"/> You or your partner gave birth or adopted a child/ children. Partner means a legal spouse or a person living with you on a genuine domestic basis. | A copy of the child's birth certificate or adoption certificate. Note: Your name must appear on the birth/adoption certificate. |
| <input type="checkbox"/> You purchased a home for your permanent residence with a mortgage on that residence of at least \$100,000. | Documents from your bank on letterhead proving you've taken out a mortgage for your permanent residence, including the date the loan was established. Note: Your name must appear on the loan documents as a party to the mortgaged residence |
| <input type="checkbox"/> Your child started a private secondary school. | A letter from the private secondary school on letterhead that states that your child is enrolled at the school, their year and the date they started as a student. |

Section 3: CONFIRM YOUR ELIGIBILITY

1. I held insurance cover (excluding underwritten cover) in the fund on the date the Life Event occurred: Yes No
2. I am aged less than 60 on the date the Life Events Cover Application Form will be received by the fund: Yes No
3. I am at work actively performing all of the normal duties and normal hours of my regular occupation without restriction by any injury or illness, or if on employer approved leave (except leave caused by injury or illness), I am capable of actively performing all of the normal duties and normal hours of my regular occupation, without restriction by any injury or illness: Yes No
4. I have not previously been declined for an increase in cover: Yes No
5. I do not have any non-standard terms applying to my cover, such as an exclusion, premium loading, limitation, special term, condition or restriction: Yes No
6. I have never sought medical advice for a condition that would entitle me to apply for or receive a total and permanent disablement benefit, and have never been diagnosed with a terminal illness: Yes No
7. I confirm that I've not previously applied for the same type of event as I'm applying for now. Yes No
8. I confirm that my nominated life event happened within 90 days of the date of this application: Yes No

Please confirm the date your life event happened:

If you answer 'No' to any of these questions you are not eligible to apply for a life event increase to your cover.

Section 4: PRIVACY COLLECTION NOTICE

This Privacy Collection Notice outlines how Hannover Life Re of Australasia Ltd ("Hannover", "we", "us" or "our") collects and handles your personal information in compliance with the Privacy Act 1988 (Cth).

Collection and use

We collect personal information such as identification information and policy details and sensitive information such as health details. Generally, we collect this information so that we can provide our products and services to you and manage, administer, develop and improve our business, including to assess and process your application for insurance, and assess any claims made by you or on your behalf. We generally collect this information directly from you but may on occasions collect it from a third party such as our related bodies corporate, professional advisers or from publicly available information. If you do not provide us with all or part of the personal information we require, we may be unable to provide such services to you.

Disclosure

The information you provide us will be collected by us and may be disclosed to third parties that help us deliver and improve our products and services (including other insurance / reinsurance companies, legal practitioners, medical practitioners, health service providers, hospitals, legal tribunals and courts, dispute resolution bodies, investigators/investigation organisations, third parties authorised by you, any current or former employer, our parent company and other related bodies corporate, professional advisers such as accountants or lawyers or other consultants, service providers that assist us in carrying out our business activities, trustees of superannuation funds, administrator of superannuation funds, an organisation appointed by the trustees of a superannuation fund to receive or give information, interpreters and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law) or as required by law.

Overseas disclosure

We may disclose your personal information to parties located in other countries, including to our related bodies corporate. The countries in which these recipients may be located will vary from time to time, but may include Germany, Canada, Japan, New Zealand, Hong Kong, United Kingdom, United States of America, India, China, Korea, Malaysia, South Africa, Bermuda, Ireland, Sweden and France.

Access

Our Privacy Policy which is available at https://www.hannover-re.com/1094181/australia_lh_privacy (or, by contacting us using the details set out in the 'Contact Us' section below) outlines our personal information handling practices, including details on how you can seek access or correction of the personal information that we hold about you, how to complain if you believe we have breached the Australian privacy laws and our complaint handling processes.

Contact

You may contact Hannover as follows:

The Privacy Officer, Hannover Life Re of Australasia Ltd, Tower 1, Level 33, 100 Barangaroo Avenue SYDNEY NSW 2000
Telephone: (02) 9251 6911 Facsimile: (02) 9251 6862 Email: privacyofficer@hlra.com.au

Section 5: DECLARATION

I declare that:

1. I have read and carefully considered the questions in this document and that all the responses are true and correct.
2. I have read, understand and agree to the terms of our Duty of Disclosure and all my answers are correct and I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application to change occupation rating; and
3. I have read, understand and agree to the terms of HLRA's Privacy Collection Notice. In particular, I consent to HLRA collecting and where required disclosing certain personal information and sensitive information (including medical and health information) from or to third parties (the details of which can be found in HLRA's Privacy Collection Notice https://www.hannover-re.com/1094181/australia_lh_privacy) who may contact me and provide information to me about HLRA or their services,

Furthermore, I acknowledge that:

4. If I do not fully complete this application, or I do not sign and date it, or if it is not received within 30 days of the date I sign it, my occupation rating will not change and I will need to complete a new form; and
5. The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or a claim; and
6. This electronic authority replaces the need for a personally signed Consent, Declaration and Authority to provide information.

Signature:

Date:

Please return this completed form to Emplus PO Box 3528, Tingalpa DC Qld 4173 or email to info@emplus.com.au

Phone: 1800 336 911 Fax: (07) 3899 7299 Website: www.emplus.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of Emplus' Privacy Statement, please let us know. We have published our Privacy Statement on our website at www.emplus.com.au