

Westpac Securities Administration Limited ABN 77 000 049 472 AFSL 233731 is the Trustee of BT Business Super ABN 81 236 903 448 RSE R1003970.

IMPORTANT INFORMATION

- Use this form to add **new** employees to your superannuation plan
- **Do not** use this form if you are a spouse, sole trader or business partner. Use the BT Business Super (BT Super) application form for Spouse or for Business Partner and Sole Traders available on our website bt.com.au.
- **Both pages of this form are required to be completed in full and returned to BT**

Complete this form using **black pen** – print in clear **CAPITAL LETTERS**

1. EMPLOYER DETAILS

BT Employer number (7–8 numbers)

BT Employer name

Pay centre number

Pay centre name

2. DECLARATION AND SIGNATURE

Please sign and date below. This form is not valid unless signed by an authorised officer.

At work disclaimer

I/We acknowledge that I have provided details about our employee(s) in this form that will be used in relation to his/her insurance arrangements. I/We understand if the information provided is not accurate, relevant or current, as the employer, I/We may be held responsible for cancellation, reduction or deferring of the employee's insurance cover, as well as rejection of insurance claims.

I/We confirm that the employee(s) whose details have been provided are eligible to become a member of BT Super and have not previously had insurance cancelled or deferred by BT whilst an employee of our company.

I/We acknowledge employees not At Work on the date cover is due to commence will receive New Events cover until such time as they have been At Work and performing their normal duties and hours for at least two consecutive months, at which time they will then receive full cover.

I/We acknowledge employees working in Special Risk Occupations may not be eligible for Salary Continuance Insurance (SCI)¹

¹ Please ensure the selected insurance category does not include SCI cover if the employee is employed in a Special Risk Occupation. Examples of such occupations include pilot, actor, miner, seafarer and process worker.

Authorised signature

Date (dd/mm/yy)

Signatory's full name (please print)

Position in company

Daytime phone number

Please submit this form by:

- ✉ mail GPO Box 2362, Adelaide SA 5001
- ☎ fax (02) 9274 5402

3. GUIDE TO INSURANCE ENTITLEMENTS BASED ON EMPLOYMENT STATUS

Employees aged under 67 are eligible for Total and Permanent Disablement (TPD) cover and aged under 70 for Death cover.

Employees under age 65 who are gainfully employed are also eligible for Salary Continuance Insurance (SCI) cover.

4. OCCUPATIONAL CLASSIFICATIONS FOR INSURANCE

1 Professionals (white collar)

Applicants in white collar occupations that are 100% sedentary, are tertiary qualified and earning at least \$100,000 per annum. Examples include CPA accountant, lawyer, doctor and CEO.

2 Managers, Administrators & Sales Executives (white collar)

Occupations that are predominantly office based with no manual work. Also includes members and spouses who are not gainfully employed.

3 Sales & Personal Service – Internal (light blue collar)

Sales related occupations which are performed in the office/indoors for at least 90% of the time. Examples includes shop assistant, waiter and hairdresser.

4 Sales – Out of office (light blue collar)

Occupations where more than 10% of the time is spent on the road or out of the office. Example: sales representative.

5 Supervisory – Out of office (light blue collar)

Supervisors who spend more than 10% of their work time outside of the office. Examples include foreman, geologist and engineer.

6 Trade Qualified – Light to moderate level of manual work (blue collar)

Occupations which include light manual duties. Examples include carpenter, electrician, mechanic, spray painter, panel beater, plumber and local bus driver.

7 Qualified Manual Work (heavy blue collar)

Manual occupations which require qualifications. Examples include nurse, painter, zookeeper and metalworker.

8 Operators & Drivers – Plant & Machinery (heavy blue collar)

Mainly factory-based workers. Examples include forklift driver, machine operator and plant operator.

9 Unqualified Trades & Heavy Manual Workers (heavy blue collar)

Mainly heavy manual, as well as some uncertified occupations. Examples include builder's labourer, vehicle detailer, storeman and blacksmith.

10 Special Risk & Hazardous Occupations (special risk)

Occupations exposed to high risk accidents, are specialist licensed, or are hazardous in nature. Examples include pilot, actor, miner, seafarer and process worker.

Please note: Where an employer group includes employees performing Special Risk Occupations (eg pilot, actor, miner, seafarer, process worker etc), special insurance consideration is required and may result in premium loadings, modified definitions of cover, or declining of cover. For new plans over 500 employees, the Insurer will have the right to specifically rate an employer's sub-plan, based on the sub-plan's own experience. The Insurer may either apply a percentage loading or discount which will apply to all members in that plan. You will be notified if this is the case.

Please complete the Member Details section on next page of form. If you have more than three additional employees please photocopy the Member Details section or attach a separate listing containing all information requested in the Member Details section for each additional employee.



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Mandatory
Please complete

BT Employer number

OR

BT Employer name

5. MEMBER DETAILS

All fields are mandatory and must be completed. Full employee details are required to set up a new member.

A Member details

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential address (Mailing address)				
<input type="text"/>				
		State	Postcode	
Insurance category	Employment status	Hours worked per week ¹	Gender	Annual Income ²
<input type="text"/>	Full time <input type="checkbox"/> Permanent Part-time <input type="checkbox"/> Casual <input type="checkbox"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	\$ <input type="text"/>
Date of birth (dd/mm/yyyy)	Occupational classification number	Tax File Number (mandatory) ³	Date joined employer (dd/mm/yyyy)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <small>Please refer to the Occupational Classifications on page 1</small>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Daytime phone number	Email address			
<input type="text"/>	<input type="text"/>			

B Member details

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential address (Mailing address)				
<input type="text"/>				
		State	Postcode	
Insurance category	Employment status	Hours worked per week ¹	Gender	Annual Income ²
<input type="text"/>	Full time <input type="checkbox"/> Permanent Part-time <input type="checkbox"/> Casual <input type="checkbox"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	\$ <input type="text"/>
Date of birth (dd/mm/yyyy)	Occupational classification number	Tax File Number (mandatory) ³	Date joined employer (dd/mm/yyyy)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <small>Please refer to the Occupational Classifications on page 1</small>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Daytime phone number	Email address			
<input type="text"/>	<input type="text"/>			

C Member details

Title	Given name(s)	Surname		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Residential address (Mailing address)				
<input type="text"/>				
		State	Postcode	
Insurance category	Employment status	Hours worked per week ¹	Gender	Annual Income ²
<input type="text"/>	Full time <input type="checkbox"/> Permanent Part-time <input type="checkbox"/> Casual <input type="checkbox"/>	<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	\$ <input type="text"/>
Date of birth (dd/mm/yyyy)	Occupational classification number	Tax File Number (mandatory) ³	Date joined employer (dd/mm/yyyy)	
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <small>Please refer to the Occupational Classifications on page 1</small>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Daytime phone number	Email address			
<input type="text"/>	<input type="text"/>			

¹ TPD cover is available for members aged under 67 and aged under 70 for Death cover who are employees, spouses or not gainfully employed. SCI cover is only available for employees aged under 65 and Gainfully Employed for 15 hours or more per week (Casual employees and Contractors Gainfully Employed for 15 hours or more per week are eligible for a two-year Maximum Benefit Period only).

² Please refer to the 'Definitions and interpretation of insurance terms' section of the BT Super Additional Information Booklet Part 3 – Insurance' for the definition of 'Income'.

³ We are not permitted to accept personal contributions if we do not hold the member's TFN and are required to apply an additional 31.5% tax on employer contributions if we do not hold the member's TFN on 30 June of the financial year in which the contributions were made.



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