



BT Lifetime Super – Employer Plan Life Insurance Application

BT Contact Centre © 132 135 (8am–6.30pm Mon-Fri, Sydney time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724
RSE L0001090 is the trustee of BT Lifetime Super – Employer Plan
ABN 39 827 542 991 RSE R1001327

Use this form if you would like to apply for insurance cover, or increase your current insurance cover arrangements under your BT Lifetime Super – Employer Plan (BT Super) account. The level and types of cover which currently apply to you are specified on your **New Member Statement or latest Annual Statement**. The Insurer reserves the right to refuse cover.

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

1. EMPLOYER DETAILS (IF APPLICABLE)

BT Employer number (7–8 numbers)

Employer name

(if you are a spouse member, please specify your spouse's employer)

2. MEMBER DETAILS

BT Member number (12-13 numbers)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (mandatory) (dd/mm/yyyy)

Gender

Male Female

Residential address

State

Postcode

Country, if not Australia

Postal address – if different from above

State

Postcode

Country, if not Australia

Daytime phone number

Mobile phone number

Email address*

* In future, BT may elect to email correspondence to you

3. EMPLOYMENT DETAILS

Are you currently gainfully employed?

No If you are currently not working, what is your status?

Unemployed Retired

Not working due to ill health

Last date of employment (dd/mm/yyyy)

Yes Business Partner or Sole Trader

Yes Employed

Full time

Permanent part-time

Casual

Contractor

Term of contract (if employed on a fixed term contract)

years and months

Complete the following if you are employed or self-employed

Number of hours worked each week

Annual Income¹

\$

What is your occupation?

What is your industry (eg mining)?

¹ Please refer to the 'Definitions and interpretation of insurance terms' section of the BT Super PDS Part 2 – Insurance booklet for the definition of 'Income'.

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4. INSURANCE REQUIRED

Additional information and medical testing may be required. You will be contacted with specific requirements if you are impacted by this.

Type of insurance cover	Amount
<input type="checkbox"/> Death Only	\$
<input type="checkbox"/> Death and Total & Permanent Disablement (TPD) ¹ Cover	Death \$
	TPD \$
<input type="checkbox"/> Salary Continuance Insurance (SCI) Cover (maximum of 75% of Income ² plus up to 15% super contributions) <i>Please select both the waiting period and benefit period required:</i>	SCI %
Waiting period (days)	
30	<input type="checkbox"/>
60	<input type="checkbox"/>
90	<input type="checkbox"/>
Benefit period ³ (maximum)	
2 years	<input type="checkbox"/>
5 years	<input type="checkbox"/>
To age 65	<input type="checkbox"/>

¹ The amount of TPD cover should be equal to or less than Death cover.
² Please refer to the 'Definitions and interpretation of insurance terms' section of the BT Super PDS Part 2 – Insurance booklet for the definition of 'Income'.
³ Casuals and contractors may apply **only** for a 2 year benefit period.

Personal information

Please provide your height and weight details

Height	Weight
<input type="text"/> cm	<input type="text"/> kg

Health Information	No	Yes
1. Are you applying for greater than \$1,000,000 Death Only or Death & TPD cover?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you applying for SCI cover in excess of \$8,000 per month?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you aged 55 years or over?	<input type="checkbox"/>	<input type="checkbox"/>
4. At the date of this application are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a fulltime basis or are unemployed)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you participate or intend to participate in any of the following: <ul style="list-style-type: none"> Aviation (other than as a passenger on a recognised airline) Football (all codes), scuba diving (to a depth of more than 40 metres) Motor racing or any other hazardous activity? 	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for: <ul style="list-style-type: none"> High blood pressure, high cholesterol, heart complaint, chest pains or stroke Mental or nervous disorder including stress, anxiety, depression or neurological condition Cancer or a tumour of any type Back/joint disorder, arthritis, loss of limb or paralysis Loss of sight of any eye(s) or blindness Kidney, bladder, bowel or stomach disorder and or disease Diabetes or liver disease (including hepatitis)? 	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever: <ul style="list-style-type: none"> suffered from AIDS or been infected with the HIV virus used or injected yourself with any illicit drugs not prescribed by a medical practitioner engaged in male to male anal sexual activity? 	<input type="checkbox"/>	<input type="checkbox"/>
8. During the past 12 months, have you smoked tobacco or any other substance? If "Yes" please state forms and daily quantities <input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you drink more than 20 standard drinks per week?	<input type="checkbox"/>	<input type="checkbox"/>

Note: If you answered YES to any question above you will need to complete the Personal Statement located online at www.bt.com.au.

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5. ADVISER INFORMATION

Adviser name

Company name

BT Adviser number

A

Postal address

 State Postcode

Adviser phone number

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Do you want your adviser to be able to track the progress of this application?

No Please read the Duty of Disclosure Declaration and sign and date your application

Yes **Note: If you answer YES to this question, health information relating to your application for insurance may be provided to your adviser.** Please read the Duty of Disclosure Declaration and sign and date your application.

6. SIGNATURE AND DECLARATION

Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, that is relevant to the Insurer's decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose these matters to the Insurer before you extend, vary or reinstate a contract of life insurance. However, your duty does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is common knowledge
- that your Insurer knows, or ought to know, in the ordinary course of business
- where your duty is waived by the Insurer.

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

General Declarations

I hereby declare that:

- the answers to the above questions are true and I have not deliberately withheld any information material to the proposed insurance.
- I consent to AIA Australia Ltd (the Insurer), third party providers and BT Funds Management Limited on behalf of the Insurer, seeking medical information from any doctor who at any time I have consulted prior to the date below. While I am insured, I authorise the provision of such information to the Insurer.
- I acknowledge that I have read and understood my duty of disclosure in accordance with the Insurance Contracts Act 1984 as detailed in the insurance section of the Application form.
- I understand that my duty of disclosure continues after I have completed this application until AIA Australia Ltd has accepted the risk.

A photocopy of this declaration shall be as valid as an authority as the original.


Signature of **Member**

Date

/ /

Signatory name (please print)

You can submit this form by:

-  mail BT Lifetime Super – Employer Plan
GPO Box 2919, Adelaide SA 5001
-  fax **This form cannot be faxed**