



BT Super - Employee Insurance Insurance Opt-up Application

BT Customer Relations ☎ 132 135 (8.00am – 6.30pm Mon-Fri Sydney Time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724 RSE L0001090 is the trustee of BT Super which is part of Retirement Wrap ABN 39 827 542 991 RSE R1001327. The Insurer is AIA Australia Limited ABN 79 004 837 861, AFSL 230043.

You can use this form if you are BT Super member with BT Super - Employee Insurance:

- under age 70 with Essential Cover, or
- under age 35 with Tailored Death Cover,

and you want to increase your insurance cover without providing medical evidence.

You must submit this form within 60 days from the date of the letter in your Welcome Pack. If 60 days have passed, you will need to complete a Life Insurance Application and your application will be subject to full underwriting. This can be found on bt.com.au.

Please refer to the terms and conditions on the back page of this form.

If you have BT Super - Lifetime Insurance cover, please use the BT Super - Lifetime Insurance Life Insurance Application form to increase your cover.

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

1. DETAILS

BT Member number (9 numbers)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (dd/mm/yyyy)

Gender

Male Female

Residential address

State Postcode

Mailing address – if different from above

State Postcode

Contact number

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Preferred email address

Occupation

Industry

DUTY OF DISCLOSURE

If you, as the person whose life is to be insured under the life insurance contract, do not tell us or the insurer something that you know, or could reasonably be expected to know, may affect the insurer's decision to provide insurance and on what terms, this may be treated as a failure by us to comply with our Duty of Disclosure.

This could affect the insurance cover provided to you as described below.

INSURED'S DUTY OF DISCLOSURE

A person who enters into a life insurance contract has a duty, before entering into the contract, to tell the insurer anything that he or she knows, or could reasonably be expected to know, that may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until the insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk the insurer insures you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer something that you know, or could reasonably be expected to know, or that may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell the insurer something that he or she must tell them.

IF THE PERSON ENTERING THE CONTRACT DOES NOT TELL US SOMETHING

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

If the person entering into the contract does not tell the insurer anything he or she is required to, and the insurer would not have provided the insurance if he or she had disclosed that information to them, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told the insurer everything he or she should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time vary the contract in a way that places them in the same position they would have been in if he or she had told the insurer everything he or she should have.

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However, this right does not apply if the contract has a surrender value or provides cover on death.

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

PERSONAL INFORMATION

By completing this form, you consent to any personal information, including sensitive information, that AIA Australia may collect about you (including your responses in this Personal Statement) being handled, used and disclosed in accordance with the *Privacy Act 1988* (Cth) and the AIA Australia Privacy Policy at aia.com.au.

OTHER IMPORTANT INFORMATION

We are required or authorised to collect personal information from you by certain laws. Details of these laws are in the BT Privacy Policy. The BT Privacy Policy is available at bt.com.au or by calling 132 135. It covers:

- how you can access the personal information we hold about you and ask for it to be corrected;
- how you may make a complaint about a breach of the Australian Privacy Principles, or a registered privacy code, and how we will deal with your complaint; and
- how we collect, hold, use and disclose your personal information in more detail.

The BT Privacy Policy will be updated from time to time. Please read and understand the Privacy information contained in the PDS.

3. PERSONAL STATEMENT

Please cross [X] the appropriate answer.

1 Have you been diagnosed with a terminal condition that reduces your life expectancy to less than 24 months from the date of this Application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Are you, at the date of signing this Application: <ul style="list-style-type: none"> • absent from work due to injury or sickness, or • due to injury or sickness, restricted from carrying out any of the usual duties of your current and normal occupation on a full-time basis (for at least 30 hours per week), even if your actual employment is not on a full-time basis) 	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Have you been off work for more than 10 consecutive working days in the last 2 years for the same medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Have you ever had an application for Death, Total and Permanent Disablement (TPD), and/or Income Protection Cover (also known as Salary Continuance) declined or accepted subject to an exclusion, premium loading or special terms?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5 Have you in the last 3 years made a claim for any injury or illness (lasting more than 4 weeks) through Workers Compensation, sickness benefit, invalid pension or any life insurance policy providing TPD cover or accident or sickness cover?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6 Have you ever made claim or been eligible to be paid a Total and Permanent Disablement benefit from any superannuation fund or life insurance policy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

! IF YOU ANSWERED 'YES' TO ANY OF QUESTIONS 1-6 YOU WILL NOT BE ELIGIBLE TO APPLY FOR THIS OFFER WITHOUT UNDERWRITING. IF YOU WISH TO APPLY TO INCREASE YOUR COVER WITH FULL UNDERWRITING YOU MUST COMPLETE A LIFE INSURANCE APPLICATION. THIS CAN BE FOUND ON BT.COM.AU/BTSUPER.

4. CONFIRMATION OF REQUIREMENTS

ESSENTIAL COVER

I want to increase my Essential Cover:

Units (maximum is 10 units)

Annual Income*

A\$ per annum

You are only eligible to be covered for up to 10 times your income* using this form. The maximum units are summarised below.

Less than 5 units	Refer to the Insurance Guide
6 units	\$360,000 under age 39.
7 units	\$420,000 under age 39.
8 units	\$480,000 under age 39.
9 units	\$540,000 under age 39.
10 units	\$600,000 under age 39.
For age 39 or over	Refer to the Insurance Guide

For example: If you earn \$50,000 and are age 35, you would not be eligible for more than \$500,000 (10 x \$50,000) so you would only be eligible to apply for up to 8 units.

If your Income differs from our records, you may need to provide evidence.

* Definition of Income:

Permanent employees: annual gross remuneration paid by your employer excluding mandated superannuation guarantee contributions.

Casuals and Contractors: annual gross remuneration paid by your employer in the 12 months prior to application for the increase in cover, excluding mandated superannuation guarantee contributions.

TAILORED COVER

I want to increase my Tailored Death Cover to match the TPD cover

If you select this option, we will switch off the Scaling Tailored Death Cover feature described in the Insurance Guide.

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5. ADVISER INFORMATION

Adviser name

Company name

Adviser number

Postal address

State

Postcode

Country, if not Australia

Adviser phone number

Mobile phone number

6. ACKNOWLEDGEMENT

By signing this form I acknowledge that:

- I agree I want my insurance to start and continue, even if my account is, or becomes, inactive*; has not had a balance of at least \$6,000 ever; or I am under age 25. This declaration includes any additional benefit that I may add to my account in the future, until I notify otherwise.

** inactive means no contributions or rollovers have been received for a continuous period of 16 months (or longer) in my superannuation account.*

- If I do not fully complete, sign and date this Application, I will not be eligible to increase my insurance in BT Super
- An exclusion for suicide and self-harm will apply for 13 months from the cover commencement date
- If I have had a previous application for underwritten cover declined or if I have made a claim, or are eligible to be paid a Total and Permanent Disablement benefit, I will not be eligible for this offer
- If I am not At Work on the date the increase in cover commences, the accepted increased levels of cover will be New Events Cover until I am At Work for 30 consecutive days (when full cover is provided)
- I hereby declare that the information contained in this Application (whether written in my hand or not) is true and correct and that no information material to this Application has been withheld
- If the Insurer accepts my Application, the terms and conditions as outlined in the Insurer's policy document will apply
- I have read and understood the information in the BT Super Product Disclosure Statement and Employee Insurance Guide including the definitions for New Events Cover and At Work
- I have read and understood the section titled 'Duty of Disclosure' in this form. I declare that I have complied with the duty of disclosure. I also understand that my duty to disclose continues after I have completed this Application until the Insurer has accepted the risk
- I understand that cover will commence from the date BT Super receives a valid 'Opt-up' form and confirms acceptance.

Signature of Member

Date (dd/mm/yy)

Please return this form and supporting documents by:

- ✉ mail BT Super
GPO Box 3958, Sydney NSW 2001
- ✉ email BTInsuranceApplications@btfinancialgroup.com



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