



## INSURANCE OPTIONS BOOKLET

The TIC Super Insurance Options Booklet includes details of the insurance cover available to TIC Super members and includes the requisite application forms.

This is to be read in conjunction with the TIC Super Product Disclosure Statement which includes the main features, fees, investment options and application forms, for TIC Super a sub-fund of My Retirement Plan.

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**TRUSTEE AND ISSUER** FOR TIC SUPER a sub-fund of My Retirement Plan.

Astarra Capital Limited  
ABN 33 001 277 256  
AFS Licence No. 238000  
RSE L0002721

Head Office  
Level 1, 540 Swift Street  
Albury NSW 2640

SYDNEY Office  
Level 4, 70 Castlereagh Street  
Sydney NSW 2000

**POSTAL ADDRESS:**

TIC Super  
PO Box 1282  
ALBURY NSW 2640

Client Service Line: 1300 960 090  
Monday to Friday 8:45am to 5:00pm (EST)  
Local call cost from anywhere within Australia  
Extra charge if you use mobile or payphones  
Fax: (02) 6041 9355

Information Website: [www.ticsuper.com.au](http://www.ticsuper.com.au)  
Online Access to your Account: [www.ticsuperonline.com.au](http://www.ticsuperonline.com.au)

**INSURER:**

AIA Australia Limited  
ABN 79 004 837 861  
AFS Licence No. 230043  
549 St Kilda Road  
Melbourne Vic 3001

**FUND PROMOTER:**

TIC Super Pty Limited  
ABN 25 132 260 274

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## Important Information

This Insurance Options Booklet (Booklet) is to be read in conjunction with the TIC Super a sub-fund of My Retirement Plan (the Fund or TIC Super) Product Disclosure Statement (PDS).

The information contained in this Booklet is of a general nature only and does not consider any person's individual objectives, financial situation or needs. Before you make any decision we recommend that you obtain professional financial advice from a licensed financial adviser.

Astarra Capital Limited (ABN 33 001 277 256; AFS Licence No 238000; RSE L0002721) is regulated by the Australian Prudential Regulation Authority (APRA). Astarra Capital Limited (Astarra, Trustee, we, our or us) is the Trustee of the TIC Super (a sub-fund of My Retirement Plan ABN 23 732 008 457 and R1056051).

This Booklet has been issued by Astarra in association with TIC Super Pty Limited ABN 25 132 260 274 (TIC).

None of the parties named in the Booklet (other than Astarra and TIC) are responsible for or caused the issue of this Booklet. AIA Australia Limited (ABN 79 004 837 861; AFS Licence No. 230043) (AIA Australia or Insurer) has provided its consent to name it in this Booklet and to include the statements made in this Booklet in relation to the insurance options AIA offers under its insurance cover.

Any alterations to the information in this Booklet that are not materially adverse will be made available to you in hard copy free of charge, upon your request to the Trustee (details on the inside front cover).

Any term that is not defined in this Booklet will have the same meaning given to it in the PDS.

# INSURANCE BENEFITS

Read the PDS along with this Booklet and discuss the amount and type of insurance cover you need with your financial adviser.

You can apply for insurance cover when you join TIC Super or at any time later, using the Optional Insurance Application Form included in this Booklet. If you are applying for cover at a later time, please ensure that you use an Application Form from the current Insurance Booklet at that time.

All insurance is subject to acceptance by the Insurer.

POLICY/INSURER	TYPE OF COVER
TIC Super a subfund of My Retirement Plan Group Life Policy issued by AIA Australia	<ul style="list-style-type: none"><li>• Death Only; or</li><li>• Death and Total and Permanent Disablement; and</li><li>• Salary Continuance.</li></ul>

## AIA AUSTRALIA IS PART OF THE AIA GROUP

The AIA Group is a leading pan-Asian life insurance organisation with a unique heritage of serving the world's most dynamic region for 90 years. It provides consumers and businesses with products and services for life insurance, retirement planning, accident and health insurance as well as wealth management solutions. Through an extensive network of 250,000 agents and 20,000 employees across 15 geographical markets, the AIA Group serves over 20 million customers in the region.

The AIA Group has branch offices, subsidiaries and affiliates located in jurisdictions including Australia, Brunei, China, Hong Kong, India, Indonesia, Macau, Malaysia, New Zealand, Singapore, South Korea, Taiwan, Thailand and Vietnam. Subject to regulatory approvals, AIG intends to incorporate the Philam Group of Companies, based in the Philippines into the AIA Group.

## INSURANCE OPTIONS

You can apply for Death Only, or Death and Total and Permanent Disablement cover, and/or Salary Continuance cover.

You can apply for insurance cover under this policy when you join TIC Super, or at any time later. The Trustee recommends that you seek the assistance of your financial adviser to consider the type and amount of cover you require relevant to your personal objectives, financial situation and particular needs, and also the appropriateness of these insurance products, before making a decision to apply.

## APPLYING FOR INSURANCE COVER

To apply for insurance cover you need to:

- Complete the TIC Super Member Application Form included in the PDS; and
- Complete either of the Short Personal Statements (if you meet the conditions required) or
- Complete the TIC Super Insurance Application Form included in this Booklet.

If you do not make a selection for insurance cover, the Trustee understands that you do not require any insurance. Should you require insurance cover at a later date, ensure that you complete the requisite Application Form from this Booklet applicable to your requirements.

The Trustee will confirm in writing when your application for insurance cover has been accepted by the Insurer. This will include the terms of the cover and the date the cover takes effect.

You may change your insurance cover at any time. However, any increase to your insured amount will be subject to further medical evidence of your good health, which must be satisfactory to the Insurer.

## ADMINISTRATION SERVICES

Astarra provides administration services on behalf of the Insurer. The administration fee we receive for this service is included in your insurance premiums. No additional charge is paid by you or the Fund. Astarra may also be entitled to a profit share from the Insurer, where justified by claims experience.

## DEATH COVER

Payment of a lump sum upon death. This amount is in addition to your account balance in your TIC Super Superannuation Plan.

### TOTAL & PERMANENT DISABLEMENT (TPD)

Payment of a lump sum if you are unable to work again in any occupation to which you are reasonably suited in accordance with education, training and experience due to permanent incapacity from illness or injury. The insured amount is in addition to your account balance in the TIC Super Superannuation Plan.

### TOTAL AND TEMPORARY DISABILITY (SALARY CONTINUANCE)

A monthly benefit is payable if you become totally and temporarily disabled and you are temporarily unable to work.

## INSURANCE COVER THROUGH TIC SUPER

### TYPES OF COVER OFFERED

	DEATH	DEATH & TPD	SALARY CONTINUANCE
Benefit Payment	Lump Sum	Lump Sum	Monthly Payment
Premium	Fixed or Variable	Fixed or Variable	Variable
Maximum Cover	\$5,000,000	\$2,000,000 TPD \$5,000,000 Death	The lesser of \$20,000 per month or 75% of pre-disability income.
Minimum Cover	\$50,000 per life insured	\$50,000 per life insured	\$1,000 per month
Eligibility Age	16 - 70	16-70 (for Death Component) 16-65 (for TPD Component)	16 - 60
Gainful Employment Eligibility	Not required	Required for standard TPD only. ADL TPD applies if working less than 20 hours per week.	Working Permanently. At least 25 hours per week.

### PREMIUMS

You will be given an insurance rating based on information that you, or your employer, supply to the Insurer. The premium rate charged to you is determined by the age-based rate and your insurance rating which is based on a range of issues including your occupation, your level of cover, your smoking status and your gender.

### DEATH ONLY AND DEATH AND TPD COVER

You can apply for Death Only or Death and TPD cover based on either a fixed premium or a fixed level of cover.

## FIXED PREMIUM

You can apply for insurance cover for Death or Death and TPD cover based on a fixed premium of either:

- \$0.50 per week; or
- \$1.00 per week; or
- \$2.00 per week.

The amount of insurance cover (sum insured) provided by your fixed premium will vary with several factors including your gender, age, occupation, smoking status and health. Generally, the sum insured provided by your fixed premium will decrease each year with your age.

## FIXED SUM INSURED/VARIABLE PREMIUM

You can choose a fixed level of cover (sum insured) appropriate to your needs of up to \$5,000,000 for Death Only cover and \$2,000,000 for TPD cover. For Death and TPD cover, your TPD sum insured can be no greater than your Death cover sum insured. AIA Australia, in its absolute discretion, may consider applications for cover above these levels.

From age 61, your TPD sum insured amount will be reduced each year by 20% until age 65, when cover will cease. This reduced sum insured will be reflected in your premiums.

The premium cost for your fixed sum insured will be variable based on several factors including your gender, age, occupation, smoking status and health. Generally, the cost of your premiums for your fixed level of cover will increase each year with your age.

## OBTAINING A QUOTE

We can provide a quote for either:

- the level of cover provided by your nominated fixed premium; or
- the premium cost for the fixed amount of cover you select.

To obtain a quote contact our Client Service Line (details on the inside front cover).

You can also access our online insurance calculator through the TIC Super online service. To register for online access to your account 24 hours a day, go to [www.tcisuper.com.au](http://www.tcisuper.com.au), click on 'Login' and register for access.

## PAYMENT OF PREMIUMS

Premiums for Death Only and Death and TPD cover are deducted annually in advance from your superannuation account.

## INSURANCE BENEFITS - DEATH COVER

Once you have applied and been accepted for Death cover by the Insurer, on your death, the Trustee will pay a lump sum benefit to your beneficiaries or to your estate once the Insurer accepts the insurance claim (see Exclusions on page 8).

## TERMINAL ILLNESS BENEFIT

In the event of you becoming terminally ill, the Insurer will pay the Death benefit sum insured that applied when you first stopped work due to the terminal illness, up to a maximum of \$1,000,000. To be eligible for this payment:

- you must be diagnosed by a registered Medical Practitioner as being terminally ill;
- the illness must prevent you from working in a job to which you are reasonably suited by education, training or experience; and
- after consideration of medical and other evidence satisfactory to the Insurer, it is of the opinion that you are not expected to live more than 12 months.

## INSURANCE BENEFITS - TPD COVER

Once you have applied and been accepted for TPD cover by the Insurer, if you become TPD, the Trustee will pay the sum insured to you as a lump sum once the Insurer accepts the insurance claim (see Exclusions on page 8).

## DEFINITION OF TOTAL AND PERMANENT DISABLEMENT

An insured member may qualify for a TPD benefit under the 'Standard' or 'Activities of Daily Living' (ADL) definition of TPD. This depends upon the number of hours worked in the three months prior to the commencement of the sickness or injury. The 'Standard' TPD definition applies to all insured members who are gainfully employed and working at least 20 hours per week. The ADL TPD definition applies to all insured members who are not in paid work or gainfully employed for less than 20 hours per week.

THE 'STANDARD' DEFINITION OF TPD:	THE 'ACTIVITIES OF DAILY LIVING' DEFINITION OF TPD:
<ul style="list-style-type: none"> <li>• where the insured member has suffered the total and irrecoverable loss of:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> the sight of both eyes; or</li> <li><input type="checkbox"/> the use of two (2) limbs (where limb is defined as a whole hand or whole foot); or</li> <li><input type="checkbox"/> the sight of one (1) eye and the use of one (1) limb;</li> </ul>                             OR                         </li> </ul>	<ul style="list-style-type: none"> <li>• where the insured member has suffered the total and irrecoverable loss of:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> the sight of both eyes; or</li> <li><input type="checkbox"/> the use of two (2) limbs (where limb is defined as a whole hand or whole foot); or</li> <li><input type="checkbox"/> the sight of one (1) eye and the use of one (1) limb;</li> </ul>                             OR                         </li> </ul>
<ul style="list-style-type: none"> <li>• as a result of injury, sickness or disease:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> has not performed any work for an uninterrupted period of at least six (6) consecutive months solely due to the same injury, sickness or disease, and is attending a registered Medical Practitioner and has undergone all reasonable and usual treatment including rehabilitation for the injury, sickness or disease; and</li> <li><input type="checkbox"/> after consideration of all medical and such other evidence as the Insurer may require, has become in the Insurer's opinion incapacitated to such an extent as to render them unable to ever engage in his or her own occupation and any occupation for which he or she is reasonably suited by education, training or experience.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• as a result of an injury, sickness or disease, is totally and irreversibly unable to perform at least two (2) of the following activities of daily living as certified by a registered Medical Practitioner appointed by the Insurer and provided such continued inability is certified by that Medical Practitioner:                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Bathing &amp; washing without assistance.</li> <li><input type="checkbox"/> Dressing &amp; undressing without assistance.</li> <li><input type="checkbox"/> Eating of food without assistance.</li> <li><input type="checkbox"/> Use of toilet for personal hygiene without assistance.</li> <li><input type="checkbox"/> Transferring: the free movement in and out of a chair without assistance.</li> </ul> </li> </ul>

## COMMENCEMENT OF COVER

When you apply for insurance cover through TIC Super, your cover will commence on the date the Insurer accepts your application.

You can apply for cover with the Insurer by using the Short Personal Statements (included within the application forms in this Booklet), if you are under 55 years of age and require less than \$1,000,000 of Death & TPD Cover and/or Salary Continuance cover of less than \$8,000 per month. If your requirements are in excess of this, please complete the full Insurance Application Form.

You will be notified, in writing, if the Insurer requires further information before accepting your application.

## CESSATION OF COVER & EXCLUSIONS ON COVER

CESSATION OF COVER Death Only cover and Death and TPD cover will terminate at midnight on the earliest of:		EXCLUSIONS A Death benefit and a TPD benefit will not be paid if the event giving rise to death or TPD is “excluded” such as:	
DEATH	TPD	DEATH	TPD
When the insured member reaches age 70	<ul style="list-style-type: none"> <li>When the insured member reaches age 65</li> <li>When the member dies</li> </ul>	<ul style="list-style-type: none"> <li>As a result of suicide within 13 months of commencement or reinstatement of cover.</li> <li>An exclusion, which is specific to you and noted on the letter that confirms the approval of your cover (Acceptance Letter).</li> </ul>	<ul style="list-style-type: none"> <li>Declared or undeclared war or any act of invasion or civil war.</li> <li>The insured member engaging in or taking part in service in the armed forces of any country other than service in the Citizen Forces within the Commonwealth of Australia; or</li> <li>The result of any intentional self-injury (whether felonious or not) or any attempts while sane or insane within 13 months of commencement or reinstatement of cover.</li> <li>an exclusion, which is specific to you and noted on your Acceptance Letter.</li> </ul>
<ul style="list-style-type: none"> <li>The date the insured member ceases to be a member of TIC Super;</li> <li>60 days after the date the premium remains unpaid in respect of the insured member;</li> <li>The date a benefit under this Policy is admitted by the Insurer in respect of an insured member;</li> <li>The date the insured member effects a Continuation Option with the Insurer;</li> <li>The date the Policy is terminated; and</li> <li>The date the insured member requests in writing cancellation of cover.</li> </ul>			

Note: The Insurer may also be entitled to decline payment of a benefit if you have not complied with your duty of disclosure. See ‘Your Duty of Disclosure’ on page 11.

### CONTINUATION OPTION

If you are an Insured Member under age 60 and still gainfully employed and leave TIC Super for reasons other than illness or injury, you may apply to continue your Death and TPD (if applicable) cover with the Insurer under an individual policy without providing any evidence of health. A declaration as to smoking habits will be required.

You must apply direct to the Insurer within 30 days of leaving TIC Super to be eligible. Rates and terms and conditions of the retail policy will apply.

### SALARY CONTINUANCE COVER

Salary Continuance insurance can reduce the financial strain on you and/or your family by replacing lost income if you become totally disabled due to a temporary sickness or injury. It is important to note that any Salary Continuance income benefits received are treated as assessable income for tax purposes. You should seek independent financial advice before applying for Salary Continuance cover.

## SUMMARY OF SALARY CONTINUANCE COVER

Eligible Age	17-60
Gainful Employment	Permanent for at least 25 hrs per week
Level of Cover	Up to 75% of pre-tax income <sup>1</sup>
Minimum Dollar Benefit	\$1,000 per month
Maximum Dollar Benefit	\$20,000 per month
Payment Period	You can choose either 2 years, 5 years, to age 60 or to age 65
Waiting Period	30, 60 or 90 Days
Premium	Variable
Expiry of Cover	Age 65. Age 60 if you choose a "to age 60" benefit period.

<sup>1</sup>Pre-tax income excludes business expenses. Benefit may include personal superannuation contributions to a maximum of 10% of your annual pre-tax income. In the event of a claim, the monthly benefit relating to superannuation contributions will be paid to your nominated superannuation account.

## HOW THE BENEFIT IS PAID

The benefit is payable monthly in arrears after the selected waiting period.

The Insurer may reduce the amount of monthly benefit otherwise payable by amounts received from other sources in respect of the insured member's injury or sickness. Amounts that can be offset include:

- payments under a workers' compensation or motor accident claim or any claim made under any similar state or federal legislation;
- other insurance or regular payments from a superannuation/pension plan that provides income payments due to injury or sickness;
- sick leave payments received; and
- any income derived from the business during the term of your disability.

Any lump sum payment, or payment exchanged for a lump sum, is deemed to be the monthly equivalent of 1/60 of the lump sum over a period of 60 months. Any lump sum TPD benefit will not be offset against the monthly benefit. The monthly benefit will be reduced only to the extent that the aggregate of the monthly benefit and any other payments made due to the member's injury or sickness cannot exceed 75% of the member's pre-disability income.

## WAITING PERIOD

You may select a 30, 60 or 90-day waiting period. The waiting period is the period before benefit payments begin to accrue. A longer waiting period will be reflected in a lower premium level. Your waiting period begins from the date a registered Medical Practitioner examines you and certifies you as temporarily disabled which has resulted in you ceasing work.

You can return to full-time paid work once for less than six consecutive days during the waiting period without the waiting period recommencing, provided the total disablement recurs for the same or related reasons. Any days worked in excess of five days are added to your waiting period. If, in the same waiting period, you return to work a second time, the waiting period will recommence.

## PREMIUM

The premium for Salary Continuance cover will vary with several factors including your gender, age, occupation, health, the waiting period and the benefit period you select. Generally, the cost of your premiums will increase each year with your age.

## OBTAINING A QUOTE

To obtain a quote contact our Client Service Line (details on the inside front cover).

## PAYMENT OF PREMIUMS

Premiums for Salary Continuance cover are deducted annually in advance from your superannuation account.

## DEFINITION OF 'INCOME'

Income for a salaried person is the average total pre-tax remuneration paid by an employer, including salary, fees and fringe benefits, for the last 12 months before the most recent disablement. Where commission and bonuses form over 40% of the pre-tax remuneration for the last 12 months, the Insurer will take them into account.

Where the salaried person is a professional person employed by a professional practice company, income includes all commissions and bonuses paid, in addition to salary, fees and fringe benefits, for the previous 12 months.

Income for a self-employed person, a working director or a partner in a partnership, is the income generated by the business or practice due to the person's personal exertion or activities, less their share of necessarily incurred business expenses, for the last 12 months before the most recent disablement.

## TOTAL DISABLEMENT BENEFIT

An insured member will be eligible to receive an insurance benefit under Salary Continuance cover if they become 'totally disabled' due to injury or sickness.

In determining whether the insured member's total disability is caused by an injury or sickness, based on medical evidence, the following definitions apply:

- 'Injury' means accidental bodily injury of an insured member occurring after cover begins.
- 'Sickness' means sickness or disease suffered by an insured member that manifests itself after cover begins.

A benefit is payable for only one sickness or one injury if the insured member is totally disabled because of more than one injury or sickness, or both.

Total disability is defined as, as a result of injury, sickness or disease:

- during the first 2 years, you are unable to perform at least one of the duties of your regular occupation which is necessary to produce income. After the first 2 years, because of the same injury or sickness you are unable to perform any occupation for which you are reasonably suited by education, training or experience; and
- you are not engaged in any occupation; and
- you are under the regular care and attendance of a registered Medical Practitioner.

The registered Medical Practitioner assessing your disability must be independent from you (for example, not a relative, a business partner, employee or employer).

## PARTIAL DISABLEMENT BENEFIT

The Insurer will pay you a Partial Disablement Benefit if:

- you return to work immediately after being totally disabled for at least 14 consecutive days and you are unable to work in that occupation in a full capacity but are working in a reduced capacity; and
- you suffer a loss of income, that is, your income while you are partially disabled is less than your pre-disability income.

The benefit will be payable if your income is reduced as a result of the partial disablement. You must also be under the regular care and attendance of a registered Medical Practitioner during this time and the waiting period must have expired before payment of the benefit begins.

## RECURRENT DISABLEMENT BENEFIT

If you return to work for less than six months after receiving your most recent total or partial disablement benefit and suffer a recurrence from the same or a related cause, the claim will be treated as a continuation of the original claim. No waiting period applies for this benefit.

## REHABILITATION EXPENSES BENEFIT

If you are totally disabled for at least the length of the applicable waiting period, you may be eligible for this benefit, which will help pay your rehabilitation costs and may include equipment purchases. The Insurer must give written approval before any expenses are incurred. This benefit is only payable where a registered Medical Practitioner states, in writing, that these rehabilitation expenses are required as part of your rehabilitation to assist in you returning to work. The maximum benefit payable is an amount equal to up to six monthly payments.

## DEATH BENEFIT

If you die before age 65 while receiving a total disability benefit, your estate will be entitled to receive from the Trustee a lump sum benefit equal to one month's total disability benefit.

## COMMENCEMENT OF COVER

When you apply for Salary Continuance cover through TIC Super, your cover will commence from the date the Insurer accepts your application.

## CESSATION OF COVER

Cover will cease on the earlier of:

- the date you reach age 65 or age 60 if you have selected the to age 60 benefit period;
- the date you cease to be permanently employed for at least 25 hours per week;
- the date you permanently retire from the workforce;
- 60 days after the premium has fallen due in respect of the insured member and remains unpaid;
- the date the Policy is terminated;
- the date of your death; and
- the date you request in writing cancellation of the cover.

## CESSATION OF PAYMENT OF BENEFITS FOR TOTAL OR PARTIAL DISABILITY

A total or partial disablement benefit can continue until the earliest of one of the following occurs:

- you are no longer considered totally or partially disabled.
- your benefit period expires.
- you reach age 65 or age 60 if you have selected the to age 60 benefit period.
- you die.

## INCREASES IN CLAIM PAYMENT BENEFIT

If you have chosen the Increase in Claim Payment Benefit and have been receiving a benefit for total or partial disablement for 12 consecutive months, your monthly benefit will automatically increase each year by 5%, or the increase in the Consumer Price Index (CPI), whichever is less, subject to the maximum benefit of \$20,000. When payments cease, the benefit will revert to the monthly benefit shown in the Policy Schedule.

## SUSPENSION OF PREMIUM PAYMENTS WHILE A BENEFIT IS BEING PAID

When you are receiving total or partial disability benefits you do not need to pay any Salary Continuance premiums.

## EXCLUSIONS

A Salary Continuance benefit will not be payable if your injury or sickness is caused by:

- uncomplicated pregnancy, childbirth or miscarriage;
- intentional self-injury or attempted suicide while sane or insane;
- any act of war, whether war is declared or undeclared;
- your service in the armed services of any country or international organisation; or
- an exclusion, which is specific to you and noted on your Acceptance Letter.

The Insurer may also be entitled to deny paying any benefit if you have not complied with your duty of disclosure (see 'Your Duty of Disclosure').

**Terms and conditions under the policy may vary from time to time. You will be advised of any material changes that affect the information contained in this Booklet. Please refer to the policy documents (available from the Trustee) for full details of the terms and conditions that will apply.**

## YOUR DUTY OF DISCLOSURE

Before you enter a contract of insurance, the Insurance Contracts Act 1984 requires you to disclose every matter that you know, or could reasonably be expected to know, relevant to the insurer's decision whether to accept the risk and terms to insure you. You must make any relevant disclosure before you enter, renew, vary, reinstate or extend an insurance contract.

However, this duty does not require you to disclose information:

- which reduces the risk to the insurer;
- that is of common knowledge;

- that the insurer knows, or ought to know, in the ordinary course of its business; or
- where the insurer waives your duty of disclosure.

If you do not comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if you had complied, the Insurer may avoid the contract within three (3) years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time. The 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 insured, in accordance with a formula that takes into account the premium that would have been payable, if you had disclosed all relevant matters.

### GUARANTEED RENEWABILITY

The Insurer guarantees to renew your insurance cover each year provided no termination event has occurred. The Insurer will not cancel your insurance cover or increase your premiums due to any change in your health, occupation or pastimes.

### WORLDWIDE COVER

Insurance cover is provided for worldwide residence and travel 24 hours a day, subject to any terms and conditions that the Insurer may apply at the time of acceptance.

### DETAILS OF YOUR COVER

Your regular statements will confirm your insurance cover details and also include details of premiums to be paid.

Detailed terms and conditions of the insurance policy, including the conditions of cover, are set out in the policy document between Astarra and the Insurer. A copy of the policy document may be provided upon request by Astarra.

### MAKING A CLAIM

In the event of a claim, notify the Trustee's Client Service Team on 1800 064 694 or by writing to:

**Astarra Capital Limited**  
**PO Box 1282**  
**Albury NSW 2640**

Upon receipt of a notice of claim from the Trustee, the Insurer will provide to the Trustee the relevant claim forms.

If a TPD or Salary Continuance claim arises while the insured person is overseas, the Insurer reserves the right to require a medical examination to be conducted within Australia as part of consideration of the claim. The Insurer will not pay costs relating to the insured member's return to Australia.

The Insurer has the right to arrange for the insured person to be examined by a registered Medical Practitioner at the Insurer's expense as often as the Insurer may reasonably require while the claim is being assessed. The Insurer may also request any information it may require to assess a claim.

### AIA AUSTRALIA PRIVACY STATEMENT

AIA Australia follows the National Privacy Principles of the Privacy Act 1988 (Cth) including the Privacy Amendment (Private Sector) Act 2000 (Cth). AIA Australia provides you with the following information regarding its privacy procedures and your rights.

#### **Purpose of Collection**

AIA Australia collects personal information about you to:

- process your application(s) for insurance cover or changes to your insurance cover;
- administer and manage your insurance cover under the policy, including claims; and
- facilitate AIA Australia's business operations.

If you do not wish to provide all or part of the personal information requested, AIA Australia may not be able to provide you with insurance cover or assess and manage your claim.

## Access to Your Information

You are entitled at any time to request access to your personal information held by AIA Australia. All requests should be made in writing to:

**The Group Administration Manager  
AIA Australia  
PO Box 6111  
St Kilda Road Central VIC 8008**

You can ask AIA Australia to update your personal information at any time if it is inaccurate, incomplete or out-of-date. In some circumstances, AIA Australia may not permit access to your personal information. Circumstances where access may be denied include where access would be unlawful or denying access is authorized by law. In these cases, AIA Australia will provide you with written reasons for denial of access or a refusal to correct personal information.

## Disclosure of Your Information

AIA Australia may disclose your personal information to:

- the owner and/or administrator of the policy of which you are a member (for a superannuation product, the policy may be owned by the trustee of the fund)
- another member of the AIA Group or AIG Group (whether in Australia or overseas);
- your financial adviser (if any);
- AIA Group contractors and third party service providers, e.g. medical practitioners and reinsurers;
- your employer (for employee superannuation products);
- financial institutions you nominate; and
- mail houses and archive companies.

AIA Australia will only disclose your personal information to these parties for the primary purpose for which it was collected. In some circumstances, AIA Australia is entitled to disclose your personal information to third parties without your authorisation, such as law enforcement agencies or government authorities where disclosure is required by legislation or to report illegal activities.

## Any Questions or Concerns

If you have any questions or concerns about your personal information, please write to the Group Administration Manager at the address shown above.

AIA Australia has established an internal dispute resolution process for handling customer complaints about company compliance with the National Privacy Principles. This dispute resolution mechanism is designed to be fair and timely to all parties and is free of charge.

If you have a complaint about AIA Australia's handling of your personal information, you should submit it in writing to the Group Administration Manager. You will receive a letter from AIA Australia within 5 working days which documents AIA Australia's complaints handling process. Your complaint will be referred to the Internal Dispute Resolution Committee at AIA Australia who will try to resolve your complaint within 45 days of receipt. Should your complaint not be resolved to your satisfaction by its internal dispute resolution process, you may take your complaint to the Privacy Commissioner. The Privacy Commissioner's contact details are:

Office of the Privacy Commissioner  
PO Box 5218  
Sydney NSW 2001

or call the Privacy Hotline on 1300 363 992.

For further information or to view AIA Australia's full privacy policy and procedures go to [www.aia.com.au](http://www.aia.com.au)



# TIC SUPER

## INSURANCE APPLICATION FORMS

Short Personal Statement (Death Only Cover to \$1,000,000)	Pages 21 to 22
Short Personal Statement (Death & TPD Cover to \$1,000,000 and/or Salary Continuance Cover to \$8,000 monthly benefit)	Pages 23 to 24
Insurance Application Form	Pages 25 to 31



# Short Personal Statement

Death Only Cover to \$1,000,000

Member ID:

Policy Ref No.

MP 9814

Employer Name:

If you:

- Are aged 55 or older; or
  - Require more than \$1,000,000 of Death Only cover;
- Please complete the Insurance Application Form available on page 25.

## 1 LIFE INSURED (please provide your current details)

Title (Mr/Mrs/Ms etc)  Surname  Given Names

Date of Birth (dd/mm/yyyy)  Gender  Male  Female

Residential Address

Suburb/Town  State  Postcode

Daytime Contact Number  Email Address

## 2 TYPE OF INSURANCE

New  Death Only Amount \$

Increase

## 3 PERSONAL QUESTIONNAIRE

Please complete all parts of this Short Personal Statement. If required, please attach any appendices.

1. Are you an Australian citizen or a resident of Australia?  Yes  No

2. Occupation  Industry

3. (a) Height  cm (b) Weight  kg

4. Have you smoked tobacco or any other substance in the last 12 months?  Yes  No  
If 'Yes', please state forms and daily quantities.

5. Do you drink more than 20 standard drinks per week?  Yes  No

6. Do you currently participate or intend to participate in any of the following:  Yes  No  
Aviation (other than as a passenger on a recognised airline), motor racing or any other hazardous activity?

### 3 PERSONAL QUESTIONNAIRE (continued)

7. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for:  Yes  No
- High blood pressure, high cholesterol, heart complaint, chest pain or stroke;
  - Epilepsy, fits of any kind, multiple sclerosis, or any other neurological conditions;
  - Cancer or a tumour of any type;
  - Kidney, bladder, bowel or stomach disorder and/or disease;
  - Diabetes or liver disease (including hepatitis)?
8. Have you ever:  Yes  No
- Suffered from AIDS or been infected with the HIV virus; or
  - Used or injected yourself with any illicit drugs not prescribed by a Medical Practitioner; or
  - Engaged in male-to-male anal sexual activity?

*If you answered 'Yes' to any of questions 4 to 8 above, please complete the Insurance Application Form on page 25.*

### 4 DECLARATION AND AGREEMENT

**Your 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, 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 those matters to the insurer before you extend, vary or reinstate a contract of insurance.

**Non-disclosure** – 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 elect to avoid the contract at any time from its inception. An insurer who is entitled to avoid a contract of 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 contribution that would have been payable if you had disclosed all relevant matters to the insurer.

**Privacy Policy** – A copy of the privacy policy of AIA Australia (AIA Australia Privacy Policy) can be obtained by visiting [www.aia.com.au](http://www.aia.com.au). By completing this form, you consent to any personal information, including information that may be of a sensitive nature we may collect about you in the normal course of business, being used as in the manner set out in the AIA Australia Privacy Policy.

**General Declarations**

- I declare that I have read the AIA Australia Privacy Policy and I consent to the collection, use and disclosure of my personal and sensitive information in accordance with the AIA Australia Privacy Policy.
- I declare that the above statements are true and correct (whether written in my hand or not) and that no information material to the insurance has been withheld.
- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with AIA Australia.
- I consent to AIA Australia collecting sensitive information, that is, health information about me for the purposes of the performance of this contract.
- I agree that cover will not commence until the premium is paid and the proposal is accepted by AIA Australia.
- I have read the Duty of Disclosure notice and understand what is meant by that notice.
- I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.
- I understand that AIA Australia does not currently send any Direct Marketing materials.

Signature of Life Insured

Date Signed (dd/mm/yyyy)

**Return your completed form to TIC Super, PO Box 1282, Albury NSW 2640.**



# Short Personal Statement

Death and TPD Cover to \$1,000,000 and/or  
Salary Continuance Cover to \$8,000 monthly benefit

Member ID:

Policy Ref No.

MP 9814

Employer Name:

If you:

- Are aged 55 or older; or
  - Require more than \$1,000,000 of Death and Total and Permanent Disablement (TPD) insurance cover; or
  - Earn over \$128,000 per annum and therefore require more than \$8,000 monthly benefit of Salary Continuance cover.
- Please complete the Insurance Application Form available on page 25.

## 1 LIFE INSURED (please provide your current details)

Title (Mr/Mrs/Ms etc)  Surname  Given Names

Date of Birth (dd/mm/yyyy)  Gender  Male  Female

Residential Address

Suburb/Town  State  Postcode

Daytime Contact Number  Email Address

## 2 TYPE OF INSURANCE

New  Death & TPD Amount \$

Increase  Salary Continuance Amount \$

**Salary Continuance only:**

Benefit Period  2 years (to age 65 if earlier)  5 years (to age 65 if earlier)  To Age 60  To Age 65

Waiting Period  30 days  60 days  90 days

## 3 PERSONAL QUESTIONNAIRE

Please complete all parts of this Short Personal Statement. If required, please attach any appendices.

1. Are you an Australian citizen or a resident of Australia?  Yes  No

2. Occupation  Industry

Daily duties at work (including manual work)

Gross Annual Salary \$  Hours worked per week

3. (a) Height  cm (b) Weight  kg

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 full time basis or are unemployed?)  Yes  No

5. Have you smoked tobacco or any other substance in the last 12 months?  Yes  No

If 'Yes', please state forms and daily quantities.

### 3 PERSONAL QUESTIONNAIRE (continued)

6. Do you drink more than 20 standard drinks per week?  Yes  No
7. Do you participate or intend to participate in any of the following:  
Aviation (other than as a passenger on a recognised airline), football (all codes), scuba diving (more than 40 metres) motor racing or any other hazardous activity?  Yes  No
8. Have you ever suffered symptoms of, or had, or been told you have or received any advice or treatment for:
- High blood pressure, high cholesterol, heart complaint, chest pain 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)?
- Yes  No
9. Have you ever:
- Suffered from AIDS or been infected with the HIV virus; or
  - Used or injected yourself with any illicit drugs not prescribed by a Medical Practitioner; or
  - Engaged in male-to-male anal sexual activity?
- Yes  No

If you answered 'Yes' to any of questions 4 to 9 above, please complete the Insurance Application Form on page 25.

### 4 DECLARATION AND AGREEMENT

**Your 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, 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 those matters to the insurer before you extend, vary or reinstate a contract of insurance.

**Non-disclosure** – 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 elect to avoid the contract at any time from its inception. An insurer who is entitled to avoid a contract of 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 contribution that would have been payable if you had disclosed all relevant matters to the insurer.

**Privacy Policy** – A copy of the privacy policy of AIA Australia (AIA Australia Privacy Policy) can be obtained by visiting [www.aia.com.au](http://www.aia.com.au). By completing this form, you consent to any personal information, including information that may be of a sensitive nature we may collect about you in the normal course of business, being used as in the manner set out in the AIA Australia Privacy Policy.

#### General Declarations

- I declare that I have read the AIA Australia Privacy Policy and I consent to the collection, use and disclosure of my personal and sensitive information in accordance with the AIA Australia Privacy Policy.
- I declare that the above statements are true and correct (whether written in my hand or not) and that no information material to the insurance has been withheld.
- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with AIA Australia.
- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with AIA Australia.
- I consent to AIA Australia collecting sensitive information, that is, health information about me for the purposes of the performance of this contract.
- I agree that cover will not commence until the premium is paid and the proposal is accepted by AIA Australia.
- I have read the Duty of Disclosure notice and understand what is meant by that notice.
- I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.
- I understand that AIA Australia does not currently send any Direct Marketing materials.

Signature of Life Insured

Date Signed (dd/mm/yyyy)

**Return your completed form to TIC Super, PO Box 1282, Albury NSW 2640**



# Insurance Application Form

Please write legibly in block letters and tick boxes. Use a black or dark blue pen.

**1 MEMBERSHIP DETAILS**

Are you a current member of TIC Super?  
 No: go to 2     Yes, my member number is   
 If yes, complete your name and the relevant sections.

**OFFICE USE ONLY**

Entered By \_\_\_\_\_  
 Checked by \_\_\_\_\_

**2 MEMBER DETAILS**

Male  Female  Date of Birth  /  /

Surname

Given name/s

Title    Mr     Mrs     Miss     Ms     Other

Employer's Name (if applicable)

Employer member no. (if known)     Annual Salary \$  .

Tertiary Qualification    Yes     No

Occupation

Principal Duties

**3 ADDRESS AND CONTACT DETAILS**

Residential Address

Suburb     State     Postcode

Postal Address (if different from above)

Suburb     State     Postcode

Phone (home)     Phone (work)

Mobile     Facsimile

I Address

## 4 INSURANCE REQUIREMENTS

### TYPE OF INSURANCE

New Insurance

Change in the Level or Type of Cover

Type of cover

**Death Only**

Specified amount \$  .

Or Amount available at:

\$0.50 per week premium

\$1 per week premium

\$2 per week premium

**Death & TPD**

Specified amount \$  .

Or Amount available at:

\$0.50 per week premium

\$1 per week premium

\$2 per week premium

**Salary Continuance cover**

Monthly benefit \$  .

I would like salary continuance for: 2 years  5 years  To age 60  To age 65

I am prepared to wait: 30 days  60 days  90 days

for my Salary Continuance benefit to commence.

Do you permanently reside in Australia or New Zealand?

Yes  No

Height  cm Weight  kg

2. Have you smoked tobacco or any other substance in the last twelve months?

If yes, state forms and quantity below.

Yes  No

Forms

Quantity

3. Do you intend to work, live or travel overseas?

If yes, please state the specific destinations (country & city), duration, frequency and purpose

Yes  No

AT THE DATE OF APPLICATION:

4. Are you absent from work or unable to perform your usual duties?

Yes  No

5. In the last 3 years, have you had any medical advice or treatment, taken prescribed or illicit drugs or been hospitalised for any injury or illness (excluding for colds or flu)?

Yes  No

6. Have you ever had back/neck pain for 7 or more consecutive days, or have you ever had mental/nervous/stress disorders, cancer, blindness or deafness?

Yes  No

7. Has any company ever refused or applied special or modified conditions or cancelled any proposal to insure you for life or disablement policy?

Yes  No

8. Have you ever engaged or are you ever likely to engage in aviation (other than a fare paying passenger) or in any hazardous occupation, recreation, pastime, pursuit or sport (e.g. Motor racing, football, martial arts, scuba diving)? If 'yes' please give details.

Yes  No

9. Are you aged 55 or over?

Yes  No

10. Do you require Death Only or Death and TPD insurance cover of \$350,000 or over, or Salary Continuance cover?

Yes  No

## 5 DECLARATIONS

If you have answered 'No' to ALL of the previous 7 questions (4 to 10), please complete and sign the following:

- 6 AIDS Declaration,
- 7 General Declaration,
- 8 Declaration, Agreement and Acknowledgement,
- 10 Declaration.

If you have answered 'Yes' to ANY of the previous 7 questions (4 to 10), OR you have applied for Salary Continuance cover please complete and sign the following:

- 6 AIDS Declaration,
- 7 General Declaration,
- 8 Declaration, Agreement and Acknowledgement,
- 9 Personal Underwriting Statement, as indicated,
- 10 Declaration.

## 6 AIDS DECLARATION

I hereby declare that:

- I am not suffering from Acquired Immune Deficiency Syndrome (AIDS);
- I am not infected with the HIV virus and I am not carrying antibodies to the HIV virus;
- Since 1980, I have not used intravenous drugs, I have not engaged in male to male anal sexual activity and I have not worked as or had sexual intercourse with a prostitute; and
- I have not had sexual intercourse with someone I know or suspect to be HIV positive.

I am able to declare that to the best of my knowledge all of the above statements are true.

I am unable to declare that all the above statements are true.\*

\* If ticked, a confidential Supplementary Personal Statement will be required.

Signature of person  
to be insured

Date (dd/mm/yyyy)

## 7 GENERAL DECLARATION

- 1) Truth and Accuracy – I hereby declare that to the best of my knowledge and belief all of the answers to questions on this Insurance Application are true and accurate and I have not deliberately withheld any information material to the proposed insurance.
- 2) Changes to Contract – I understand that I must advise the Insurer of any material change in my health during the period between the application date shown below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the Insurer.
- 3) Acceptance of this Application – I note that this application is subject to acceptance by the Trustee or the Insurer and that the insurance cover does not commence until I have been advised by the Insurer or the Trustee about acceptance of my application.
- 4) Duty of Disclosure – I acknowledge that I have read and understood the Duty of Disclosure notice in accordance with the Insurance Contracts Act 1984 as detailed in the booklet. Warning: You have a duty to disclose all information relevant to the Insurer's decision to accept your application as outlined on page 22 of this booklet.
- 5) Privacy Statement – I have read and understood the Privacy Statement as detailed on page 23 of this booklet. I consent to my personal information being collected, disclosed and used in accordance with the Privacy Statement. I acknowledge that I can access the personal information that I have provided to Astarra Capital Limited or AIA Australia.

## 8 PERSONAL UNDERWRITING STATEMENT

### SECTION A - MEDICAL DETAILS

1 Have you ever had or received treatment for or had symptoms of:

- |  |  |                             |
|--|--|-----------------------------|
| a) High blood pressure or blood disorder e.g. leukaemia, anaemia or haemophilia?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| b) Heart, vein or circulatory disorder, including chest pain, heart attack, heart murmur, raised cholesterol or rheumatic fever?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| c) Mental or nervous disorder (eg. stress, depression, insomnia), fainting, epilepsy, paralysis, multiple sclerosis, migraines, brain disorder or any neurological disorder? | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| d) Gout, arthritis, rheumatism, cartilage or ligament injury, bone fracture or hernia?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| e) Back or neck pain, whiplash, sciatica or any muscle or joint disorder?  | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| f) Asthma, bronchitis or other respiratory disorder?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| g) Stomach, intestinal or rectal disorder, ulcer, bleeding from bowel, gall bladder or liver disorder, including hepatitis?  | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| h) Diabetes, thyroid or prostate disorder?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| i) Cancer, tumour or any form of breast lump (even if you have not seen a doctor)?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| j) Impairment/disorder of hearing or sight (other than short or long sightedness fully correctable by glasses) or loss of any limb?  | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| k) Dermatitis, psoriasis or other disorder of the skin?  | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| l) Kidney, bladder, blood in urine or reproductive organ disorder?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| m) Sexually transmitted diseases?  | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| n) Drug or alcohol dependence?   | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| o) Any other medical condition not mentioned above?  | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| p) Females only  |  |                             |
| i) Female organ disorder? (including abnormal pap smear, breast ultrasound or mammogram?)  | Yes <input type="checkbox"/>                                       | No <input type="checkbox"/> |
| ii) Are you currently pregnant?  |  |                             |
| If yes, date of expected delivery (dd/mm/yyyy)   | <input type="text"/> / <input type="text"/> / <input type="text"/> |                             |

### SECTION B - MEDICAL BACKGROUND

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1 Are you considering consulting a doctor, seeking a medical examination, advice, treatment, tests or an operation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 During the last 5 years have you:   |                              |                             |
| a) Had any examination advice or treatment by a medical practitioner, chiropractor or other health professional?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Been in hospital, clinic or nursing home?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Been advised to have an operation?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Had any tests, including blood tests, ECG, x-rays or genetic tests?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquilisers?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**If you answered 'yes' to ANY of the questions in Sections A or B, please complete ALL Sections below. Otherwise, complete Sections D, E, F (Salary Continuance only) and G.**

## 8 PERSONAL UNDERWRITING STATEMENT (Continued)

### SECTION C - ANSWERS IN DETAIL

1 If you answered 'yes' to ANY question in sections A or B, please provide details in the schedule below. If there is insufficient space, please provide a signed and dated supplementary statement.

Question Reference	Tests or nature of condition or complaint	Commencement Date (dd/mm/yyyy)	Duration	Time off work (%)	Degree of recovery
<input type="checkbox"/> (A or B)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full details of treatment and results (include type of operations)

Full name and address of doctor or hospital (if any)

Question Reference	Tests or nature of condition or complaint	Commencement Date (dd/mm/yyyy)	Duration	Time off work (%)	Degree of recovery
<input type="checkbox"/> (A or B)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full details of treatment and results (include type of operations)

Full name and address of doctor or hospital (if any)

Question Reference	Tests or nature of condition or complaint	Commencement Date (dd/mm/yyyy)	Duration	Time off work (%)	Degree of recovery
<input type="checkbox"/> (A or B)	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Full details of treatment and results (include type of operations)

Full name and address of doctor or hospital (if any)

### SECTION D - OTHER DETAILS

1 Do you drink alcohol? Yes  No

If 'yes', what type of alcohol?

How much (daily intake)?

2 Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer?) Yes  No

If 'yes', please provide the policy details in the schedule below.

\* To be replaced

Commencement Date	Insurer	Type of Cover	Amount of Cover	Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* For policies to be replaced, please attach a copy of the policy document or other proof of existing insurances and terms of acceptance.

### SECTION E - FAMILY HISTORY

1 Have any of your parents, brothers or sisters (living or deceased) had Huntington's disease, muscular dystrophy, cystic fibrosis, familial polyposis, polycystic disease or any other hereditary disorder? Yes  No

Relation	Condition/Illness	Age at onset (approx)	Age at death (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 8 PERSONAL UNDERWRITING STATEMENT (Continued)

2 Have any of your parents, brothers or sisters (living or deceased) been diagnosed prior to age 65 with any of the following conditions: Diabetes, heart disease, mental illness, haemophilia, haemochromatosis, high blood pressure, high cholesterol, breast cancer, bowel cancer or any other cancer (please specify type), stroke or kidney disease? Yes  No   
 If 'yes', please provide details in the schedule below.

Relation	Condition/Illness	Age at onset (approx)	Age at death (if applicable)

### SECTION F - FURTHER INCOME DETAILS (IF APPLYING FOR SALARY CONTINUANCE)

1 a) Please state your monthly income from your current occupation (net of business expenses but before tax). Please refer to the definition of income on page 10 of this booklet for further information.  
 DO NOT INCLUDE INVESTMENTS AND SUPERANNUATION.

Principal Occupation: Current Year \$  .  Per month  
 Previous Year \$  .  Per month

b) How long have you been at your current occupation?  years  months

c) How much of the above income will continue if you are disabled? \$  .

i) For how long?  ii) State source of income (e.g. sick leave)

2 If you become disabled, would you receive income from other sources? Yes  No

If 'yes': a) How much? \$  b) For how long?

c) State source of income

3 Do you also perform another occupation? Yes  No

If 'yes', describe the daily duties of this occupation (including manual work)

4 Are you self-employed or employed by your own company? Yes  No

If 'yes', date your business started (dd/mm/yy)

If 'yes':

a) How long have you been self-employed?  years  months

b) What was your previous occupation?

c) What percentage of your work is: i) Freelance? % ii) Contract? %

d) If self-employed, did your business make a loss in the last financial year? Yes  No

e) How many people do you employ?

5 Do you work at home? Yes  No  If 'yes', state percentage of the time  %

### SECTION G - DOCTOR'S DETAILS (PLEASE PROVIDE CURRENT DETAILS)

Name

Address

Suburb  State  Postcode

Telephone  Facsimile

Email address

Date of last consultation (dd/mm/yy)    How long have you been a patient?  Years

## 8 PERSONAL UNDERWRITING STATEMENT (Continued)

### SECTION H - DECLARATION AND AGREEMENT

**Your 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, 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 those matters to the insurer before you extend, vary or reinstate a contract of insurance.

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#### General Declarations

- I declare that I have read the AIA Australia Privacy Policy and I consent to the collection, use and disclosure of my personal and sensitive information in accordance with the AIA Australia Privacy Policy.
- I declare that the above statements are true and correct (whether written in my hand or not) and that no information material to the insurance has been withheld.
- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with AIA Australia.
- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with AIA Australia.
- I consent to AIA Australia collecting sensitive information, that is, health information about me for the purposes of the performance of this contract.
- I agree that cover will not commence until the premium is paid and the proposal is accepted by AIA Australia.
- I have read the Duty of Disclosure notice and understand what is meant by that notice.
- I also understand that my duty to disclose continues after I have completed this application until AIA Australia has accepted the risk.
- I understand that AIA Australia does not currently send any Direct Marketing materials.

In signing this Insurance Application Form:

- I acknowledge that I have read and understood the Product Disclosure Statement (PDS) and the Insurance Options Booklet for TIC Super and agree to the conditions specified in the PDS and Insurance Options Booklet in respect of any benefit I am entitled to as a member of TIC Super.
- I agree to provide the Astarra Capital Limited (Trustee) with any information relating to the insurance cover as and when requested, or upon any change of information previously advised.
- I consent to the Trustee disclosing information that I have provided to the Trustee to the insurer AIA Australia Limited to assess applications for insurance.
- I acknowledge that I can access the personal information that I have provided to the Trustee.
- I have read all questions contained in this Application and all other forms submitted to the Trustee in relation to this Application and to the best of my knowledge and belief, the answers are true, correct and complete.
- I have made no statements to the adviser or any other person connected with the adviser which in any way alters, qualifies or modifies the answers given in the Application and any other form submitted to the Trustee.

Signature of person to be insured

Date (dd/mm/yy)

 /  / 

#### AUTHORITY TO RELEASE MEDICAL INFORMATION

I,

Authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life insured

Date (dd/mm/yy)

 /  / 

Would you like an underwriter to contact you to clarify any information?

Yes

No

**Return your completed form to TIC Super, PO Box 1282, Albury NSW 2640**



**INSURANCE OPTIONS BOOKLET**  
**TIC Super (a sub-fund of My Retirement Plan)**

**TRUSTEE AND ISSUER:**  
Astarra Capital Limited  
ABN 33 001 277 256  
AFS Licence No 238000  
RSE L0002721  
PO Box 1282  
ALBURY NSW 2640  
Tel: 1300 960 090  
Fax: (02) 6041 9355