

# APPLICATION TO INCREASE INSURANCE COVER WITH **ELECTECH SCALE**



# YOUR GUIDE TO COMPLETING THE APPLICATION

It's important that you and your family are covered in the event that something unfortunate happens to you. Use the application form to increase the number of Death and Total and Permanent Disablement (TPD) units.

The checklist below will help ensure that you have correctly completed the form to increase your level of insurance.

## CHECKLIST

- Carefully read and consider the following sections prior to completing the application:
  - the Conditions for increasing your level of cover section;
  - the Duty of disclosure and the Non-disclosure sections.

- Complete the application to increase your insurance cover by:
  - providing all the personal details requested including the questions about your occupation;
  - choosing the number of Death only units OR Death and TPD only units that you want;
  - completing the Personal Health Statement and Declaration on the application form and attaching any additional information if required;
  - signing and dating the Declaration.

It is important to note that the Insurer may reject your application unless all sections of the form are completed.

- Mail your application to:

**Cbus**  
**Locked Bag 999**  
**Carlton South VIC 3053**

### Please note:

Your increased cover will not be effective until the Insurer accepts your application and you are advised in writing.

## Conditions for increasing your level of insurance cover

This is for members who have employer contributions paid into Cbus.

The Insurer will only accept an application if:

- you are working for an employer who is participating in Cbus by paying contributions into the Fund for you; *and*
- you are attending work and engaged in your normal work duties without restriction due to sickness or injury on the day you apply for increased cover (if you do not meet this requirement, your increased Total and Permanent Disablement (TPD) cover will not commence until you resume normal duties); *and*
- you have fully completed the application (see the checklist above); *and*
- you supply any other information the Insurer might request or require.

## 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 those matters to the Insurer before you renew, extend, vary or reinstate a contract of life insurance.

Your duty, however, does not require disclosure of a matter that diminishes the risk to be undertaken by the Insurer; that is of common knowledge; that the Insurer knows, or in the ordinary course of its business ought to know; as to which compliance with your duty is waived by the Insurer.

## 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 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.

## Privacy Act 1988

### (Our obligations under the Act)

The *Privacy Act 1988* ('the Act') sets out a number of principles that we must comply with in the collection, security, storage, use and disclosure of personal information. These principles are known as the National Privacy Principles.

The following information is provided to you in accordance with these principles.

The organisation collecting information about you is Cbus Superannuation Fund. Cbus outsources the administration of its member records to an external superannuation administration company and contracts with life insurers to provide insurance cover to you.

The information collected will be used by Cbus, its administrator and insurer to assess and process your application for life insurance. The information may also be used if you submit a claim, or a claim is submitted by someone acting on your behalf.

If you ask us, we must provide you with access to the personal information we hold about you. We may be entitled to refuse access to some information as set out in the Act.

Your right to access this information is set out in our Privacy Policy Statement, which is available on request.

The information we collect may be disclosed to other organisations, including, but not limited to, medical and legal practitioners, health service providers, other insurance or reinsurance companies, legal tribunals, investigation organisations, and interpreters.

If you fail to provide us with all or part of the information we require, we will be unable to assess and process your application.

NOTE: This application form only applies to Cbus Industry Fund Members (with Electtech Insurance Cover) who have employer contributions paid into Cbus. Cbus members who have less than 10 units of insurance cover with the Fund for death and TPD may apply to increase their cover by taking additional units. Applications to increase cover are subject to you meeting all the conditions set out above, and to the Insurer's acceptance of your Personal Health Statement and any other evidence they require.

**Table C – Electech Scale**

INSURANCE COVER AVAILABLE FOR ELECTRICAL AND COMMUNICATIONS INDUSTRY MEMBERS – ELECTECH SCALE																				
	1 UNIT		2 UNITS		3 UNITS		4 UNITS		5 UNITS		6 UNITS		7 UNITS		8 UNITS		9 UNITS		10 UNITS	
	TPD \$	Death \$	TPD \$	Death \$	TPD \$	Death \$	TPD \$	Death \$	TPD \$	Death \$	TPD \$	Death \$	TPD \$	Death \$	TPD \$	Death \$	TPD \$	Death \$	TPD \$	Death \$
AGE NEXT BIRTHDAY	\$2.07 per wk	\$4.14 per wk	\$6.21 per wk	\$8.28 per wk	\$10.35 per wk	\$12.42 per wk	\$14.49 per wk	\$16.56 per wk	\$18.63 per wk	\$20.70 per wk										
16 to 55	50,000	50,000	100,000	100,000	150,000	150,000	200,000	200,000	250,000	250,000	300,000	300,000	350,000	350,000	400,000	400,000	450,000	450,000	500,000	500,000
56	50,000	45,000	100,000	100,000	150,000	135,000	200,000	180,000	250,000	225,000	300,000	270,000	350,000	315,000	400,000	360,000	450,000	405,000	500,000	450,000
57	50,000	40,000	100,000	100,000	150,000	120,000	200,000	160,000	250,000	200,000	300,000	240,000	350,000	280,000	400,000	320,000	450,000	360,000	500,000	400,000
58	50,000	35,000	100,000	100,000	150,000	105,000	200,000	140,000	250,000	175,000	300,000	210,000	350,000	245,000	400,000	280,000	450,000	315,000	500,000	350,000
59	50,000	30,000	100,000	100,000	150,000	90,000	200,000	120,000	250,000	150,000	300,000	180,000	350,000	210,000	400,000	240,000	450,000	270,000	500,000	300,000
60	50,000	25,000	100,000	100,000	150,000	75,000	200,000	100,000	250,000	125,000	300,000	150,000	350,000	175,000	400,000	200,000	450,000	225,000	500,000	250,000
61	50,000	20,000	100,000	100,000	150,000	60,000	200,000	80,000	250,000	100,000	300,000	120,000	350,000	140,000	400,000	160,000	450,000	180,000	500,000	200,000
62	50,000	15,000	100,000	100,000	150,000	45,000	200,000	60,000	250,000	75,000	300,000	90,000	350,000	105,000	400,000	120,000	450,000	135,000	500,000	150,000
63	50,000	10,000	100,000	100,000	150,000	30,000	200,000	40,000	250,000	50,000	300,000	60,000	350,000	70,000	400,000	80,000	450,000	90,000	500,000	100,000
64	50,000	5,000	100,000	100,000	150,000	15,000	200,000	20,000	250,000	25,000	300,000	30,000	350,000	35,000	400,000	40,000	450,000	45,000	500,000	50,000
65	50,000	0	100,000	100,000	150,000	0	200,000	0	250,000	0	300,000	0	350,000	0	400,000	0	450,000	0	500,000	0

Death only cover – \$1.40 per week per unit.

Complete this application by using a black or blue pen and capital letters.  
Once completed, please post the original to Cbus.

### SECTION 1 Personal details

CBUS ELECTECH MEMBERSHIP NO.

DATE OF BIRTH

TITLE  Mr  Mrs  Miss  Ms GENDER FEMALE  MALE

GIVEN NAME(S)

FAMILY NAME

ADDRESS

STATE    POSTCODE

TELEPHONE HOME (   )

MOBILE

OCCUPATION

DUTIES PERFORMED

EMPLOYER NAME

EMPLOYER ADDRESS

SUBURB/TOWN

STATE    POSTCODE

### SECTION 2 Type and amount of cover required

Please indicate below the number of units of cover you wish to have. **Note that you can only apply for a maximum 10 units of either Death Only cover OR Death and TPD cover.**

Death Only cover (\$1.40 per week per unit)  units **OR** Death and TPD cover (\$2.07 per week per unit)  units

- Note:**
- If the insurer accepts your application to increase your insurance cover to the level requested, then this level of cover will replace the level of cover that you presently have under the Cbus Electech Scale. You should therefore apply for the total number of units in each type of cover you want with the Cbus Electech Scale in the future.
  - If the insurer does not accept your application, you will retain the level of cover that currently applies to your account.
  - Any increase in cover is subject to your application being accepted by the Insurer.

### SECTION 3 Personal Health Statement

1. What is your: Height  CM Weight  KG Dimensions guide: 1 inch = 2.54cm • 6ft = 182cm • 5ft = 152cm • 4ft = 122cm

2. During the past 12 months have you smoked tobacco or any other substance? Yes  No

If Yes - please provide full details, i.e. type and quantity per day:

3. Can you confirm that as at the date you are completing this application, you are:

- Employed in occupations within the electrical and communications industries as defined within 'The National Electrical, Electronic and Communications Contracting Industry Award 1998', and
- Attending work and able to perform your normal duties without restriction due to sickness or injury on a permanent full-time basis.

Yes  No

**Please note that:**

- 'Full-time' means more than 30 hours per week on an ongoing basis. It is not necessary that you work full-time, but only that you have the physical and mental capacity to do so.
- You will be considered to still meet this requirement if you are absent from work on the day you are completing this application, provided your absence is not due to injury or illness.

If 'No' please provide details as to why you are not able to meet this requirement.





**General Advice Warning**

*The information contained in this brochure is about Cbus. Any advice is of a general nature and does not take into account your specific needs. You should consider your own financial position, objectives and requirements before making any financial decisions.*

*Read the Cbus Product Disclosure Statement to decide whether Cbus is right for you.*