

# Aviva Business Super

## Application for insurance cover

Issue date 23 March 2009



### When to use this form

Complete this form if you wish to:

- apply for additional insurance cover
- reduce your existing insurance cover
- select a different type of cover to that provided by your employer

### 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 the 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 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 business, ought to know, as to which your duty is waived by the insurer.

### Non-disclosure and misrepresentation

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. By avoiding the contract, the insurer is cancelling the contract from its inception.

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.

Your duty of disclosure continues until the Contract of Life insurance has been accepted by the insurer and confirmation is issued in writing.

## 1. Type of cover required

a) I require insurance cover for:

- Death only     Total and Permanent Disability ('TPD') only     Death & TPD     Income Protection
- Apply TPD **own** occupation definition (AAA and AA rated occupations only).  
Refer to page 21 of the Member PDS for further details.

b) For Death only, TPD only or Death and TPD, what level of insured cover is required?

(Refer to page 19 of the Member PDS for full details on additional cover and the maximum limits available.)

- Fixed dollar amount: \$  ,   ,    **OR**
- Amount purchased by:  \$1 per week     \$2 per week

c) If cover is based on a fixed dollar amount, the cover chosen will be:

- Additional to account balance\*
- Inclusive of account balance\*

Note: cover amount must be additional to account balance if \$1 or \$2 per week is selected.

\*Insurance cover is determined at the time underwriting is approved and recalculated on 1 July each year.





For any 'Yes' answers to questions 1 – 5, please provide details below: (if insufficient space, please provide an attachment)

Name of condition/complaint	Date commenced	Duration	Time off work	Please advise full details of treatment including date of last symptoms	Degree of recovery	Name and address of doctor or hospital

- 6. Has any near relative suffered from high blood pressure, heart trouble, diabetes, cancer, nervous disorder, stroke/cerebral haemorrhage, or died before the age of 60?
- 7. Has any company ever refused or applied special or modified conditions or cancelled any proposal to insure you for life or disability insurance?
- 8. Have you ever or are you likely to engage in aviation other than as a fare paying passenger, or engage in any hazardous occupation, sport, pastime or pursuit?
- 9. Have you smoked tobacco or any other substance in the past 12 months?
- 10. Have you ever been on a programme of drugs or medication?
- 11. If you are applying for income protection cover, do you have any other sickness/accident/disability insurance?  
If 'Yes', please give name of company and amount of monthly benefit in box provided below.
- 12. a. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or are you carrying the HIV virus or antibodies to that virus?  
b. Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands?  
c. Have you EVER engaged in male to male anal sexual activity including anal penetration?  
(If you have answered 'Yes' to any of the above 3 sub points (a to c) under question 12, additional information will be necessary for us to assess your application)
- 13. Do you consume alcohol? If Yes, please specify the type and quantity per day (in the table below)
- 14. Do you have, or have you recently applied for any life, disability and/or trauma insurance with any company, including Norwich Union Life Australia Limited (the insurer) or from government employment?
- 15. Have you ever been paid a Total and Permanent Disability benefit from any superannuation fund or any insurance policy?
- 16. If you are applying for Income Protection cover, do you have any other sickness/accident/disability insurance? If Yes, give name of provider and amount of the monthly benefit in box provided below.

For each 'Yes' answer to questions 6 – 16 please provide details below:




- I have read the duty of disclosure and the statement on non-disclosure and misrepresentation above and I understand the contents. I understand that the information contained in this form is relied upon by the insurer in assessing the risk and the insurance.
- I understand that my cover will only commence once the insurer accepts my application and that my cover will cease if my account balance is not sufficient to pay my insurance premiums.
- I am aware of the other conditions in which cover may cease, as disclosed in the PDS.

By completing this form, you understand that any personal or sensitive information we may collect about you in the normal course of our business may be used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the requirements of the Privacy Act, can be obtained via our website, [aviva.com.au](http://aviva.com.au) or by writing directly to us.

Your signature

X

Date  /  /

## 7. Authority to release medical information

Dear Sir/Madam

Norwich Union Life Australia Limited (the insurer) is considering my proposal for insurance and I hereby authorise any medical practitioner, hospital, clinic or other person (including any life insurance company, underwriter, reinsurer or other third party who may require access to medical information in order to assess the risk or manage the policy), to disclose to the insurer 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.

Doctor's name

Doctor's address

Patient's name

Patient's residential address

Patient's date of birth

/ 
  /

Patient/Member's signature

X

Date  /  /

Please return completed form to:

Aviva Business Super  
 GPO Box 2567W  
 Melbourne Victoria 3001