

Step 3: Salary Continuance Cover

Please note: Maximum benefit is 75% of salary or \$20,000 per month, whichever is the lesser.

- Yes
 No (go to Step 4)

If you are applying to join, or are an existing member, please specify the cover you wish to apply for:

SPECIFY COVER REQUIRED (MANDATORY INFORMATION)

- Income level (% of salary) 50% 66²/₃% 75% Other (up to 75%)
Waiting period (days) 30 60 90
Benefit Payment Period 2 years 5 years to age 65

SUPERANNUATION CONTRIBUTIONS BENEFIT (OPTIONAL)

Do you want the Superannuation Contributions benefit? Yes No

Income level (% of salary) % (up to 10% of your Declared Earned Income, limited to the actual level of contribution made).
See page 15 of the Insurance Booklet for more information

Step 4: Health and Medical History – Personal Health Statement

1. Name and Address of your usual doctor

2. Details of last medical consultation with your usual doctor.

Date / / Reason

Outcome/Results

3. If you have attended that doctor for less than 12 months, name and address of previous doctor

- 4 (a) Within the LAST THREE YEARS have you consulted, been examined, treated by, or received advice from any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist or any other health care professional (naturopath, etc) or been in a hospital or been advised to have an operation or taken any medication, drugs, stimulants, sedatives or tranquillisers? No Yes
- (b) Have you EVER had an ECG, X-ray, transfusion, mammogram, surgery or any other investigation? No Yes
- (c) Have you EVER had any blood tests which revealed an abnormality e.g. raised blood sugar, liver function, renal function results, or anaemia etc? No Yes
- (d) Do you contemplate seeking any medical examination, advice, treatment or surgery, in the future? No Yes



Step 4: Health and Medical History – Personal Health Statement (continued)

Please provide full details for all Yes answers for Questions 4 (a) (b) (c) and (d)				
Question	Dates (From / To)	Name / Address of Doctor, Hospital or clinic	Condition, Medications, Treatment & Time off work	Recovery%

Please attach a separate sheet if there is insufficient space.

5.1 Have you ever had, been advised that you had, or received advice or treatment for any of the Following:

- a) High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder? No Yes
- b) Bowel, stomach or intestinal problem, gallbladder or liver disease? No Yes
- c) Epilepsy, stroke, paralysis, multiple sclerosis, fainting attacks? No Yes
- d) Depression, anxiety, panic attacks, stress, chronic fatigue or any mental or nervous condition? No Yes
- e) Diabetes, sugar in urine, pancreatic or thyroid problem? No Yes
- f) Cancer, tumour, melanoma, sunspots, mole or growth of any kind? No Yes
- g) Disease, injury or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis? No Yes
- h) Impairment of sight, hearing or speech? No Yes
- i) Asthma, bronchitis, any lung complaint? No Yes
- j) Leukaemia, haemochromatosis, and blood problems? No Yes
- k) Kidney, bladder problems? No Yes
- l) Psoriasis, eczema, any skin problem? No Yes
- m) Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury? No Yes
- n) To the best of your knowledge, do you, or any of your current or past sexual partners, have HIV/AIDS, or are you experiencing any unexplained night sweats or unintentional weight loss, or do you/have you engaged in any activity/ies reasonably accepted as having an increased risk of exposure to the virus? No Yes

FEMALES ONLY

- o) Have you ever had gynaecological conditions (e.g. endometriosis, abnormal pap smear, etc.)? No Yes
- p) Have you ever had any complications of pregnancy or childbirth? No Yes
- q) Are you currently pregnant? If 'Yes' what is the expected delivery Date / / No Yes
- r) Have you ever had a breast lump (even if you have not seen a doctor about it)? No Yes

Please provide details for all Yes answers in STEP 5: ADDITIONAL MEDICAL INFORMATION

Step 4: Health and Medical History – Personal Health Statement (continued)

5.2 Family History. *Please give details of your family history*

Relative	Living Relatives		Deceased Relatives	
	Current Age	Specify current state of health	Age at Death	Specify cause of death
Mother				
Father				
Sisters				
Brothers				

5.3 Have any of your immediate family (living or deceased) suffered from diabetes, heart disease, cancer, kidney disease, high blood pressure, mental problems or breakdown, haemophilia, Huntington's Chorea or any hereditary disease? No Yes

If YES, please provide full details

Step 5: Additional Medical Information

Please provide details for all Yes answers in 5.1(a) to (r). Please complete on a separate sheet if required.

Question No.	Q.	Q.
Specific Condition		
A. Date symptoms first started and description of symptoms?		
B. What was the condition and which part and side of the body was affected?		
C. What was the medical diagnosis including results of x-rays and investigations?		
D. What was the frequency (daily, weekly, etc) of attacks or symptoms?		
E. What was the severity (mild/moderate/ severe) and duration of attacks or symptoms?		
F. How long were you unable to work or perform your normal duties/activities?		
G. If a hospital visit was required, please provide date and duration of your stay.		
H. What advice/treatment did you receive?		
I. Are you still receiving treatment? If so, please advise nature and frequency of treatment?		
J. Date treatment/ medication ceased.		
K. When did you last suffer from any symptoms?		
L. Degree of recovery (%)		
M. Please supply the name and address of all doctors, hospitals or other practitioners consulted.		

Step 6: Additional Details

- 6.1 Is this an increase? No Yes
- 6.2 Have you ever held or applied for any life, disability, accident & sickness or trauma insurance, that was declined, postponed, premium increased or modified, or had a current policy cancelled or renewal refused? No Yes
- 6.3 Have you claimed on any type of disability, trauma, accident and sickness or such benefits as Workers' Compensation or Motor Vehicle Third Party? No Yes
- 6.4 Do you have, or are you applying for, any other life or disability cover? No Yes

If Yes to 6.2, 6.3 and or 6.4, please provide full details below.

Name of Company	Cover Type	Sum Insured	Date of Application	Accepted/Loaded Exclusion/Declined	To be Replaced?
			/ /		
			/ /		
			/ /		

- 6.5 Do you drink alcohol? No Yes
 If YES, state type and daily quantity

- 6.6 Have you smoked in the last past 12 months? No Yes
 If YES, state type and daily quantity

- 6.7 Have you ever used or injected yourself with any drug not prescribed by a doctor, or received counselling or treatment for the use of alcohol or drugs? No Yes
 If YES, Please provide full details

- 6.8 Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger travelling over recognised routes), motor racing, diving, football, parachuting, hang-gliding or any other extreme sport? No Yes
 If YES, please complete a Sports and Pastimes statement

- 6.9 Do you intend travelling outside Australia within the next 2 years? No Yes
 If YES, please provide details below (where, when, duration and reason)

- 6.10 Are you an Australian or New Zealand Citizen? No Yes

- 6.11 Do you hold an Australian Permanent Resident's Visa? No Yes
 If NO to either 6.10 or 6.11, please provide details

Step 7: Your Duty of Disclosure

Where you are required to provide information to the Insurer and Trustee regarding your insurance, you have a duty to disclose 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 or Trustee before you change your insurance cover or apply for new cover. Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the Insurer;
- is common knowledge;
- the Insurer knows or, in the ordinary course of their business, ought to know; and
- the Insurer has waived.

If you, or the Trustee on your behalf, does not disclose to the Insurer every matter that you know, or could reasonably be expected to know, that would be relevant to its decision to accept the risk, the Insurer may avoid the contract (or avoid cover in respect of any cover provided for you) within three years of entering into it, provided it would not have entered that contract on any terms, had full disclosure been made.

If your non-disclosure, or the Trustee's non-disclosure on your behalf, is fraudulent, the Insurer may avoid the contract or your cover at any time.

Your duty of disclosure continues until the insurance cover has been accepted by the Insurer and confirmation is issued in writing.

Step 8: Privacy Statement

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the IOOF Investment Management Limited ABN 53 006 695 021 (IOOF) and the TOWER Australia Limited (TOWER) ABN 70 050 109 450 Privacy Policies. Please be aware that the duty of disclosure explained in the insurance booklet applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this is explained above.

IOOF and TOWER may collect, use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made. IOOF and TOWER may collect or disclose information relating to you or your application or any claims I may make to or from a range of services including: financial advisers, reinsurers, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers, claim investigators and other third party service providers, and each other. If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless we are legally entitled to deny access. If you want to know more about IOOF's or TOWER's approach to privacy, or you want to know more about your application, please contact IOOF on 1800 653 864 or TOWER on 1800 221 142.

Step 9: Applicant declaration and signature

- I acknowledge that I have read the notice explaining my duty of disclosure in Step 7 and understand that this duty also applies until formal notification of acceptance. I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to IOOF and TOWER or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I consent to my personal information (including health and sensitive information) being collected, used and disclosed by IOOF and TOWER or their external service providers/contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information IOOF and TOWER collect on this form or future forms in relation to this insurance.
- If you have provided us with information about another person, we understand you will advise them that:
 - we collect, hold and use the personal information for the purpose set out in IOOF's privacy statement;
 - their personal information may be disclosed to a third party; and
 - they may access or correct any personal information held about them.

Signature

X

Date / /

Post to: IOOF Portfolio Service Corporate/Employer Superannuation, Reply Paid 264, Melbourne VIC 8060
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Fax: 1800 558 539
Trustee: IOOF Investment Management Limited (IOOF) ABN 53 006 695 021, AFS Licence No. 230524