



## Choose your insurance

Members of Rest Super and Rest Corporate can use this form to choose your Default cover option with Rest. You can also go online to [rest.com.au/memberaccess](http://rest.com.au/memberaccess) and select the 'Insurance tab'.

You can choose to have all three types of Default cover, or a combination of Death, Total and Permanent Disability (TPD) and/or Income Protection (IP) subject to eligibility.

For more information see the relevant Insurance Guide and Target Market Determination available at [rest.com.au/pds](http://rest.com.au/pds)

Before returning your form, please check that you have completed all sections of the form relevant to you.

Please type your responses prior to printing or write in **BLOCK LETTERS** using a **BLACK** or **BLUE** pen. You can email a scanned copy or photo to [contact@rest.com.au](mailto:contact@rest.com.au) or mail your completed form to **PO Box 350, Parramatta NSW 2124**. The request will be invalid if unsigned and undated.

### The duty to take reasonable care

When completing this form you have a duty to take reasonable care not to make a misrepresentation to the Insurer. Further information on the duty to take reasonable care, consequences for not meeting this duty, and guidance on how to answer questions in this form can be found in Section 4.

---

### Section 1: Personal details

---

Member number

Date of birth (dd/mm/yyyy)

Gender

(M/F)

Mr/Mrs/Ms/Miss/Dr

Surname

Given name(s)

Unit number

Street number

Street name

Suburb/Town

State

Postcode

### Mailing Address (if different from above)

Unit number

Street number

Street name

Suburb/Town

State

Postcode

Telephone (business hours)

Mobile

Email address (Use a personal email address as we may send sensitive information)

---

## Section 2: Decide what's right for you

---

Before choosing ONE of the insurance options below (A, B or C), we recommend you read the relevant Insurance Guide.

---

### Option A. You'd like Rest Default cover now

---

If you'd like Default cover, you can choose to have one (or more) types of cover now. Please note that:

- your chosen cover will start when you meet the eligibility requirement(s), which may include receiving a mandatory employer contribution and a sufficient super balance
- by selecting insurance cover now, you are choosing to keep your cover switched on, even if your super account becomes inactive (that is, no contributions or rollovers have been received) for 13 months or more
- by selecting to have insurance now by completing Option A, you will not receive Default cover if you become eligible for it in the future.
- information on the type and amount of Default cover you are eligible for can be found in the relevant Insurance Guide or in MemberAccess. If eligible, you'll be given the standard amount of Default cover for the cover types you choose, and after this cover starts, you can reduce or cancel it at anytime.

Tell us what cover you want by ticking one (or more) of the options below:

Tick one (or more)	Cover type
<input type="radio"/>	Death cover
<input type="radio"/>	Total and Permanent Disability (TPD) cover
<input type="radio"/>	Income Protection (IP) cover*

---

Please tick the box below to let us know that you agree to and understand the following statement:

I choose to have the insurance selected above. By choosing to have this cover I agree to the information noted in Option A.

**If you are aged 25 or over and have chosen this option, please also complete section 3.**

---

### Option B. You'd like Default cover later

---

If you would like your Default cover to commence later there is no action required. By not taking any action your insurance won't start now - but you'll automatically get Default cover when you're age 25 or over and your super balance reaches \$6,000 or more. Once you meet these eligibility requirements cover will commence when we receive your next super contribution from your employer.

---

### Option C. You don't want Rest Default cover

---

Tick below to indicate that you don't want cover.

I don't want any Default cover now or in the future. I acknowledge and understand that by choosing this option I will not receive any Default cover automatically should I become eligible.

---

### Section 3: Your personal history

---

Only complete this section if you are age 25 or over and selected Option A in Section 2.

At the date of this application:

1. Are you:
  - a) unemployed; or
  - b) unable to do the duties of your usual job without restriction for at least 20 hours per week due to illness or injury (even if you are not employed to work 20 hours per week).

Yes     No
2. Due to illness or injury, have you:
  - a) been away from work for more than 10 working days in a row (other than with a cold or flu) in the past 12 months;
  - b) been told by your doctor that you'll need to take at least 10 working days in a row off work within the next 12 months; or
  - c) changed your usual job or work duties in the past 12 months?

Yes     No
3. Have you ever had any application for death, terminal illness, total and permanent disability or income protection cover;
  - a) declined; or
  - b) offered to you with an exclusion and/or loading?

Yes     No
4. Do you have an illness or injury which will, or is likely to, reduce your life expectancy to less than 24 months?

Yes     No
5. Due to illness or injury have you ever made a claim, or are you intending to make a claim:
  - a) for Workers' Compensation;
  - b) for Government benefits (eg sickness benefit, invalid pension);
  - c) from a motor accident scheme; or
  - d) from a superannuation fund or an insurance policy that provides terminal illness cover, total and permanent disability cover, or income protection cover (including accident or illness cover)?

Yes     No

**If you answered 'Yes' to any of the questions in Section 3, you're not eligible for Default cover now.**

Instead, Default cover will start automatically later when we receive a mandatory employer contribution after you meet age and account balance eligibility requirements. If you want cover now, you can apply for it and you'll need to provide detailed health information. To do this, log into [rest.com.au/memberaccess](https://rest.com.au/memberaccess), go to the insurance tab and use the 'Change your insurance' button to choose your cover. Or download the relevant 'Application for Insurance' form from the insurance tab at [rest.com.au/forms](https://rest.com.au/forms)

---

### Section 4: Declaration

---

#### The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

#### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover; or
- vary the terms of the cover.

---

**Section 4: Declaration** *continued*

---

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

**Guidance for answering the questions in this form**

You are responsible for the information provided to the Insurer. When answering questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond
- answer every question
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it
- review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

**Changes before your cover starts**

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

**If you need help**

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

**I declare that I:**

- agree to be bound by the terms of cover set out in this application form and I have read and understood the relevant Rest Insurance Guide
- have carefully considered all the questions and all answers provided are true and correct
- have read and understand the duty to take reasonable care above
- have read and understand TAL's Privacy Policy available at tal.com.au and Rest's Privacy Policy available at rest.com.au and agree that the Trustee and/or the Insurer may use my personal information for the purposes described
- understand that my request for cover will not commence until the Insurer accepts it and Rest advises me in writing.

**Your privacy is important to us**

Our Privacy Policy sets out how your personal information is managed and is available to at rest.com.au or contact us on 1300 300 778 for a copy of the Policy.

A copy of the TAL Privacy Policy is available at tal.com.au or free of charge on request to TAL by calling 1300 209 088.

By completing this form, you consent to any personal information, including information that may be of a sensitive nature and collected by TAL in the normal course of their business, being used as in the manner set out in the TAL Privacy Policy.

If you are happy for the Insurer to contact you directly over the phone to clarify any issues (rather than sending you questions via mail), please tick this box

Signature of applicant

(dd/mm/yyyy)