



Application to Increase Insurance

Guide to completing the Application

- STEP 1** Read the section Conditions for increasing your level of insurance cover set out overleaf.
- STEP 2** Read the Duty of Disclosure section.
- STEP 3** Follow the instructions on which sections are relevant to your needs.
- STEP 4** Sign the declaration and doctor's authorisation if required and mail your application to:
BUSS(Q),
GPO Box 2775
Brisbane QLD 4001

"Your fund... building for a secure future."

Conditions for Increasing your level of Insurance Cover

Manual Workers

You may increase your level of cover under BUSS(Q) (refer to the table below) up to the maximum cover of \$2 million for Death and Total and Permanent Disablement (TPD) cover provided that you:

- Are employed by a registered employer in BUSS(Q) and
- Are not restricted by injury or illness from performing any duties, and provided that
- Your completed **Application to Increase Insurance** is accepted by the Insurer.

Insurance Cover for Manual Workers

BUSS(Q) Scales of Cover - effective 1 October 2007

| Age Attained | One Unit of Cover | | Default Cover (New Members) | |
|--------------|--------------------------------|------------------------------|--|--|
| | Manual Death Cover (\$1.22 pw) | Manual TPD Cover (\$0.73 pw) | Manual Death Cover (4 units) (\$4.88 pw) | Manual TPD Cover (4 units) (\$2.92 pw) |
| 15 - 50 | \$50,000 | \$15,000 | \$200,000 | \$60,000 |
| 51 - 55 | \$39,000 | \$15,000 | \$156,000 | \$60,000 |
| 56 | \$35,100 | \$13,500 | \$140,400 | \$54,000 |
| 57 | \$31,200 | \$12,000 | \$124,800 | \$48,000 |
| 58 | \$27,300 | \$10,500 | \$109,200 | \$42,000 |
| 59 | \$23,400 | \$9,000 | \$93,600 | \$36,000 |
| 60 | \$19,500 | \$7,500 | \$78,000 | \$30,000 |
| 61 | \$15,500 | \$6,000 | \$62,000 | \$24,000 |
| 62 | \$11,700 | \$4,500 | \$46,800 | \$18,000 |
| 63 | \$7,800 | \$3,000 | \$31,200 | \$12,000 |
| 64 | \$4,000 | \$1,500 | \$16,000 | \$6,000 |
| 65 | \$3,000 | \$0 | \$12,000 | \$0 |
| 66 | \$3,000 | \$0 | \$12,000 | \$0 |
| 67 | \$3,000 | \$0 | \$12,000 | \$0 |
| 68 | \$3,000 | \$0 | \$12,000 | \$0 |
| 69 | \$3,000 | \$0 | \$12,000 | \$0 |
| 70 | \$0 | \$0 | \$0 | \$0 |

You may apply for up to \$2 million for Death and TPD cover.

* If increasing cover please nominate the number of units required on the attached application form.

Reminder: The Total and Temporary Disablement benefit (TTD) for manual workers is the lesser of \$350.00 per week or 100% of salary regardless of the number of TPD units granted, BUT you must have at least 4 units of TPD cover to qualify for TTD cover.

Self Employed Workers

You may increase your level of Death or TPD insurance cover under BUSS(Q) according to your manual or non-manual status (as per the tables for manual and non-manual workers) up to \$2 million for Death and TPD cover provided that you:

- Are a member of BUSS(Q) and were previously employed by a registered employer in BUSS(Q) AND
- Are not restricted by injury or illness from performing any duties, AND provided that
- Your completed **Application to Increase Insurance** is accepted by the Insurer.

Spouse Members

You may increase your level of Death insurance cover under BUSS(Q). Death cover for spouses is provided on the basis of non-manual workers provisions up to \$2 million provided you:

- Are not restricted by injury or illness from performing any duties, AND
- Your completed **Application to Increase Insurance** is accepted by the Insurer.

Budget Under 21 Insurance Package

BUSS(Q) offers a budget insurance cover for members aged under 21.

| Default Cover One (1) Unit of Cover \$0.87 pw | |
|---|-----------|
| Death Cover | TPD Cover |
| \$50,000 | \$50,000 |

When members turn 21 they will automatically be switched across to the default level of cover which is 4 units of Death and 4 Units of TPD cover.

Non Manual Workers

If you do not perform physical work in your occupation and you spend at least 50% of your working time in an office environment, you may increase your level of cover under BUSS(Q) (refer to the table below) up to \$2 million provided you:

- Are not restricted by injury or illness from performing any duties, AND
- Your completed **Application to Increase Insurance** is accepted by the Insurer.

Insurance Cover for Non Manual Workers

BUSS(Q) Scales of Cover - effective 1 October 2007

| Age Attained | One Unit of Cover | | Default Cover (New Members) | |
|--------------|------------------------------------|--|--|--|
| | Non-Manual Death Cover (\$0.60 pw) | Non-Manual Manual TPD Cover (\$0.275 pw) | Non-Manual Death Cover (4 units) (\$2.40 pw) | Non-Manual TPD Cover (4 units) (\$1.10 pw) |
| 15 - 40 | \$50,000 | \$50,000 | \$200,000 | \$200,000 |
| 41-44 | \$40,000 | \$40,000 | \$160,000 | \$160,000 |
| 45-49 | \$30,000 | \$30,000 | \$120,000 | \$120,000 |
| 50-54 | \$25,000 | \$25,000 | \$100,000 | \$100,000 |
| 55-59 | \$12,000 | \$12,000 | \$48,000 | \$48,000 |
| 60 - 64 | \$6,000 | \$6,000 | \$24,000 | \$24,000 |
| 65 - 69 | \$3,000 | \$0 | \$12,000 | \$0 |
| 70 | \$0 | \$0 | \$0 | \$0 |

You may apply for up to \$2 million for Death and TPD cover.

* If increasing cover please nominate the number of units required on the attached application form.

Insurance Risk

Day to day living has a number of risks. Some of these risks can result in you being injured or dying. As a result you may suffer financial risk. Financial risk means that the injury or sickness may prevent you from earning an income, or premature death may mean that your family does not have the income to pay mortgages and meet the needs of daily living. A method of managing this risk is insurance. BUSS(Q) offers a range of death, temporary disablement and total disablement insurance so that you can manage this risk by matching your needs to the cover you choose. BUSS(Q) provides members with a default level of insurance cover upon joining the employer sponsored fund. You should note that the default level of cover is provided without consideration of your individual situation or needs. All other cover over and above this default level is subject to assessment by the fund's insurer.

For assistance in completing this form, you should contact BUSS(Q) on 1800 657 216.

PART C: HEALTH DECLARATION

COMPLETE IF YOU ARE APPLYING FOR INSURANCE COVER. PLEASE NOTE THAT COVER ONLY COMMENCES ON WRITTEN CONFIRMATION FROM THE INSURER. PLEASE ANSWER THE FOLLOWING QUESTIONS CAREFULLY

Section A

1. Can you confirm that you are actively working as at the cover application date and that you are able to perform all your usual duties on a permanent full-time basis?
If 'No' then please complete the Personal Health Statement below. Yes No

Section B

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

3. Are you currently receiving any form of medical treatment? Yes No

4. Have you taken more than a total of 7 consecutive days off work over the past 12 months due to illness or injury (other than colds or flu)? Yes No

5. Have you ever suffered from a cancer/tumour of any type, chest pain, high blood pressure, heart/vascular complaint, back or joint disorder, paralysis, stroke, or mental/nervous disorder including stress, anxiety or depression? Yes No

6. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with HIV virus or carrying antibodies to the HIV virus? Yes No

STEP 1: If you answered **YES** to any of the questions in **Section B**, or you have applied for cover of \$360,000 or more, please complete the **Personal Health Statement below**.

STEP 2: If you answered **NO** to ALL of the questions in **Section B** and you are applying for cover of LESS THAN \$360,000 please **sign and date the Declaration and Medical Authority and return to:**
BUSS(Q), GPO Box 2775, Brisbane QLD 4001

PART D: PERSONAL HEALTH STATEMENT (Complete for cover applications over \$360,000)

1. INSURANCE DETAILS

1. Have you previously applied to ING Life or are other applications being submitted? Yes No

2. Have you any Life, Disability and/or Trauma cover with us or any other company or as a part of your employment, or have you recently proposed with any other company for such cover? Yes No

3. Have you ever had an application on your life declined, postponed, accepted with a higher than normal premium or otherwise than as submitted? Yes No

If **yes**, provide name of company, alteration, date and reason, if known.

Four empty rectangular boxes for providing details of insurance applications.

4. Have you ever made a claim for or received sickness, accident, disability, Veterans Affairs benefits, Workers' Compensation, unemployment benefits or any other similar compensation? Yes No

If **yes**, please provide details, i.e. when, amount, period paid, type and disability suffered, etc.

Four empty rectangular boxes for providing details of claims.

If **yes**, has the claim been finalised/completed? Yes No

5. USUAL DOCTOR OR MEDICAL CENTRE DETAILS

1. Full name of usual doctor

Phone Number

2. a. Full address of usual doctor

Street Number / PO Box

Street Name

Suburb / Town / City

State

Postcode

b. How many years have you been attending this doctor?

years

months

3. a. If known for less than 12 months, please advise name and address of the doctor who has details of your medical history.

Name

Phone Number

Street Number / PO Box

Street Name

Suburb / Town / City

State

Postcode

b. How many years have you been attending this doctor?

years

months

4. Please give details of your last consultation with ANY doctors, and if applicable, outcome or degree of recovery.

| Doctor's name and address | Date | Reason for consultation | Outcome |
|---------------------------|------|-------------------------|---------|
| | | | |
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6. PERSONAL HEALTH QUESTIONNAIRE

1. Height cm Weight kg

Please tick **YES** or **NO** to each of the following:

2. Do you consume alcohol?

Yes No

If **YES**, state type and quantity per day (the word 'social' is not sufficient).

3. During the past 12 months have you smoked tobacco or any other substance?

Yes No

If **YES**, please state type and quantity per day.

7. Health history

- 1 Do you have abnormally affecting eyesight, hearing, speech or physical mobility? Yes No
2. To the best of your knowledge, have you ever suffered from:
- (a) diabetes, epilepsy, multiple sclerosis or hepatitis? Yes No
 - (b) anaemia, leukaemia, haemophilia or any other blood disorder? Yes No
 - (c) cancer or tumour of any type? Yes No
 - (d) chest pain, high blood pressure, high cholesterol, heart or vascular complaint, paralysis or stroke? Yes No
 - (e) disease or complaint related to kidney, bladder, lung, bowel, liver, or stomach including gastric or duodenal ulcer? Yes No
 - (f) mental or nervous disorder including stress, anxiety or depression? Yes No
 - (g) arthritis, rheumatism, sciatica, any neck, back, shoulder or knee problems, broken bones, a repetitive strain injury, gout, muscle or joint pains? Yes No
 - (h) chronic fatigue syndrome or other immune disorders? Yes No
 - (f) asthma or any lung disorder Yes No
3. **AIDS Statement**
- (i) Has the virus which causes AIDS (the Human Immunodeficiency Virus) ever infected you or are you carrying antibodies to that virus? Yes No
 - (ii) Have you **EVER** worked as, or engaged in sexual activity with, a prostitute, or engaged in anal sexual activity Yes No
 - (iii) Are you suffering from unintentional weight loss, persistent night sweats, persistent fever, diarrhoea or swollen glands? Yes No
 - (iv) Do you believe that any of your sexual partners, past or present, would answer **yes** to any of the questions numbered i, ii or iii above? Yes No
4. (a) Do you take, or have you **EVER** taken, drugs, tablets or any medication on a regular basis, whether prescribed by a medical attendant or not? Yes No
- (b) Have you had any other medical condition not mentioned above? Yes No
5. Are you contemplating surgery, intend to consult a doctor, or have you been advised to have an operation in the future? Yes No
6. **Females only** – Have you ever had any complications with pregnancy or childbirth? Yes No
- Are you currently pregnant? Yes No
- If **YES**, please advise due date (DD/MM/YYYY)
- Have you ever had an abnormal pap smear, breast ultrasound or mammogram? Yes No

For any yes answers above, please complete the following table and include full details. If insufficient space, please attach an additional statement. This does not mean that insurance is not available, but we may require additional information from you to assess your application.

| | |
|--|--|
| Question No. _____ | Question No. _____ |
| Illness, injury or tests _____ | Illness, injury or tests _____ |
| Date commenced _____ | Date commenced _____ |
| Time off work _____ | Time off work _____ |
| Degree of recovery (%) _____ | Degree of recovery (%) _____ |
| Full details of treatment _____ | Full details of treatment _____ |
| _____ | _____ |
| Date of last symptom _____ | Date of last symptom _____ |
| Full name and address of doctor or hospitals consulted _____ | Full name and address of doctor or hospitals consulted _____ |
| _____ | _____ |
| Other information _____ | Other information _____ |
| _____ | _____ |

8. Declaration

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. Your duty of disclosure applies even after your application is completed and until the insurer has assessed and accepted your application for insurance cover, or an increase in cover. 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 common knowledge;
- as to which compliance with your duty is waived by the insurer;
- that your insurer knows, or in the ordinary course of its business, ought to know.

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 void a contract of life insurance may, within three years of entering into it, elect not to void 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 information to the insurer.

I Declare That I

- have read and understood the questions in the Personal Statement included in this form and all answers provided are true and correct.
- have read the conditions and directions for completion attached to this form and agree to be bound by them.
- have read and understand the duty of disclosure and I have not withheld any information that may affect the insurer's decision as to whether to accept my application for cover.
- am currently employed and I am not restricted by injury or illness from carrying out all of the duties of my usual occupation on a full-time basis.

Furthermore

- I acknowledge that if I do not complete this application correctly or do not sign and date this form, my present election (if any) will remain in force.
- I authorise any medical practitioner, other professional or any person named in this Personal Statement to verify any aspect of it, and disclose any information that they may possess about me to ING Life Limited in relation to this insurance.
- authorise the collection, use and disclosure of my personal information for the purpose of administration and maintenance of this policy, as outlined in the Privacy Statement. I understand that BUSS(Q) and the insurer will not be able to process a claim or administer this insurance policy without this consent.
- I accept that the Trustee of BUSS(Q) has appointed an intermediary to arrange and administer the Group Risk policy on their behalf. My personal information will be provided to the intermediary in order to undertake the management and administration of the policy.
- I acknowledge that where I am making an application for insurance cover (or an increase in insurance cover) and where such application is made on a voluntary basis (other than as a direct result of the formula for cover which applies to the group risk policy or policies for which an application for cover is being made on the basis of this personal statement), that I have received a copy of the Product Disclosure Statement(s) (PDS) for the type(s) of cover for which I am applying.
- I understand that insurance cover will not commence until notified of acceptance by Trustee.

Signature

Signature of Life to be Insured

Date (DD/MM/YYYY)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
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PRIVACY STATEMENT

ING is committed to ensuring the confidentiality and security of a member's personal information. The ING Privacy Policy detailing our handling of personal information is available upon request or may be downloaded from www.ing.com.au. Members may request access to information held by us about the member, the policy or scheme of which the member is an insured member, and any other ING products or services which the member may hold by contacting the ING Privacy Officer at the address below. Members may assist us by contacting ING Customer Services if any of their personal information is incorrect, has changed or requires updating.

Where the member's employer or superannuation fund trustee (fund) has established a Group Risk Policy, it may be necessary for us to:

- collect personal information from the member
- collect some personal information about the member from the employer/fund
- disclose some of the member's personal information to the employer/fund in order to undertake the management and administration of the Group Risk Policy.

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose the member's personal information to certain third parties. Unless the member consents to such disclosure we will not be able to process the application, administer the insurance, process a claim or provide the relevant ING products or services. The types of organisations to whom we may routinely disclose the member's personal information include:

- doctors, medical services or other organisations providing services in the collection, collation or assessment of personal information (including health information) for the purpose of underwriting or assessing your application or assessing any claims
- reinsurance organisations for the purpose of underwriting your application or assessing claims
- organisations undertaking compliance reviews of our financial advisers or reviews of the accuracy and completeness of our information
- organisations maintaining our information technology systems and providing information technology services
- organisations providing analysis and research
- authorised financial institutions, such as banks, credit unions and building societies, providing account details as a mechanism for providing payments or receipt of payments
- organisations providing mailing services and undertaking the printing of our standard documents and correspondence
- Trustees of the member's superannuation fund (if the insurance is linked to such a fund), or their appointed administration company who administers your insurance on their behalf.

We will disclose the member's personal information to these organisations to enable them to undertake specified management and administration services.

For life risk products (including Group Life and Group Salary Continuance) we collect health information with the member's consent. A member's health information will only be disclosed to service providers such as doctors, reinsurers and assessors who are directly involved in collecting, collating or assessing such information for the purpose of underwriting or assessing the application or assessing any claim. Where the member's insurance forms part of a superannuation fund, we may also be required to provide copies of the member's health information to the Trustee of the fund (or their appointed administrator who administers the insurance cover on their behalf) for purposes such as verifying a decision made by us in accordance with obligations imposed by law). A member's health information will not be disclosed by ING for any other purpose.

We will also disclose a member's personal information in circumstances where we are required by law to do so.

Please note amendments to the family Law Act 1975 commenced on 28 December 2002 enabling certain persons to request information about a member's interest in a superannuation fund. The policy owner may, if requested to provide information about the member's interest in a superannuation fund to their spouse or a person who intends to enter into an agreement with the member about splitting their superannuation interests in the event of separation of marriage.

Where the member's employer (or former employer) has appointed a financial adviser or other intermediary to arrange and/or administer the Group Risk Policy on their behalf, we will provide the member's personal information to the financial adviser/intermediary in order to undertake the management and administration of the policy. Where the member wishes to authorise any other parties to act on the members behalf, to receive information and/or undertake transactions, the member should notify us in writing. If you have any further questions you would like answered about privacy, please write to us or contact us at:

ING Privacy Officer

347 Kent Street

Sydney NSW 2000

Phone 02 9234 8111

Fax 02 9299 3979

Email: privacy@ing.com.au