



Important

As a member of CareSuper you may ask to see the information the insurer holds about you, and have it corrected if required, by contacting the CareSuperLine on 1300 360 149.

You must sign and date this form.



Return this completed form to:

CareSuper
Locked Bag 5087
Parramatta NSW 2124

For more information
call the CareSuperLine

1300 360 149

3. Declaration

3a. Insurance duty of disclosure

Before CareSuper enters into an insurance contract in respect of a member, it has a duty to tell the insurer anything it knows or could reasonably be expected to know that may affect the insurer's decision to provide the insurance and on what terms.

CareSuper has this duty of disclosure until the insurance is provided. CareSuper has the same duty before it extends, varies or reinstates the contract.

CareSuper does not need to tell the insurer anything that:

- Reduces the risk of the insurance
- Is common knowledge
- The insurer knows or should know as an insurer, or
- The insurer waives the duty to tell the insurer about.

If you as a member of CareSuper do not tell the insurer something

If you, as the person whose life is to be insured as a member of CareSuper, do not tell the insurer something you know or could reasonably be expected to know that may affect the insurer's decision to cover you and on what terms, this may be treated as a failure by CareSuper.

If CareSuper does not tell the insurer something about you

- If CareSuper does not tell the insurer something it is required to and the insurer would not have provided you with the insurance if it had been told, the insurer may avoid the contract within three years of entering into it.
- If the insurer chooses not to avoid the contract, it may at any time reduce the amount of insurance provided to you. This would be worked out using a formula that takes into account the premium that would have been payable if CareSuper had told the insurer everything it should have. However, if the contract has a surrender value or provides cover on death, the insurer may only exercise this right within three years of entering into the contract.

- If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may at any time vary the contract in a way that places the insurer in the same position it would have been in if CareSuper had told the insurer everything it should have. However, this right does not apply if the contract has a surrender value or provides cover on death.
- If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

In exercising its rights, the insurer may consider whether different types of cover can constitute separate contracts of insurance, and may apply its rights separately to each type of cover.

3b. Privacy of your personal information

How CareSuper handles your personal information

CareSuper collects your personal information to establish and administer your superannuation account. If you choose not to provide your personal information CareSuper may not be able to process your insurance application or administer your superannuation account, or provide you with some services offered by CareSuper.

By signing this form, I confirm:

- I have read CareSuper's Privacy Policy, available at caresuper.com.au/privacypolicy.
- I understand how CareSuper intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified
- I consent to the collection and use of my personal information by the Trustee to establish and administer my superannuation account.

If you have any questions about your rights under the privacy legislation, please call the CareSuperLine on 1300 360 149.

4. Print and sign this form

I have read the duty of disclosure in this insurance application and I am aware of the consequences of non-disclosure.

I understand that the duty of disclosure continues after I have completed this statement until my application for cover has been accepted by the insurer in writing.

I declare that:

- The answers to all the questions and the declarations on this application are true and correct
- I have not withheld any information which may affect the insurer's decision to provide insurance
- I acknowledge that the answers I have provided, together with any special conditions, will form the basis of the contract of insurance

- I have read and understood 'Privacy of your personal information' in section 3b and I acknowledge and consent to the use and disclosure of my personal information as detailed in that section
- I have read and understood the relevant **Member Guide PDS and Insurance Guide**
- I have read and understand the obligations outlined in the duty of disclosure in section 3a
- I acknowledge that if I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the insurer.

Member's signature



Date (DD/MM/YYYY)