

OPT-IN TO START OR KEEP YOUR INSURANCE

IMPORTANT INFORMATION

This form is for members who hold or are eligible to opt in to insurance in the DEFAULT DIVISION. Generally, you're in the Default Division if you joined the Fund on or after 20 May 2024, are eligible for insurance and haven't opted in to the MINING DIVISION.

If you hold insurance in the MINING DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at teamsuper.com/login or by calling us on 13 64 63.

Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

Use this form if you wish to have Basic Cover added to your Team Super account (known as opting in) or keep your current and any future insurance cover if your account becomes, or is already, 'inactive' (that is, a contribution hasn't been credited to your account for 16 months or more).

For opting in, cover will be switched on the later of:

- you are aged 18, and
- your account receives a mandatory employer contribution or you're self-employed, and
- your account balance is at least \$500.

Read the **Product Disclosure Statement (PDS)** and **Insurance Guide - Default Division** for further information.

The duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. 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 legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed.

This may also result in a claim being declined or a benefit being reduced.

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.

Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | teamsuper.com
Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



1. Your personal details

Mr Ms Mrs Miss Dr Other

Male Female

Member number

Given names

Surname

Date of birth (DD-MM-YYYY)

 - -

Residential address

Suburb

State

Postcode

Postal address. If the same as your residential address, mark 'X' in this box

Suburb

State

Postcode

Mobile phone

Home phone

Work phone

Preferred email

Other email

2. Your employment details

Are you self-employed?

No - please provide your employment details below.

Yes - please proceed to section 3.

Name of your employer

Address

Suburb

State

Postcode

Daytime telephone

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3. Occupation Group

The following questions will help us determine how much insurance cover you will receive and how much that cover costs.

(DD-MM-YYYY)

As of -

My occupation is:

Main duties performed:

Tell us your Occupation Group and make sure you're not paying too much for insurance

The type of work you do affects the cost of your insurance with us. Until you tell us your Occupation Group, you will be given a Group 1 - High Risk (Undeclared) Occupation Group. It's important you provide an Occupation Group as soon as possible as you could pay more for your insurance than you have to.

Occupation Group (mark 'x' in one box)	You qualify for this Group if...
<input type="checkbox"/> Group 1 - High Risk	• Your occupation is considered dangerous (see below) and you do not meet the definition of Group 2 - Non-manual or Group 3 - Professional.
<input type="checkbox"/> Group 1 - Manual	• Your occupation is not considered dangerous (see below), AND • You do not meet the definition of Group 2 Non-manual or Group 3 Professional.
<input type="checkbox"/> Group 2 - Non-Manual	• Your occupation is not considered dangerous (see below), AND • You work at least 75% of the time in an office environment and perform only non-manual duties.
<input type="checkbox"/> Group 3 - Professional	• Your occupation is not considered dangerous (see below for a list of occupations), AND • You tell us you work 100% of the time in an office in a sedentary capacity, earn more than \$100,000 a year (or pro-rata if not working full time), and have an accredited higher education qualification or are eligible to belong to a recognised professional body.

Dangerous occupations

To understand if your occupation is considered dangerous, please refer to the Occupation Group descriptions above together with the following broad occupation categories:

- Automotive and Engineering Trades Workers
- Construction and Mining Labourers
- Construction Trades Workers
- Design, Engineering, Science and Transport Professionals
- Electrotechnology and Telecommunications Trades Workers
- Factory Process Workers
- Health and Welfare Support Workers
- Machinery and Stationary Plant Operators
- Mobile Plant Operators
- Other Labourers
- Protective Service Workers
- Road and Rail Drivers
- Store persons

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4a. Application for Basic Cover

Only complete this section if you don't already have Basic Cover.

I wish to apply for (opt-in to) Basic Cover.

I understand that cover will start the date this form is received by the Fund and the later of all of the following conditions being met:

- I am aged at least 18, and
- I am an employee and my employer is required to make mandatory employer contributions to my account, or I am self-employed
- my account balance reaches at least \$500.

I understand that the start of Basic Cover is subject to New Events Cover, meaning I will only be covered for new illnesses or injuries until I am in active employment for 30 consecutive days after the date insurance cover starts. If you are self-employed, Basic Cover will be New Events Cover indefinitely.

I understand that insurance cover will remain switched on, and insurance premiums deducted from my account, until I cancel cover or I meet an end of cover condition.

4b. Keep your insurance cover

Your insurance will be canceled if your account becomes inactive (that is, a contribution or transfer hasn't been credited to your account for at least 16 continuous months). If you don't want your insurance cover to stop due to inactivity, you need to let us know in writing that you'd like to keep it. You can do this by simply ticking the box below.

By ticking this box, I confirm that I:

- wish to keep the insurance on my account.
- understand that my insurance benefits, including any future changes, will remain on my account, even if there has not been a contribution or transfer received in my account for at least 16 continuous months.
- understand I can still cancel my insurance at any time by calling 13 64 63.
- understand that my insurance can be canceled or changed in the future in line with the normal terms and conditions of the insurance Default Division.
- have read and understood the **Product Disclosure Statement (PDS)** and **Insurance Guide - Default Division** at teamsuper.com/pds

5. Your declaration

I declare that I:

- have read and carefully considered the questions in this form and all the answers provided are true and correct.
- have read and understand my duty to take reasonable care and I am aware of the consequences of non-disclosure.
- have read and understood the Product Disclosure Statement (PDS) and **Insurance Guide - Default Division** to which this application is related.
- am aware of the terms and conditions for insurance cover (including defined terms) as summarised in the **PDS** and **Insurance Guide - Default Division** and acknowledge that the terms and conditions apply to me.
- understand that depending on the type and level of insurance cover I am applying for, the insurer may contact me seeking further information to support my application.
- consent to the collection, use and disclosure of my personal information in accordance with the Team Super privacy policy outlined in the Team Super PDS and our insurer's privacy policy at tal.com.au/privacy-policy or available on request.
- Legislation requires all members, except those in the Group 1 - High Risk or Group 1- High Risk (Undeclared) Occupation Groups, to elect for insurance cover when their account balance is below \$6,000 and/or they are aged under 25. By choosing to proceed with this application, you are electing to:
 - retain your existing insurance cover (if you already have cover); or
 - be provided the insurance cover specified in this application (if you don't already have cover), where your account balance is below \$6,000 and/or you are aged under 25.

Your signature



Date (DD-MM-YYYY)

When complete return this form to us by:

Post Team Super
Locked Bag 2020 Newcastle NSW 2300
Email help@admin.teamsuper.com

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