

# Insurance Application Form.



## What's this form for?

This form's for two types of people: either Virgin Super members who'd like to change their current death only or death and permanent disablement cover, or those members with no cover who'd like to apply for \$350,000 worth or less.

## A few tips for you.

- Use blue or black pen
- Print within the boxes in clear BLOCK LETTERS
- Please use  not
- Make sure you complete all relevant sections before sending us this application, otherwise we may not be able to process it

This form relates to the current version of the Virgin Super Product Disclosure Statement (Part 2 – Insurance Guide), available at virginmoney.com.au  
The PDS describes important features of our product, please make sure you read the PDS before you complete this form.

## INSURANCE

- Complete the section below if you are applying for Death & Total Permanent Disablement or Death only cover up to and including \$350,000. If you would like Income Protection cover please don't fill out this form. You'll need to complete the Virgin Super Personal Health Statement available at virginmoney.com.au

## Death only and Death & Total Permanent Disablement (TPD)

I would like Death only cover for  (Up to \$350,000)

OR

I would like Death & TPD cover for  (Up to \$350,000)

If you would like higher levels of cover or Income Protection cover please stop filling out this form. You'll need to complete the Virgin Super Personal Health Statement. This form requires more detailed health info and is available at virginmoney.com.au

Occupation

Occupation  
Duties

Salary

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

Yes  No

IF YES, please tell us what type and quantity per day.

Non-smokers – have you ever smoked regularly in the past?

Yes  No

IF YES, please state type, date and the quantity per day

If you would like Death only or Death & TPD cover of up to \$350,000 please complete the following 4 questions.

At the date of this application:

1. Are you unable to perform all your usual duties on a permanent full time basis due to sickness or injury OR are you undergoing a rehabilitation programme?

Yes  No

2. Have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than for cold or flu)?

Yes  No

3. Have you ever suffered from any of the following – cancer/tumor including benign of any type, chest pain, high blood pressure, heart/vascular complaint, paralysis, stroke or mental/nervous disorder including stress, anxiety or depression?

Yes  No

4. Are you suffering from AIDS or infected with HIV or antibodies that carry HIV (as far as you are aware)?

Yes  No

If you answered 'Yes' to any of the above questions, you'll need to complete the Virgin Super Personal Health Statement to provide further information about your health.

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## INSURANCE CONT'D

### Duty of Disclosure

If you have requested Death & TPD, Death only.

Before you enter into a contract of insurance with ING Life Limited ABN 33009657 176, AFSL 238341 (insurer), you must, under the Insurance Contracts Acts 1984, let the insurer know everything that you know or could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk for the insurance and if so, on what terms. You must also let the insurer know those matters before you renew, extend, vary or reinstate a contract of insurance. You are not required to disclose any matter:

- that diminishes the risk undertaken by the insurer;
- that is of common knowledge;
- that the insurer knows or, in the ordinary course of business ought to know; or
- to which the insurer waives your duty of compliance.


### Non-Disclosure


If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract for insurance on any terms if the failure had not occurred, the insurer may void the contract within the first three years of entering into it. If your non-disclosure is fraudulent, the insurer may invalidate the contract at any time and so will not be required to make a payment, should you make a claim. An insurer who is entitled to void a contract of insurance may, within three years of entering into it, elect not to void it but reduce the sum that you have been insured according to the premium that would have been payable if you had let the insurer know all relevant matters. The Duty of Disclosure continues until the insurer accepts (or declines) your application.

### I acknowledge that:

- I have read and carefully considered the questions in this form and all the answers I've given are true and correct. I have told the insurer everything I know that could affect its decision to accept my application;
- I have read the Duty of Disclosure and understand my obligations under the Insurance Contracts Act 1984 as explained above;
- I am not restricted by injury or illness from carrying out all my normal work duties and I am working my normal hours;
- If I do not complete this application correctly, or if I do not sign and date this form, my application for insurance will be invalid and will not be considered by the insurer;
- I have read the Privacy Statement in the current version of the Virgin Super PDS and I consent to the collection, use and disclosure of my personal information (including my health information) in accordance with the Privacy Statement. I understand that the insurer will not be able to process my application, accept cover or process a claim without this consent; and
- I authorise the release to the insurer, the Trustee, or any other organisation appointed by them, of any medical information needed in connection with my application, including full details of my past medical history. A photocopy (or similar reproduction) of this authorisation will be as valid as the original.

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
	First	Last	
Virgin Super Member Number	<input type="text"/>		
Telephone	<input type="text"/>	Date of birth	<input type="text"/>
	( )		Age <input type="text"/>

 Please return your completed form to:  
Virgin Super  
Reply Paid 1489  
Wollongong DC, NSW 2500

 1300 652 770  
8am – 6pm (EST)  
Monday – Friday  
if you need any help.