

Apply and change Death & TPD and Death only insurance



Super SA



Flexible Rollover Product

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed original to Super SA.

4. Age and work declaration

- I am under age 70 (or age 65 for members with Fixed Insurance, closed to new applications since November 2014) and understand that I must have been working 9 or more hours per week in any 6 month period in the 2 years prior to making a claim to be eligible for a Death and TPD benefit (please now complete either section 5 or section 6), or
- I am under age 70 (or age 65 for members with Fixed Insurance, closed to new applications since November 2014) and understand there is no employment test applied to Death Only Insurance cover (please now complete section 6)
- I have not ceased work due to total and permanent disablement and have not received a TPD entitlement from my former Super SA super scheme. (If you have received a TPD entitlement, please contact Super SA to discuss your insurance options.)

5. Level of insurance for Death and TPD

I require a **total number of Standard unit(s)** of cover:

- The value of a unit of Standard Insurance is based on your age.
- 1 2 3 4 5 6 7 8
- 9 10 11 Other (please state) _____

OR

- I require a **total number of Fixed Benefit Insurance unit(s)** of cover:
Each Fixed Benefit Insurance unit has a value of \$10,000.

- 1 2 3 4 5 6 7 8
- 9 10 11 Other (please state) _____

OR

- I wish to **reduce** my **Fixed Insurance¹** cover and require the following number of **Fixed Insurance** units:

- 1 2 3 4 5 6 7 8
- 9 10 11 Other (please state) _____

I understand that by transferring Fixed Insurance¹ units, I am removing all my Fixed Insurance units and will not be able to transfer back to Fixed Insurance¹.

If you are requesting addition cover, please complete Sections 7, 8 and 9.

6. Level of insurance for Death Only

- I require a **total number of Standard unit(s)** of cover:
The value of a unit of Standard Insurance is based on your age.

- 1 2 3 4 5 6 7 8
- 9 10 11 Other (please state) _____

OR

- I require a **total number of Fixed Benefit Insurance unit(s)** of cover:
Each Fixed Benefit Insurance unit has a value of \$10,000.

- 1 2 3 4 5 6 7 8
- 9 10 11 Other (please state) _____

OR

- I wish to **reduce** my **Fixed Insurance¹** cover and require the following number of **Fixed Insurance** units:

- 1 2 3 4 5 6 7 8
- 9 10 11 Other (please state) _____

I understand that by transferring Fixed Insurance¹ units, I am removing all my Fixed Insurance units and will not be able to transfer back to Fixed Insurance¹.

If you are requesting additional cover, please complete Sections 7, 8 and 9.

- Closed to new applications since November 2014.

Notes – Death and TPD

If you are also an active member of Triple S, the combined value of your insurance through both Triple S and the Super SA Flexible Rollover Product must not exceed \$1,500,000.

Notes – Death Only

If you are also an active member of Triple S, the combined value of your insurance through both Triple S and the Super SA Flexible Rollover Product must not exceed \$1,500,000.

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7. Personal Statement

If you have elected to buy additional units of Standard or Fixed Benefit Insurance cover, you are required to complete this Personal Statement regarding your health.

If you need more space please attach additional pages.

1. Height: _____ cm Weight: _____ kg

2. Are you, or have you been, a smoker or used² any sort of tobacco product³ in the last 5 years?

Yes No

3. Do you have an illness/medical condition(s)⁴ or disability?

Yes No (If no, please proceed to question 7)

4. What is the exact nature of the illness/medical condition(s)⁴ or disability?

If more than one condition, please attach additional information.

5. a) When did you first suffer from the above illness/medical condition(s)⁴ or disability?

b) Have you had any recurrence or symptoms arising from the illness/medical condition(s)⁴ or disability?

Yes No

c) Is/are the illness/medical condition(s)⁴ or disability getting worse?

Yes No

¹ Use of tobacco includes smoking, chewing or sucking of a tobacco product or any other activity involving the consumption of a tobacco product.

² A tobacco product means a cigarette, cigar, cigarette or pipe tobacco, tobacco prepared for chewing or sucking, or snuff.

³ A 'medical condition' is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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6. a) Are you still receiving treatment (including medication) for the illness/medical condition(s)⁴ or disability?

Yes No

If Yes, please give details:

b) What was the nature of any treatment?

7. a) Have you ever consulted a doctor about some other illness/medical condition(s)⁴ or disability which is not an existing medical condition?

Yes No

If Yes, please give details:

b) What was the exact nature of the illness/medical condition(s)⁴ or disability?

If more than one condition, please attach additional information.

c) When did you first suffer from the above illness/medical condition(s)⁴ or disability?

⁴ A "medical condition" is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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d) Have you had any recurrence or symptoms arising from the illness/medical condition(s)⁴ or disability?

e) What was the nature of the treatment?

8. Have you ever had any surgical procedures in relation to any illness/medical condition(s)⁴ or disability?

Yes No

If Yes, please give details:

9. Do you intend to seek any medical advice or treatment in the next 6 months?

Yes No

If Yes, please give details:

10. Are you taking any medications?

Yes No

If Yes, please give details:

⁴A "medical condition" is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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8. Doctor's Details

Please provide the name(s) of doctor(s) for your most recent consultation due to all illnesses/medical condition(s)⁴ or disability.

Doctor's name

Doctor's address

Date of last consultation / /

Reason for consultation

Outcomes

Doctor's name

Doctor's address

Date of last consultation / /

Reason for consultation

Outcomes

Doctor's name

Doctor's address

Date of last consultation / /

Reason for consultation

Outcomes

Doctor's name

Doctor's address

Date of last consultation / /

Reason for consultation

Outcomes

Doctor's address

Postcode

Date of last consultation / /

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9. Investor Declaration

- I have never been approved a TPD entitlement in any Super SA super scheme (eg Triple S, the Lump Sum Scheme, the Pension Scheme, SA Ambulance Superannuation Scheme).
- I understand that I am required to disclose every matter that could reasonably be expected to be known by me, which may be relevant in Super SA's decision whether to accept the risk of insuring me.
- I understand that an insurance entitlement may be reduced or not payable if the cause of my death or disability is caused wholly or partly by a pre-existing illness/medical condition(s)⁴ or disability, or an illness/medical condition(s)⁴ or disability arising out of a pre-existing illness/medical condition(s)⁴ or disability, or a prescribed activity.
- I acknowledge, if I am applying for Death and TPD Insurance, that I am a standard investor in the Super SA Flexible Rollover Product under age 70.
- I acknowledge that if I am applying for Death Only cover that I am under age 70.
- I understand that non-disclosure will result in my insurance entitlement being withheld, reduced or declined.
- I authorise any hospital, doctor or other person who has treated or examined me to provide Super SA with any further information or medical reports on my illness/medical condition(s)⁴ or injury, medical history, consultations, prescriptions or treatment. A photocopy of this authorisation is as valid as the original.
- I understand that Super SA and its medical adviser(s) will use this information for the purpose of considering my application for insurance.
- I understand I will have to pay the cost of providing any medical evidence to support my application.
- I understand an employment test of an average of 9 hours or more per week in any 6 month period over the last 2 years applies at the time of claiming Total and Permanent Disablement benefits.

Signature: ✕

Date: / /

⁴ A 'medical condition' is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

Please ensure that all the sections of this form have been completed including:



- your height and weight and
- details of your doctor(s).

Incomplete sections will cause delays in processing. If you fail to disclose any relevant information, your insurance entitlement may be withheld, reduced or declined.

When you apply to change your insurance cover, your new cover is effective from the date Super SA receives your application.

Once the cover is approved, the cost is backdated to when we received your application and the amount is deducted from your super account balance.

Contact us



EMAIL supersa@sa.gov.au, or



WEBSITE supersa.sa.gov.au



PHONE 1300 369 315



POST GPO Box 48, Adelaide SA 5001



MEMBER CENTRE (by appointment only) 151 Pirie St, Adelaide, SA 5000