

APPLY FOR DEATH AND TPD INSURANCE



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

4. Personal Statement

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 used¹ any sort of tobacco product² in the last 5 years?

Yes No

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

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

4. What is the exact nature of the illness/medical condition(s)³ 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)³ or disability?

b) Have you had any recurrence or symptoms arising from the illness/medical condition(s)³ or disability?

Yes No


c) Is/are the illness/medical condition(s)³ or disability getting worse?

Yes No

6. a) Are you still receiving treatment (including medication) for the illness/medical condition(s)³ or disability?

Yes No

If Yes, please give details:

 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.

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.

APPLY FOR DEATH AND TPD INSURANCE



SUPER SA
contributing to your future

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

b) What was the nature of any treatment?:

7. a) Have you ever consulted a doctor about some other illness/medical condition(s)³ 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)³ or disability?

If more than one condition, please attach additional information.

c) When did you first suffer from the above illness/medical condition(s)³ or disability?

d) Have you had any recurrence or symptoms arising from the illness/medical condition(s)³ or disability?

e) What was the nature of the treatment?

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.



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

8. Have you ever had any surgical procedures in relation to any illness/medical condition(s)³ or disability?

Yes No

If Yes, please give details:

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.

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

Yes No

If Yes, please give details:

5. Doctor's Details

Please provide the name(s) of doctor(s) for your most recent consultation.

This section must be completed in all cases.

Doctor's name

Doctor's address

Doctor's name

Doctor's address

Doctor's name

Doctor's address

Doctor's name

Doctor's address



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

6. Member Declaration

- I understand that I am required to provide all information relating to medical advice, examination or treatment received by me and all information as to any illness/medical condition(s)³ or disability suffered by me, or any symptoms suffered by me that may indicate an illness/medical condition(s)³ or disability.
- 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)³ or disability, or an illness/medical condition(s)³ or disability arising out of a pre-existing illness/medical condition(s)³ or disability, or a prescribed activity.
- 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)³ or disability, 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 that the *Southern State Superannuation Regulations 2009* prescribe the Triple S insurance arrangements.
- I acknowledge providing false or misleading information is an offence under the *Southern State Superannuation Act 2009*.

Casual Employee Declaration

- If I am a casual employee I declare that I work at least nine hours per week or for periods that average nine hours or more per week over a three-month period.

Signature: ✕

Date: / /h

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



- your height and weight and
- details of your medical practitioner(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.

Contact us

Address

Ground floor,
151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal

GPO Box 48, Adelaide, SA 5001

Call

(08) 8207 2094
1300 369 315 (for regional callers)

Email

supersa@sa.gov.au

Website

supersa.sa.gov.au

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.