

## LIFE EVENT APPLICATION FORM

PLEASE COMPLETE AND RETURN TO YOUR FUND WITHIN 31 DAYS

### SECTION A. MEMBER DETAILS

*Please provide the following information:*

Fund Membership Number: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Telephone Number (home / work / mobile): ( ) \_\_\_\_\_ Most convenient time to contact you: \_\_\_\_\_ (am/pm)

### SECTION B. NOMINATED EVENT

If you are currently insured for either death only cover, or death and total & permanent disablement (TPD) cover, you may be eligible to elect an additional one (1) unit of the same type of cover (if you have units of cover) or elect an increase in your agreed benefit of 25% up to a maximum of \$200,000 (if you have fixed or formula cover) without providing health evidence if a Nominated Event occurs.

You will need to provide sufficient evidence to our satisfaction that the Nominated Event occurred. Please enclose with this form.

*Please select the Nominated Event by ticking the box below:*

- You have a new mortgage or increased your mortgage on your permanent residence. The mortgage or increase must be for at least \$100,000. A copy of your mortgage is sufficient evidence.
- You have married. A copy of your marriage certificate is sufficient evidence.
- You or your partner have given birth or adopted a child / children. A copy of the birth certificate or adoption papers which show you as a parent is sufficient evidence.

### SECTION C. ELIGIBILITY

To be eligible for additional cover without providing health evidence as the result of a Nominated Event, on the date you apply for this increase:

- (a) You must be an existing insured member with cover in force on the date the Nominated Event occurred, and
- (b) You must be less than age 55, and
- (c) Your cover must not be subject to any special conditions, loadings or exclusions, and you must not have been declined cover, and
- (d) You must not be applying for, entitled to, or been paid a TPD or terminal illness benefit from any superannuation fund or life insurance policy, and
- (e) You can only apply to increase your cover once for each Nominated Event, and
- (f) You can only apply to increase your cover once for each Nominated Event in any 12 month period, and
- (g) You must apply within 90 days of the Nominated Event taking place, and

## SECTION D. DUTY OF DISCLOSURE

Before you enter into or become insured under a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, which may affect our decision to insure you and the terms of that insurance. This duty of disclosure continues until the cover has been issued by us. The same duty applies before you extend, vary or reinstate cover.

You do not need to tell us anything that reduces the risk we insure you for, or is common knowledge, or which we know or should know as an insurer, or which we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure to disclose.

In exercising the following rights, we must consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us something that you are required to tell us, and we would not have insured cover on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid cover, we may, at any time, reduce the amount for which you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, for Death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount you have been insured for, we may, at any time vary your cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply to Death cover.

If your failure to tell us something that you are required to tell us is fraudulent, we may refuse to pay a claim and treat your cover as if it never existed.

## SECTION E. DECLARATION

I declare that:

- (a) The information I have given on this form and the accompanying supporting information is true and correct, and
- (b) The Nominated Event in this application form has occurred within 90 days of this form being completed, and
- (c) I satisfy all of the eligibility criteria to apply to increase my cover as the result of the occurrence of the Nominated Event, and
- (d) I have read and carefully considered the questions on this form, and I have understood the Duty of Disclosure above, and
- (e) I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application for cover.

Furthermore, I acknowledge that:

- (a) If I do not fully complete this application or I do not sign and date it, I will not be eligible for any additional cover within **Enterprise Plan**, and
- (b) My insurance cover will not commence until the Insurer has accepted my application. The additional cover will commence from the date that I am advised in writing by **Enterprise Plan**, subject to the payment of premium, and
- (c) In the event of a claim arising within the first 6 months of my cover increasing as the result of an accepted Nominated Event, then the Insurer will only pay the increased claim where the claim is the result of an accidental bodily injury which occurs as a result of visible, violent and external means, and
- (d) The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of the claim.

**Member's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## SECTION F. RETURNING THIS FORM

Please ensure that you have completed all sections of the Life Event Application Form and have attached sufficient evidence of the Nominated Event.

Please ensure that you have signed and dated this Life Events Application Form.

**You must return this form together with sufficient evidence of the Nominated Event to **Enterprise Plan**.**  
**Questions? Phone 1800 816575**

**Please return to: **Enterprise Plan PO Box 1282, Albury NSW 2640****

