



Insurance opt-in for casual employees

West State Super and GESB Super



West State Super and GESB Super insurance only

- This form allows you to opt-in for Death, Total & Permanent Disablement (TPD) and Salary Continuance Insurance (SCI) cover if you meet the eligibility criteria for cover but did not receive it automatically because you are employed, or initially employed, on a casual basis
- We must receive your completed form within 90 days of GESB receiving your first employer Superannuation Guarantee (SG) contribution from your new employer

Section 1 Your details

GESB member number

Mr Mrs Miss Ms Other

Surname (family name)

Given name(s)

Postal address

Postcode

Email address

Telephone - home

Telephone - work

Telephone - mobile

Section 2 Occupational category

Provide a description of your usual occupation below and select from one of the four occupation categories below.

Occupation description (required to be completed)

Select from one of the following (✓):

- White Collar
Your occupation is office based with no manual work, e.g. accounting clerks, office managers, primary and secondary school teachers, specialist and general medical practitioners
- Light Blue Collar
Your occupation is primarily non-manual but may involve light manual duties, e.g. dental assistants, midwives, ticket salesperson, education aides
- Blue Collar / Heavy Blue Collar
Your occupation involves a moderate to high degree of manual duties or is a recognised qualified trade, e.g. gardeners, cleaners, registered nurses, plumbers, electricians, train drivers
- Hazardous occupations
Your occupation involves hazardous chemicals or work environments, or has high accident or health risks, e.g. police, fire and emergency workers, prison officers

Section 3 What cover do you need

I would like to apply for:

- Death** \$ Up to the basic cover for your age shown in Table 1
In increments of \$10,000¹
- TPD** \$ Up to the basic cover for your age shown in Table 1
In increments of \$10,000¹

SCI

Employment status	Basic cover limit ² (per month)	Or Nominate an amount less than the basic cover limit ³ (in increments of \$200 per month)
At least 0.4 FTE	<input type="checkbox"/> \$2,000	\$
Less than 0.4 FTE	<input type="checkbox"/> \$1,600	\$

If you want to apply for cover in excess of the basic cover limit, apply through Member Online under 'Insurance' or download an application from www.gesb.com.au/forms

¹ Death and TPD nominated amounts will be rounded down to the nearest \$10,000 if not in \$10,000 increments.

² The maximum SCI cover you can apply for is the lesser of \$2,000 or 85% of your income (75% of income and up to a 10% contribution to super). Refer to the 'Insurance and your super' brochure for more information.

³ SCI nominated amounts will be rounded down to the nearest \$200 if not in \$200 increments.



Table 1 outlines the basic cover limits:

Table 1

Your current age	Basic cover Death and TPD	
15 - 45	\$200,000	
46	\$190,000	
47	\$180,000	
48	\$170,000	
49	\$160,000	
50	\$150,000	
51	\$140,000	
52	\$130,000	
53	\$120,000	
54	\$110,000	
55	\$100,000	
56	\$90,000	
57	\$80,000	
58	\$70,000	
59	\$60,000	
60	\$50,000	
	Death	TPD
61	\$50,000	\$40,000
62	\$50,000	\$30,000
63	\$50,000	\$20,000
64	\$50,000	\$10,000

Section 4 SCI waiting period

If you wish to hold SCI cover, you must select a waiting period. Payment of your insured SCI benefit will only commence after your claim has been approved and you have served your waiting period. The waiting period impacts the premiums you will pay - longer waiting periods attract a lower premium. You should refer to the **'Insurance and your super'** brochure for more information.

You can choose from 90, 120 or 180 days using this opt-in form. If you want to select a shorter waiting period of 30 or 60 days, you will also need to complete a full **'Insurance application'**. Apply through Member Online in the 'Insurance' tab or download an application from www.gesb.com.au/forms

Waiting period (✓ one):

- 90 days 120 days 180 days

Section 5 Underwriting questions

To enable the Insurer, AIA Australia Limited, to assess your application, you must answer the following questions.

- If you are applying for Death and/or TPD cover - answer questions A and B only
 - If you are applying for SCI cover - answer all questions
- A. Are you suffering from and/or have you been diagnosed with a Terminal Condition⁴ as defined below or any cancer or cardiovascular condition?
- Yes No
- B. Are you at the date of signing this application due to a sickness or injury:
- Absent from work
 - Restricted from being capable of performing your full and normal duties for at least 30 hours per week, regardless of the hours you actually work
 - In receipt of and / or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income, or
 - Been absent from work for more than 10 consecutive days, in the last 2 years for the same medical condition?
- Yes No
- C. Have you ever had an application for Death, TPD and/or Income Protection insurance cover declined or accepted subject to an exclusion?
- Yes No
- D. Have you in the last 3 years made a claim for any injury or sickness (lasting more than 4 weeks) through Workers Compensation, Sickness Benefit, Invalid pension or any other insurance providing accident or sickness cover?
- Yes No

If you answer 'Yes' to any of the above questions, you are not eligible to opt-in. You can apply to have insurance cover by completing a full **'Insurance application'** and provide any evidence requested by the Insurer. Apply through Member Online in the 'Insurance' tab or download an application from www.gesb.com.au/forms Any cover will be subject to the Insurer accepting your application and any conditions specified in the Insurer's acceptance.

⁴ 'Terminal Condition' means the diagnosis of any illness or injury which, in the opinion of an appropriate medical specialist, could result in your death within 24 months, regardless of any treatment that may be undertaken.

I acknowledge that:

- I have read the ‘**Insurance and your super**’ brochure and the section ‘Important information’ which contains information on my duty of disclosure, non-disclosure and misrepresentation and privacy. I understand this brochure serves as general information only and does not contain financial advice
- I authorise the Insurer, AIA Australia, to change my insurance details as indicated on this form, but understand this is at the Insurer’s discretion and I may be required to provide additional information before my cover is changed
- I declare that the information provided on all pages of this form is true and correct
- I understand that an application for a change in the level of my insurance cover will only come into effect upon acceptance by the Insurer
- I understand that if I apply for basic SCI cover, that it will be subject to Limited Cover. This means I am only covered for claims arising from a sickness which becomes apparent or an injury which occurs on or after the cover commenced or most recently commenced under this Plan
- I understand that if I apply for basic cover, I must be actively ‘At Work’. This means I am engaged in my full and normal duties and working normal hours without limitation or restriction due to sickness or injury. I am capable of performing my full and normal duties on a full-time basis (for at least 30 hours per week) even though my actual employment may be on a full-time, part-time, contract or casual basis, on the day of signing this application form; and I am not in receipt of and/or entitled to claim income support benefits from any source including workers’ compensation benefits, statutory transport accident benefits and disability income benefits
- I understand my cover will be a fixed amount until I change it, however my TPD cover will automatically reduce annually to nil from my 61st birthday until age 65

Your signature

Date

Important information

Your duty of disclosure

Before you become covered by the Insurer, you need to disclose to the Insurer anything that you know, or could reasonably be expected to know, that may affect the Insurer’s decision to insure you and on what terms. You also need to do so before you extend, vary or reinstate your insurance cover.

If you fail to disclose these things to the Insurer, the Insurer may then have the rights described below in the ‘If you do not tell the Insurer something’ section.

You do not need to tell the Insurer anything that:

- reduces the Insurer’s risk, or
- is common knowledge, or

- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell it about

If you do not tell the Insurer something

The Insurer has a number of rights in the event of non-disclosure.

In exercising these rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover. The rights are as follows:

- If you do not tell the Insurer anything you are required to, and the Insurer would not have provided the insurance if you had told them, the Insurer may avoid the contract to provide you with the insurance within 3 years of entering into it
- If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer everything you should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract
- If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position they would have been in if you had told the Insurer everything you should have. However, this right does not apply if the contract provides cover on death

If the failure to tell the Insurer is fraudulent, the Insurer may have the right to refuse to pay a claim and treat the contract as if it never existed.

Privacy

By completion of this form you consent to any personal information, including information that may be of a sensitive nature, we or AIA Australia may collect about you in the normal course of our and AIA Australia’s business, being used as outlined in our and AIA Australia’s respective Privacy Policies. These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act*. A copy of AIA Australia’s privacy policy can be obtained from www.aia.com.au. GESB has a Privacy Statement to ensure that it handles private information about individuals responsibly. GESB’s Privacy Statement is available at gesb.com.au or can be obtained by contacting your Member Services Centre on 13 43 72.

More information

We will send you a confirmation notice outlining your new insurance details and any relevant premiums.

For more information contact your Member Services Centre on **13 43 72**.

Check that all relevant parts of this form have been completed, then send to:

**GESB
Reply Paid
PO Box J 755
Perth WA 6842**

How to contact us

T Member Services Centre 13 43 72
PO Box J 755, Perth WA 6842

F 1800 300 067

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