

To request this document in an alternative format such as Braille, call us on 13 43 72 or use our Live chat service at gesb.wa.gov.au.

Did you know you can apply for most insurance cover via Member Online at gesb.wa.gov.au at any time? If you visit Member Online and click on 'Insurance', there may be no need to complete this form.

This form allows you to apply for or increase the following insurance:

- Death
- Total and Permanent Disablement (TPD)
- Salary Continuance Insurance (SCI)

It also allows you to apply to decrease your waiting period for SCI.

Important information

About this application

When you apply for life insurance, the Insurer conducts a process called underwriting. It's how the Insurer decides whether the Insurer can cover you, and if so, on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us or the Insurer in response to their questions is vital to their decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the Insurer. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put the Insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Before the Insurer exercise any of these remedies, the Insurer will explain their reasons and what you can do if you disagree.

Please note that there may be circumstances where the Insurer later investigate whether the information given to us or the Insurer was true. For example, the Insurer may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us or the Insurer. When answering their questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the Insurer before you respond
- Answer every question
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted

Changes before your cover starts

Before your cover starts, the Insurer may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand this information and the questions the Insurer ask. Ask us, the Insurer or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the Insurer

If, after the cover starts, you think you may not have met your duty, please contact us or the Insurer immediately and we'll let you know whether it has any impact on the cover.

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 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.wa.gov.au or can be obtained by contacting your Member Services Centre on 13 43 72.



Section 1 Your details

GESB member number

Applying for insurance cover in:

GESB Super **OR**

West State Super

Mr Mrs Miss Ms Other

Last name

Given name(s)

Date of birth / /

Male Female

Current age

Postal address

Postcode

Email address

Work phone number

Mobile phone number

We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours.

Please nominate a preferred local contact time:

8am - 11am

11am - 2pm

2pm - 6pm

Employer name and address

Occupation

Industry

Daily duties, including the % time spent performing each duty (i.e. manual duties which are any duties that involve human effort or force, e.g. lifting, carrying or moving any object, item or person in excess of 5kg or where you perform physical repetitive duties):

What is your current employment status?

Please ✓ appropriate box:

Permanent full-time

Permanent part-time

Casual

Other (specify)

Note: Board members are considered permanent employees for insurance purposes.

Do you intend changing occupations, altering your duties or hours worked within the next 12 months?

Yes No If 'Yes', state below:

How many equivalent full-time hours do you work each week? (i.e. what is your FTE%? 1 day per week = 0.2 FTE)

Does your occupation require you to work underground, at heights (above 10 metres), off-shore, or near dangerous materials or substances?

Yes No

If 'Yes', please provide details below, e.g. locations, depths, heights, frequency etc.

Section 2 Type of insurance

It is important to understand that the level of cover you apply for will be a fixed amount until you change it.

However, when you turn 61, any TPD amount insured will reduce linearly on each birthday until it is \$10,000 at age 65. It will remain at this amount until you turn 67, when it will reduce to zero.

Please ✓ appropriate box:

New insurance cover **OR** Increase my existing insurance cover

Including any existing cover I have in the account confirmed in Section 1, I would like the total value of my insurance cover in the account to be increased to:

Please ✓ appropriate box:

Death
\$ Total cover

in increments of \$10,000, up to a maximum of \$10 million. The nominated amount will be rounded down to the nearest \$10,000 if not in \$10,000 increments.

Total and Permanent Disablement (TPD)
\$ Total cover

in increments of \$10,000, up to a maximum of \$5 million. The nominated amount will be rounded down to the nearest \$10,000 if not in \$10,000 increments.

Salary Continuance Insurance (SCI)
\$ Total cover per month, in increments of \$200

The nominated amount will be rounded down to the nearest \$200 if not in \$200 increments.

The maximum SCI cover you can apply for is the lesser of 87% of your income (75% of income plus up to 12% super contribution) and \$40,000 per month. If you are classified as being in the Hazardous category, your cover will be limited to the lesser of \$20,000 per month¹ or 87% of your income (75% of income and up to a 12% super contribution).

Salary continuance insurance only:

Waiting period (please ✓ one)

30 days 120 days
 60 days 180 days
 90 days

Annual salary \$ (excluding super)

Salary Continuance Insurance without the Superannuation Guarantee

Complete this section if you already have SCI cover and would like your SCI cover to continue, despite your GESB accounts not receiving Superannuation Guarantee (SG) contributions from your employer.

If no election is made, your SCI cover will automatically lapse if 180 days have passed since your last SG contribution was received, in either your GESB Super or West State Super account.

I would like my SCI to continue if GESB doesn't receive SG for 180-days

If you do not already have SCI cover, acceptance of this application will be treated as an election for SCI cover to never cease, due to no SG contributions being received.

Note: SCI may also lapse for other reasons, including if your account becomes inactive. Please refer to our 'Insurance and your super' brochure for further details.

When considering the amount of cover you require, you should consider any tax payable on benefits.

For Death, tax is generally payable if paid to a non-dependant beneficiary.

For TPD, any tax payable will be based on your circumstances, including your age, entitlement to any tax concessions and whether you are a GESB Super Member or a West State Super member.

For SCI, any benefits payable paid to you are treated as assessable income for income tax purposes.

¹ The following occupations, defined under the ASCO and/or ANZSCO occupation standards, are also limited to the hazardous restriction on the maximum SCI sum insured of \$20,000, although the Insurer provides basic cover for Death, TPD and SCI at Category 3 – Blue and Heavy Blue Collar. 'Ambulance Officers and Paramedics', 'Blasting workers', 'Chemical, Gas, Petroleum and Power Generation Plant Operators', 'Chemical, Petroleum and Gas Plant Operators', 'Drillers', 'Drillers, Miners and Shot Firers', 'Forestry and Logging Workers', 'Guards and Security Officers', 'Miners', 'Mining Support Workers and Drillers Assistants', 'Power Generation Plant Operators', 'Seafarers and Fishing Hands', 'Timber and Wood Process Workers' and 'Travel Attendants'. 'Mining and Material Engineers' and 'Mining Engineers' are also limited to this hazardous restriction on the maximum SCI sum insured of \$20,000 if any part of your role requires you to be in an underground mine at any time.

Section 3 Personal history

1. State your:

Height cm Weight kg

Yes ^(✓) No

2. Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Immigration and Citizenship)?

If 'No', are you applying for, or intending to apply for, Permanent Residency in Australia?

3. Have you smoked any tobacco or any other substance in the last 12 months?

If 'Yes', state substances and daily quantity (please note 'packet' is not sufficient detail).

4. Do you drink alcohol?

If 'Yes', how many standard drinks do you consume per week on average?

One standard drink = one nip (30 ml) spirits, 100 ml wine, 10 oz/285 ml beer

5. Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?

If 'Yes', please provide details.

6. Do you intend to work, live or travel overseas?

If 'Yes', state the destination, duration, frequency and purpose of travel.

7. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long-distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity?

If 'Yes', provide details.

8. Have you ever claimed benefits from any source (excluding unemployment), e.g. accident, sickness, workers compensation, social security, disability income insurance or pension?

If 'Yes', please give name of the company, date, amount and reason for each claim.

9. At the date of this application, are you absent from work or unable to carry out all the duties of your current or usual occupation on a full-time basis?

10. Have you ever been declined, deferred or accepted on special terms for life, disability or trauma insurance?

If 'Yes', please provide details.

11. Females only: Are you pregnant?

If 'Yes', please provide an estimated date of when the child is due.

Part A

	(✓)	
	Yes	No
1. Have you ever suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?		
(a) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) or other respiratory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Indigestion, gastric or duodenal ulcer or any bowel disorder?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Diabetes, abnormal blood sugar, gout or thyroid disorder?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>
(f) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches or any neurological disorder including multiple sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>
(g) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia?	<input type="checkbox"/>	<input type="checkbox"/>
(h) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles?	<input type="checkbox"/>	<input type="checkbox"/>
(i) Psoriasis or eczema, skin disorder, defect in hearing or sight?	<input type="checkbox"/>	<input type="checkbox"/>
(j) Cancer, cyst, lump, tumour or growth of any kind including skin cancer such as melanoma, BCC (basal cell carcinoma), SCC (squamous cell carcinoma) or skin lesions/moles that have changed in shape, colour or size?	<input type="checkbox"/>	<input type="checkbox"/>
(k) Liver, kidney, pancreas, prostate or bladder disorder, renal colic or stone?	<input type="checkbox"/>	<input type="checkbox"/>
(l) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia?	<input type="checkbox"/>	<input type="checkbox"/>
(m) Hepatitis B or C or are a Hepatitis B or C carrier, Acquired Immune Deficiency Syndrome (AIDS) sufferer or infected with the HIV virus?	<input type="checkbox"/>	<input type="checkbox"/>
Females only: Have you ever had or been advised to have treatment for:		
(n) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound?	<input type="checkbox"/>	<input type="checkbox"/>
(o) An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries?	<input type="checkbox"/>	<input type="checkbox"/>
(p) Abnormal vaginal bleeding within the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever had or been advised to have treatment for any other illness, disease or disorder? Do not include: colds, flu, hay fever, dental related matters, uncomplicated pregnancies (including caesarean sections, miscarriage), abortions and menopause.	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last 5 years have you:		
(a) Had any medical examinations, consultations, X-rays, pathology tests or procedures?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently considering, or have you been advised/referred to undergo further treatment, investigation or procedure?	<input type="checkbox"/>	<input type="checkbox"/>
5. Sexual Health In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)?	<input type="checkbox"/>	<input type="checkbox"/>

Part C – Other details

Do you have existing life, disability or trauma cover on your life (including any current applications held with any insurer)?

Yes No If 'Yes', provide the policy details in the schedule below:

Start date	Insurer	Type of cover	Amount of cover	To be replaced	
				Yes	No
/ /				<input type="checkbox"/>	<input type="checkbox"/>
/ /				<input type="checkbox"/>	<input type="checkbox"/>
/ /				<input type="checkbox"/>	<input type="checkbox"/>
/ /				<input type="checkbox"/>	<input type="checkbox"/>

Part D – Family history

1. Have any of your immediate family (father, mother, brother, sister) prior to the age of 60 (living or dead), ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members.

Yes No If 'Yes', please provide details in the table below.

Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father		
Mother		
Brothers		
Sisters		

Section 5 Income details

Complete only if Salary Continuance Insurance is required.

1. a) State your monthly income from your current occupation (net of business expenses but before tax):

Do not include investments and super.

Employed

Your income is the total value of remuneration paid by your employer including salary and fees but excluding commission, bonuses, overtime, fringe benefits and mandated super contributions.

Current year \$ per month

Previous year \$ per month

Self-employed

If you are self-employed, a working director or partner in a partnership, your income is the income generated by the business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses. Note the benefit may be averaged in some circumstances based on the last two years' income.

b) How long have you been at your current occupation?

years months

c) How much of the above income will continue if you are disabled?

\$

i) For how long? years months

ii) State source of income (e.g. sick leave, director's fees, income protection insurance, profit share from the business):

2. If you become disabled, would you receive income from **other** sources?

Yes No If 'Yes':

a) How much? \$ per month

b) For how long? years months

c) State source of income:

3. Do you also perform another occupation?

Yes No

If 'Yes', describe the daily duties of this occupation (including manual work which are any duties that involve human effort or force, e.g. lifting, carrying or moving any object, item or person in excess of 5kg or where you perform physical repetitive duties):

4. Do you receive any unearned income (e.g. from investments such as a rental property or dividends)?

Yes No

If 'Yes', how much? \$ per month

5. What was your previous occupation?

6. Are you self-employed or employed by your own company?

Yes No

If 'No': please go to question 8.

If 'Yes':

a) Date your business started / /

b) How long have you been self-employed?

years months

c) What percentage of your work is:

i) Freelance? %

ii) Contract? %

d) How many people do you employ?

7. Has your business or practice had a net operating loss in the last 2 years?

Yes No

If 'Yes', provide copies of Profit and Loss Statements for the last 2 years.

8. Have you or any business with which you were associated ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?

Yes No

If 'Yes', when? / /

Date of discharge / /

9. Do you work from home more than 30% of your time?

Yes No

If 'Yes', state percentage of time: %

10. Do you earn commission or bonuses?

Yes No

If 'Yes', state percentage of total income: %

- I have read the 'Insurance and your super' brochure and the section 'Important information' which contains information on my duty to take reasonable care not to make a misrepresentation to the Insurer, non-disclosure and privacy. I understand it serves as general information only and does not contain financial advice
- I declare that the statements in this form are true and correct
- I agree that any personal statements made together with other relevant documents shall form the basis of the proposed contract of insurance with AIA Australia Limited, the Insurer
- I declare that I have read the privacy statement set out in this application and I consent to the collection, use and disclosure of my personal and sensitive information in the manner described in that privacy statement
- I consent to the Insurer collecting sensitive information, that is, health information about me for the purposes of the performance of this contract
- I agree that cover will not commence until the premium is paid and the proposal is accepted by the Insurer
- I have read the duty to take reasonable care not to make a misrepresentation to the Insurer notice and understand what is meant by that notice
- I also understand that my duty to disclose continues after I have completed this application until the Insurer has accepted the risk
- I understand that the Insurer does not currently send any direct marketing materials
- I understand my cover will be a fixed amount until I change it, however, when I turn 61, any TPD amount insured will reduce linearly on each birthday until it is \$10,000 at age 65. It will remain at this amount until I turn 67, when it will reduce to zero
- I understand that if I am applying for SCI cover, but I already have SCI cover in GESB Super or West State Super at the time this application is accepted, both my existing SCI cover and this new SCI cover will cease if GESB does not receive Superannuation Guarantee (SG) contributions from my employer for 180 days, unless I advise GESB otherwise. This can be done in Section 2 of this application.
- I understand that if I do not already have SCI cover in my GESB Super or West State Super, acceptance of any application for SCI cover will also be treated as an election for my SCI cover to not cease where GESB does not receive SG contributions for 180 days from my employer.

Signature of Life Insured

Date

x

/ /

Check that all parts of this form have been completed and that your member number is included on any attachments, then return to:

GESB
Reply Paid
PO Box J 755
Perth WA 6842

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

MEDICAL AUTHORITY

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, **(AIA Australia)**, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Providing your consent

Each time you apply for cover or make a claim, we will ask you for your consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

For you to provide your consent, you must choose from two kinds of authorities (Authority 1 OR Authority 2 - see following page).

You only need to choose ONE Authority.

Please read each Authority carefully as well as the explanatory notes before providing your signature under your chosen Authority.

Authority 1

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- Preparing a general report and/or a report about a specific condition;
- Accessing and releasing your records in SafeScript;
- Releasing your hospital patient notes;
- Releasing the results of any investigations they have done; and/or
- Releasing correspondence with other health providers.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to AIA Australia, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form AIA Australia asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date

Authority 2

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- They will be unable to, or did not, provide the report within 4 weeks; or
- The report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to AIA Australia, or to third parties they engage, only if AIA Australia has asked them for a report on my health and either:

- The General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- The report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Name

Signature

Date

I/We authorise and consent to any life insurance company disclosing to AIA Australia personal and sensitive information about me/us with regard to previous or current applications for insurance cover or claims made under other insurance cover which may include details of my/our health and medical history.

Note: please only complete ONE Authority, do not sign both.