



Notification of unpaid parental leave – application for insurance premium waiver

GESB Super and West State Super



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.

Use this form to notify us that you are taking a period of employer-approved unpaid parental leave and wish to apply to have your GESB Super and/or West State Super insurance premiums waived during that period.

Eligibility for premium waiver

To be eligible, you must:

- Have been a member of GESB Super and/or West State Super for at least 12 months
- Have insurance in your GESB Super and/or West State Super
- Be employed at the time you commence unpaid parental leave and have obtained your employer's approval to take the unpaid parental leave period
- Submit this completed form within 12 months of the commencement date of your unpaid parental leave

Terms of premium waiver

Where eligible, your insurance will continue, and no premiums will be charged for the lesser of:

- A maximum period of 12 months, or
- Your nominated return to work date after your approved unpaid parental leave has ended

The insurance premium waiver will commence from the date on which you approved unpaid parental leave commenced.

If you are already on approved unpaid parental leave when you submit this form, the premium waiver will be backdated to the date on which you commenced unpaid leave, if the form is submitted within 12 months of the commencement date.

If you were already on unpaid parental leave before 1 July 2025, premiums will only be waived from 1 July 2025 subject to the terms above.

Section 1 Your details

GESB member number

Mr Mrs Miss Ms Other

Last name

Given name(s)

Date of birth

Male

Female

Postal address

Postcode

Email address

Mobile phone number

Work phone number

Section 2 Details of your unpaid parental leave

1. Name of employer¹

2. Contact number of employer representative

this is the number we will call if we need to confirm with your employer any of the details you've provided

3. Date paid parental leave is to commence/commenced

4. Date employer-approved unpaid parental leave is to commence/commenced

if you commenced your period of leave with paid leave, e.g. annual leave or long service leave, please ensure you advise us of the date your **unpaid** leave commenced

5. Expected end date of employer-approved unpaid parental leave

6. Estimated date of my return to work

if different to the expected end date of employer-approved unpaid parental leave and reason for the difference



¹ You must currently be employed by an employer to be eligible for insurance premiums to be waived during your unpaid parental leave.

Section 3 Declaration

By signing this form, I acknowledge:

- I have read the relevant *Insurance and your super brochure* available at gesb.wa.gov.au/brochures and the *Important information section* on page 2, which contains information on my duty to take reasonable care not to make a misrepresentation to the Insurer, non-disclosure and privacy. I understand the brochure serves as general information only and does not contain financial advice
- I declare that the information provided on this form is true and correct
- I authorise the Insurer 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
- Where applicable and eligible, this is also an election to continue or reinstate (where cover has already ceased after 180 days of no Superannuation Guarantee contributions) Salary Continuance Insurance (SCI) cover while on a period of employer-approved leave without pay subject to the payment of outstanding premiums
- I authorise my employer to provide information on GESB or the Insurer's request to validate any of the information I've provided
- I understand and accept that my SCI may lapse due to other reasons and this is not an election to retain cover if my account becomes inactive¹

Your signature

x

Date

/ /

Please check that you have completed all relevant parts of this form, then send it to:

GESB
Reply Paid
PO Box J 755
Perth WA 6842

Important information

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 have been in if the duty had been met. Your cover could be avoided

¹ Your account will become inactive if we do not receive a relevant contribution into your super account (in either GESB Super or West State Super) for a period of 16 continuous months and you have not told us that you want to keep the insurance. See the *Insurance and your super brochure* at gesb.wa.gov.au/brochures for a list of relevant contributions.

(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 GESB 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/privacy or can be obtained by contacting your Member Services Centre on 13 43 72.

 **How to contact us**

T Member Services Centre 13 43 72

F 1800 300 067

W gesb.wa.gov.au

PO Box J 755, Perth WA 6842