

Insurance Reinstatement Application

Information sheet

When to use this form

Use this form to apply to reinstate your Firstcare- Lifetime Protection Superannuation insurance cover if it was cancelled (under super laws) because your super account:

- didn't receive a contribution or rollover for 16 months, or
- had a balance below \$6,000.

Reinstating your insurance

Your insurance may be reinstated provided that:

- all sections of this form are completed, and
- your application is assessed and approved by underwriting, and
- we've received payment of any outstanding insurance premiums from you.


What you need to tell us

When you apply for insurance

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

We will ask questions we 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 in response to our questions is vital to our decision.

The Duty to Take Reasonable Care Not to Make a Misrepresentation

 Read this if you are applying for insurance as the policy owner, if you will be an insured person under a policy owned by someone else, or if you will be an insured person under a superannuation plan.

Your legal duty

When you apply for insurance and up until your application is accepted by the insurer, there is a legal Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer.

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

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Where a **policy** owned by one person covers the life of another person, it's important that the other person does not make a misrepresentation when providing information to the insurer. If the other person does make a misrepresentation, then it may be treated as a failure by the owner of the **policy** in their Duty to Take Reasonable Care Not to Make a Misrepresentation. Therefore, you must take reasonable care not to make a misrepresentation when giving us information whether you're the owner of the **policy** or an **insured person** under it.

If you do not meet your legal duty

If you do not meet your Duty to Take Reasonable Care Not to Make a Misrepresentation, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

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

If there is a failure to comply with the Duty to Take Reasonable Care Not to Make a Misrepresentation, 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 it would have been in if the duty had been met. Therefore, if the person who answers our questions does not take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- we may **treat the contract (or your cover) as if it never existed**.
- we may **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told us everything you should have. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.
- we may **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was;
- what the insurer would have done if the duty had been met – for example, whether the insurer would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

If we decide to exercise one of these remedies, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, we 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 know about any changes when they happen.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

Genetic test approach

You only need to tell us about any genetic testing you've had or intend having if the total combined sum insured with all life insurers for the benefit(s) being applied for is over the Genetic Test Standard financial limits. You can choose to tell us about a genetic test that you have had where the result was favourable.

However, you must tell us if you're experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell us of any family history of a medical condition as asked for in the relevant question in this form.

Note: Resolution Life complies with the Genetic Test Standard, a copy of the standard can be found at fsc.org.au/resources/standards.

Your privacy

Personal information

We may collect personal information directly from you or from your financial adviser.

We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Our main purpose in collecting personal information from you is so we can establish and manage your account. If you choose not to provide the information necessary to process your application, then we may not be able to process it.

We may also collect and use any of your personal information, including sensitive information, collected and held by the Resolution Life group if you authorise us to do so.

We may also use this information for related purposes—for example, enhancing customer service, product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the Resolution Life Group, or by your financial adviser. Please contact us if you do not want your personal information used for direct marketing purposes.

We usually disclose information of this kind to:

- other members of the Resolution Life Group
- your financial adviser or broker (if any)
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the Resolution Life Group in providing Resolution Life Financial Services. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost super
- anyone you have authorised or if required by law.

Sensitive information

If sensitive information, such as health information, is collected in relation to this financial product, then additional restrictions apply. Resolution Life may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, Resolution Life, to assess your application for new or additional insurance. Resolution Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims.

Resolution Life may disclose this type of health information to:

- your financial adviser or broker (if any)
- the Trustee or other members of the Resolution Life Group
- Resolution Life's reinsurers
- medical practitioners
- any person Resolution Life considers necessary to help either assess claims or resolve complaints.
- anyone you have authorised or if required by law.

Under the current Resolution Life Privacy Policy, you may access personal information about you held by the Resolution Life Group. The Resolution Life Privacy Policy sets out the Resolution Life Group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how Resolution Life deals with such complaints. The Resolution Life Privacy Policy can be obtained online at resolutionlife.com.au or by calling our Customer Service Centre on 133 731.

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Please keep this information sheet for your records —
don't return it with your completed form(s).

Insurance Reinstatement Application

Use this form to apply to reinstate your Firstcare- Lifetime Protection Superannuation insurance cover if it was cancelled (under super laws) because your super account:

- didn't receive a contribution or rollover for 16 months, or
- had a balance below \$6,000.

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

1. Member details

Account number	Product type	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	
Title	Surname	Given name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address for communications

Please cross if same as residential address.

Address			
<input type="text"/>			
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your contact details

We may need to contact you between 8.00am to 7.00pm regarding the details of your application—please provide your contact details below:

Daytime phone number	Hours you can be contacted	After hours phone number	Hours you can be contacted
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address			
<input type="text"/>			

2. Member information

Other insurance

Other than this application, are you applying for, or do you have any other existing personal insurance with Resolution Life or any other insurer? No Yes

If 'Yes', please provide details below:

! Don't include values of cover from this application.

Name of insurer	Life cover	Total & Permanent Disablement cover or Permanent incapacity cover	Trauma cover	Monthly disability (income) cover	Disability type	Is this cover to be cancelled? ^(iv)
Resolution Life	\$	\$	\$	\$	<input type="checkbox"/> TSC ⁽ⁱ⁾ <input type="checkbox"/> IP ⁽ⁱⁱ⁾ <input type="checkbox"/> BOI ⁽ⁱⁱⁱ⁾	<input type="checkbox"/> If 'Yes' give account no:
Amount to cancel	\$	\$	\$	\$		
	\$	\$	\$	\$	<input type="checkbox"/> TSC ⁽ⁱ⁾ <input type="checkbox"/> IP ⁽ⁱⁱ⁾ <input type="checkbox"/> BOI ⁽ⁱⁱⁱ⁾	<input type="checkbox"/> If 'Yes' give account no:
Amount to cancel	\$	\$	\$	\$		
	\$	\$	\$	\$	<input type="checkbox"/> TSC ⁽ⁱ⁾ <input type="checkbox"/> IP ⁽ⁱⁱ⁾ <input type="checkbox"/> BOI ⁽ⁱⁱⁱ⁾	<input type="checkbox"/> If 'Yes' give account no:
Amount to cancel	\$	\$	\$	\$		

(i) Temporary salary continuance cover/Temporary incapacity cover.

(ii) Income protection cover.

(iii) Business overheads insurance cover.

(iv) **Note:** Your insurance application will be considered on the understanding that if you intend to cancel any existing cover, that you will do so on acceptance of this application. Failure to do this means your insurance claim on your Resolution Life account may be invalid. If this insurance application is to replace existing insurance cover, the Resolution Life insurance account to be replaced will cease and a new insurance account will start.

Travel details

a. Do you have any intention of travelling outside Australia or New Zealand within the next 12 months? No Yes
(If 'Yes', give details)

Health information

a. What is your state of health?

b. Within the **last month**:

i. Have you travelled overseas? No Yes

ii. Have you had contact with someone who has recently returned from overseas? No Yes

iii. Have you been exposed to someone who suffered and was later diagnosed with COVID-19? No Yes

c. If 'Yes' to any of the items in b, please provide details below:

i. When did you or the other person return from overseas or when were you exposed?

ii. Have you completed the required 14 days of self-quarantine/isolation? No Yes

iii. Have you developed any symptoms such as fevers, sore throat, cough, headaches or shortness of breath? (If 'Yes' give details) No Yes

2. Member information (continued)

Health information (continued)

- d. i. Have you been tested for COVID-19? No Yes
- ii. If you've been tested, what was the result?
 Negative
 Positive
- iii. If you tested 'positive' did you have a following COVID-19 test result which was negative? No Yes
- iv. If you tested 'positive' were you hospitalised? (If 'Yes' give details) No Yes

Period in hospital	Hospital name and address	Treatment received	Did you spend time in intensive care?
/ / to / /			<input type="checkbox"/> No <input type="checkbox"/> Yes If 'Yes', number days <input type="text"/> days

- e. If you had symptoms or tested 'positive' to COVID-19, have you fully recovered with no continuing or residual symptoms or complications? (If 'No' give details) No Yes

- f. Do you have AIDS or any AIDS-related disorders or have you had a positive blood test for the HIV antibody? No Yes

g. During the **last 5 years**:

- i. Have you consulted, been examined, or received advice or any preventative or prophylactic treatment (eg a mastectomy) from any medical practitioner, psychologist, physiotherapist, chiropractor, or other health professional; or had any medical or surveillance tests or investigations (eg ultrasound, colonoscopies, blood tests, ECG, X-ray, mammogram, etc)? **Important:** Please refer to the **genetic test approach** in the **information sheet** when answering this question. If 'Yes', please give full particulars below of each instance. No Yes

 If additional space is required, attach a separate sheet of paper.

Condition/Name	Date first started	Date of last symptoms	No. of occurrences	Time off work	Details/Symptoms	Complications/Ongoing effects
1.	/ /	/ /				
2.	/ /	/ /				

Name and address of doctor or hospital

1.

2.

- ii. Have you been in a hospital, clinic or nursing home? (if 'Yes', give details) No Yes
- iii. Have you been advised to have an operation? (If 'Yes', give details) No Yes
- iv. Have you been refused a life, disablement, trauma/critical illness, sickness and accident plan or superannuation cover or accepted with an increased premium or been offered insurance on terms other than those for which you applied? (If 'Yes', give details) No Yes

2. Member information (continued)

Health information (continued)

h. Have you smoked tobacco or any other substance, used e-cigarettes, nicotine patches or nicotine replacement products within the last 12 months? No Yes

If 'Yes', please advise which of the following apply and quantity consumed.

Cigarettes Quantity per: day week month

Tobacco pipes Quantity per: day week month

Cigars Quantity per: day week month

Nicotine replacement products E-cigarettes Other, please specify:

If you have indicated above that you use nicotine replacement products, e-cigarettes or any other substance, please answer questions i and ii below.

i. How often are or were these nicotine patches, e-cigarettes or other nicotine products used, replaced or refilled?

ii. What strength are or were they? mgs

i. Have any first-degree blood related family members (father, mother, brother, sister or your children) been diagnosed or suffered from any of the following?

No, unknown/adopted—go to next question.

Yes—please cross all that apply and provide the details further below:

Breast and/or ovarian cancer

Prostate cancer

Lynch syndrome, familial polyposis or bowel/colon cancer

Polycystic kidney disease, renal cell cancer or kidney cancer

Diabetes

Stroke

Heart attack

Cardiomyopathy

Haemochromatosis

Muscular dystrophy

Multiple sclerosis

Parkinson's disease

Motor neurone disease

Huntington's disease

Alzheimer's disease or any other type of dementia

Any other cancer or any other heart condition

Any hereditary disorder or condition that runs in families

Provide details for each box you've crossed:

Family member (eg mother, brother)	Condition	If cancer, type/site	Age at diagnosis	Age at death (if applicable)

2. Member information (continued)

Occupation, activities, residence and income details (this section must be completed for all applicants)

- a. Current occupation
- b. Type of industry
- c. What is the average amount of time you work? hours per week weeks per year
- d. Does your occupation involve manual labour? (If 'Yes', give details) No Yes
- e. Have you any intention of changing your occupation or taking extended leave of absence in the future? (If 'Yes', give details) No Yes
- f. In the **last 3 years** have you taken part, or in the future do you intend to take part, in any hazardous activity No Yes or any organised sport? Examples of such activities are flying (other than as a fare-paying passenger), motor sports, trail or quad bike riding, diving, abseiling, rock climbing and football. (If 'Yes', give details)

Activity type	Amateur/professional	Hours/events per year
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide any other information that may help us understand your involvement in the above activities.

- g. Do you have any definite plans to travel or reside overseas, or are you currently residing overseas? (If 'Yes', give details including dates, countries to be visited, length of stay, reason.) No Yes

Financial information

Complete this section where the sum insured is \$500,000 or greater, or for Income Protection Insurance.

- a. What has been your net income for the last two years (ie gross income or revenue, less business expenses)?

Year ending 30/06/20 \$ Year ending 30/06/20 \$

- b. Has your business traded profitably for the last two years? No Yes

! **Note:** Further financial evidence to support this application may be required.

3. Insurance in super election

! **Important:** Before you complete this section, please visit [resolutionlife.com.au/insurancecancellation](https://www.resolutionlife.com.au/insurancecancellation) and read the information about changes to insurance held through inactive and low balance super accounts.

Under super laws, we can't offer or continue to provide insurance cover if your super account

- didn't receive a contribution or rollover for 16 months, or
- had a balance below \$6,000.

Please cross the box below to elect to reinstate the insurance cover in your super account.

- I want to reinstate the insurance cover that was in my super account. I want to keep this cover (subject to the cover terms and conditions), even if my account doesn't receive a contribution or rollover for 16 months, or has a balance below \$6,000.

4. Acknowledgement and declaration

I apply for reinstatement of my insurance cover and declare and acknowledge the following:

- The answers to all the questions and the written information provided in this application and any separate statements are true, correct and complete, whether or not they are in my own handwriting, and I have kept back nothing which might cause the insurer to decide that I'm a greater risk to insure.
- I have received and read 'The Duty to Take Reasonable Care Not to Make a Misrepresentation' from the Information sheet. I understand that my Duty to Take Reasonable Care Not to Make a Misrepresentation continues even after I have completed this application, and right up until Resolution Life notifies me in writing that it has accepted my application for reinstatement. I understand that, if I fail to comply with this duty, the reinstatement may be cancelled or the cover may be altered.
- I've read and understood the information about changes to insurance held through inactive and low balance super accounts available at resolutionlife.com.au/insurancecancellation (refer to section 4).
- I acknowledge that my insurance may not be reinstated and I may be required to provide further information.
- I understand that my cover may be reinstated from the date of cancellation and that premiums may be charged back to this date.
- I acknowledge that I may need to pay any outstanding premiums before my insurance is reinstated.
- If my insurance is reinstated, I agree that the trustee will keep all my insurance cover, subject to the terms and conditions of that cover, until such time as I notify the trustee otherwise.
- Resolution Life may, in considering my application for reinstatement, apply conditions to the insurance including restarting or resuming any waiting periods that Resolution Life considers necessary in its discretion.
- I authorise any insurer (including companies related to Resolution Life), to disclose to Resolution Life, and for Resolution Life to collect, any information they have on my health, medical history, pastimes, work history, or anything else that Resolution Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it. I understand that, under government privacy legislation, I may access a copy of these reports from Resolution Life. I have been advised by Resolution Life of the ways this information may be used, and to whom it may be disclosed, and approve those purposes.
- Resolution Life is authorised to give their reinsurers any information that Resolution Life has acquired with regard to me.
- I understand in the event this application for reinstatement is accepted and underwritten by Resolution Life, the premium amount deducted from my super account will be to cover from the reinstatement date to the next deduction date. The exception to this is for insurance that commenced prior to 1 July 2014. As I will be covered from the date of lapse, the premiums will be deducted from my super account, from the lapse date to the next deduction date after reinstatement.

Member name

Member signature

Date

Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001
askus@resolutionlife.com.au

Any questions?
133 731