

Application to convert from unitised cover to fixed cover



June 2011

Please use **BLOCK** letters and black or blue pen.

OFFICE USE ONLY

When to use this form:

Use this form if you wish to convert your current unitised level of Death Only or Death and TPD Cover to a fixed benefit level of cover.

How to use this form:

- You must complete Steps 1, 2, 3, and 4.
- This form must be completed in full.

When applying keep in mind:

- You must be less than age 60 to be eligible to convert your cover.
- If you hold fixed benefit cover, your Death Cover remains fixed until age 65, but from age 60 your TPD Cover will reduce by 20% each year until 65. From age 65 both Death and TPD Insurance stops.
- Fixed premium cover is subject to occupational ratings.
- You don't have a current claim application in progress with HOSTPLUS Executive.

Step 1. Member details

HOSTPLUS Executive membership number*

Date of birth*

Gender*

 Male Female

Mr Mrs Ms Miss Dr Other

*Mandatory fields

Full given name*

Surname*

Current address*

Suburb

State

Postcode

Home phone

Mobile phone

Work phone

Email address

Step 2. To convert unitised cover to fixed cover

Please tick YES or NO to each of the following questions

(a) Would you like to fix your cover based on your current unitised level?

 Yes No

If you wish to nominate a higher amount of cover than your current unitised cover you will also need to complete a HOSTPLUS Executive **Increase your insurance cover application form – Part A and B** (if applicable) available at hostplusexecutive.com.au

(b) Do you confirm that you are actively working as at the date of completing this application and that you are able to perform all your usual duties of your normal occupation?*

 Yes No*

(c) Are you presently less than 60 years old?*

 Yes No*

*If you have answered NO to question 2(b) or question 2(c), please complete the HOSTPLUS Executive **Increase your insurance cover application – Part A and Part B** (if applicable) as your current application cannot proceed without more detailed information being provided.

Step 3. Occupational rating

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

Management/clerical (white collar) scale	Light blue collar scale	Heavy blue collar scale
i) Are you employed for at least 15 hours per week on an ongoing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	Please select your occupation: <input type="checkbox"/> Wait Staff/Waitress/Waiter*	Please select your occupation: <input type="checkbox"/> Kitchen Hand/Crew
ii) Do you work in an office or similar environment? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	<input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant*	<input type="checkbox"/> Cleaner (Commercial)
iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	<input type="checkbox"/> Chef/Apprentice Chef/Cook <input type="checkbox"/> Room Attendant/House Keeper/Guest Service Agent/Attendant* <input type="checkbox"/> Food and Beverage Attendant <input type="checkbox"/> Hospitality Worker* <input type="checkbox"/> Shop Assistant/Retail Assistant	<input type="checkbox"/> Cellar Hand <input type="checkbox"/> Security Officer/Guard (unarmed) <input type="checkbox"/> Store Person <input type="checkbox"/> Ski/Snowboard/Snow sports instructor <input type="checkbox"/> Fruit picker/Vineyard worker**
iv) Do you work in any of the following occupations? <input type="checkbox"/> Management <input type="checkbox"/> Clerical <input type="checkbox"/> Marketing <input type="checkbox"/> Administration <input type="checkbox"/> Accounting	<input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant <input type="checkbox"/> Sales Assistant/Attendant/Consultant <input type="checkbox"/> Bottleshop Attendant* <input type="checkbox"/> Barista*	<input type="checkbox"/> Gardener/Landscaper <input type="checkbox"/> Farmer/Farm Labourer <input type="checkbox"/> Labourer

* These occupations have a combination of two collar type ratings: Death and TPD = light blue collar, Group Salary Continuance = heavy blue collar.

** Please note that you are only eligible for Death and TPD Cover.

^ You are not eligible for the management scales, please provide your occupation below to be assessed. If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

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Occupation

Note, if no selection is made you will automatically default to the light blue collar scale.

Step 4. Sign the Declaration

This step must be completed in all circumstances.

I, whose signature appears below, declare that:

- I have read and carefully considered the questions in this form, and all answers provided are true and correct (including those not in my own handwriting).
- I have told the insurer everything I know that could affect its decision to accept my application.
- I have read and understood the Duty of Disclosure and Non-disclosure section overleaf. I have not withheld any information that may affect the Insurer's decision as to whether to accept this application. I understand that the Duty of Disclosure continues after I have completed this statement until I am notified of acceptance in writing by the trustee.
- I have read and understood the HOSTPLUS Executive privacy policy (available at hostplusexecutive.com.au). I consent to my personal information being collected and used in accordance with the policy.
- I have read the Member Guide (Product Disclosure Statement) and/or Insurance Guide dated 1 June 2011.
- I acknowledge that if I do not complete this form correctly or I do not sign and date this form, my application will not be considered by the Insurer.
- I understand that increases or changes to insurance premiums may apply and insurance deductions from my account will be adjusted.

Don't forget to sign **SIGNATURE OF APPLICANT***

Date* / /

Important notice

HOSTPLUS Executive has taken out a contract of insurance with an insurer to provide the insurance benefits in the fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

You have a duty, under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of his/her business, ought to know; or
- as to which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of having entered into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

When you have completed this form please send it to:

HOSTPLUS Executive
Locked Bag 969
Carlton South VIC 3053

Issued by Host-Plus Pty Limited ABN 79 008 634 704
Australian Financial Services Licence No. 244392
as trustee for the HOSTPLUS Superannuation Fund ABN 68 657 495 890
Registrable Superannuation Entity Licence No. L0000093
Registrable Superannuation Entity No. R1000054

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