

# Reinstate insurance and health declaration

Use this form if your insurance has recently ceased and you'd like to request reinstatement of your cover. We'll need to receive your completed form within 60 days of your insurance cease date.

If your reinstatement request is accepted, by completing this form you'll also be opting in to retain your insurance cover even if you don't receive regular contributions into your account. Your insurance will continue provided you have a sufficient balance to cover your premiums. Your insurance opt in remains for the life of your account.

For more information, please refer to the Insurance Guide, available on our website or by contacting us.

Account number	<input type="text"/>
Product name	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/> Surname <input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email address	<input type="text"/>

## Questionnaire

Are you currently able to perform all of the normal duties of your usual occupation for at least 30 hours per week without any restriction (even if you are not employed to work 30 hours per week)? ☐ Yes ☐ No

Do you currently suffer from or have you been diagnosed with an illness or injury that may cause you to be permanently unable to perform your usual occupation in the next two years? ☐ Yes ☐ No

Do you have an illness or injury that is likely to reduce your life expectancy to less than 12 months? ☐ Yes ☐ No

Have you ever made a claim or are you currently intending to make a claim for an illness or injury from the following:

- Worker's compensation
- Government benefits (such as sickness benefit, invalid pension)
- Motor accident scheme
- Superannuation fund, including under this policy
- Life insurance policy (providing terminal illness, total and permanent disablement (TPD), critical illness, trauma or income protection (IP) cover)

☐ Yes ☐ No

Have you in the last 12 months been away from work for more than 10 working days in a row due to an illness or injury? ☐ Yes ☐ No

Have you ever had any application for life, terminal illness, TPD, critical illness, trauma, or IP cover declined, or offered to you on non-standard terms (e.g. premium loadings and/or exclusion) whether accepted by or not?

☐ Yes ☐ No

# Reinstate insurance and health declaration

## Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, which may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

## If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or 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 you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

## Insurance opt in

I elect to reinstate and retain all of my previous insurance arrangements and acknowledge that I can request to cancel my cover at any time. My cover will continue, and premiums will be deducted from my super account subject to any existing terms and conditions, even if there is not a contribution to my account for a continuous period of 16 months.

I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.

Signature

Date

/

/

/

## Returning your form

It's important that you complete all of your details in the boxes above, sign and date the form, and return it by email or post to:

**Email:** employersuper@ioof.com.au

**Post:** Medical & Associated Professions Superannuation Fund Reply Paid 264, Melbourne VIC 8060

**Telephone:** 1800 009 921