

Group Salary Continuance Insurance

Proposal Form

June 2019

OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

GPO Box 4129, Sydney NSW 2001

Group Risk Insurance Administration

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Website onepath.com.au

Important notice

OnePath Life is the insurer in respect of a group insurance arrangement. This form is to be completed by an authorised officer of an employer or the Trustee of a superannuation fund requesting OnePath Life to issue a Group Salary Continuance (GSC) Policy. The Proposal Form should only be completed after reading the current Product Disclosure Statement for OnePath Life's GSC Insurance, which contains a summary of the important information about GSC Insurance. The completion of this form serves as an acceptance of the terms and conditions quoted by OnePath Life, as outlined in the GSC Insurance Product Disclosure Statement and Quotation Summary.

Your duty of disclosure

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

You have this duty until we agree to insure you.

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

You do not need to tell us anything that:

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

If an eligible person or insured member does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not tell us something

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

If you do not tell us anything you are required to, and we would not have insured you or entered into the same contract with you if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we 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 us everything you should have. However, if the contract provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract provides cover on death.

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

Instructions for completion of this Proposal Form:

- Print in black or blue ink.
- Please complete all questions. If insufficient space exists within the Proposal Form to provide your answer, please use the blank pages at the back of this form.

Proposal for: GSC Insurance Policy
(referred to as 'the Policy')

To: OnePath Life
(referred to as 'the insurer')

1. Applicant details

Name of plan

Name of proposed policy owner

Australian Business No. (ABN) - - -

No and Street address of policy owner

Suburb/Town State Postcode

Phone number

Postal address

Suburb/Town State Postcode

If policy to be issued to the trustee of an external superannuation fund (Fund):
Name of Fund

Do you declare that there is an executed Trust Deed in existence for the Fund and all members admitted to the Fund will be bound by the provisions contained therein and that the Fund is regulated under the *Superannuation Industry (Supervision) Act 1993*? Yes No

2. Industry details

Industry

Principal activities

Location(s) of employees (include no. in each State/Territory)
 NSW VIC SA QLD WA TAS
 ACT NT Overseas

Principal contact's name

Principal contact's phone number

State(s) of business registration NSW VIC SA QLD WA
 TAS ACT NT

3. Design parameters

Categories
Do you wish to establish category levels for the Policy? Yes No

If **yes**, what are the category descriptions?

Category 1

Category 2

Category 3

Category 4

Benefit period 1 year 2 years 5 years 7 years 10 years to age 65 years to age 67 years to age 70 years

Waiting period 30 days 60 days 90 days 180 days 365 days

Other

Claims escalation Nil Lesser of 5% or CPI Lesser of 7.5% or CPI

Benefit percentage

The percentage of member's salary to be insured..... % NB: A maximum of 75% is allowed.

The percentage of employee superannuation contributions to be insured % NB: A maximum of 12% is allowed.

Will the concessional contribution cap apply to the percentage of employee superannuation contributions to be insured? Yes No

Is the Policy to provide insured benefits for members of a superannuation fund?..... Yes No

Retirement age for all employees is.....Males yearsFemales years

Proposed commencement date (dd/mm/yyyy) / /

Proposed annual review date (dd/mm/yyyy) / /

Frequency of premium payment Annually Half yearly Quarterly Monthly

4. Optional benefits

Superannuation Contribution Benefit..... Yes No

Enhanced Bereavement Benefit..... Yes No

Alternative Expiry Age Benefit..... Yes No

Escalation Benefit Yes No

Nurse Care Benefit* Yes No

Recovery Assistance Benefit* Yes No

Early Cash Benefit* Yes No

Enhanced Recovery Assistance Benefit* Yes No

NB: The Enhanced Recovery Assistance Benefit can only be selected if the Recovery Assistance Benefit is not selected.

Trauma Recovery Benefit* Yes No

NB: The Trauma Recovery Benefit can only be selected if the Early Cash Benefit is not selected.

Immediate Family Member Benefit* Yes No

Relocation Benefit* Yes No

* You cannot select these optional benefits if the Policy is to be held within superannuation

5. Automatic acceptance

Eligibility provisions

Subdivided by category levels (as nominated in part 3), please state the guidelines established to determine which employees become eligible to join the Policy. These must be objective and specific (if separate eligibility rules apply for each category, please advise).

Eligibility rules

Is membership compulsory?..... Yes No

Initial number of members.....

Total number of eligible persons

Total number of employees/fund members

The employer contribution – the total percentage contribution by the employer to the cost of this insurance is %

6. Past history

Eligibility provisions

Has the company had any other forms of insurance cover of the type listed below?

- (i) Group Salary Continuance Insurance? Yes No
- (ii) Other forms of Disability Income Insurance? Yes No
- (iii) Accident and Sickness Insurance? Yes No
- (iv) Workers' Compensation Insurance? Yes No

If **yes** to any of the above, please provide the following details. If there is not enough room, please complete your answer using the blank pages at the end of this form.

Type of cover

The level of benefits

Did the cover have any form of restrictions imposed? Yes No

If **yes**, please provide details.

(v) Transfer terms – is transfer of cover to apply to the Policy? Yes No

(vi) If **yes**, please advise benefit basis and Automatic Acceptance Level.

(vii) Were the renewal terms stated in (vi) above less favourable than in previous years? Yes No

If **yes**, please provide details.

(viii) Please provide details of any claims lodged in relation to (i)–(v) above, over the last three year period.

(ix) If an insurer has declined to provide you with a quote for any group insurance, please provide details as to the reasons given.

(x) Please list your reasons for seeking to replace the existing Group Salary Continuance Insurance Plan (if applicable).

7. Employee details

Please provide details of any employees whose occupation is of a hazardous nature (e.g. explosives, underground, heights, aviation or use of toxic chemicals).

Please provide details of any employees who are residents overseas.

Please provide details of any employees who you anticipate will be relocated overseas for their work in the next 12–18 months and the countries where you anticipate those employees will be sent.

Three empty rectangular boxes for providing employee relocation details.

Please provide details of any persons who are not Australian nationals or permanent residents of Australia.

Three empty rectangular boxes for providing details of non-Australian persons.

Will 75% or more of the proposed group be insured under the Policy? Yes No

If no, provide details:

Two empty rectangular boxes for providing details if 75% or more are not insured.

8. Salary definition

If this plan has more than one category and the salary definition differs between categories, please let us know and we will provide you with additional salary definition forms to complete for the additional categories, or you can photocopy and complete this section for the additional category(s) and attach to this form.

Please indicate which of the following salary components are included in the total remuneration that the insured members may receive from their usual occupation, before the deduction of income tax, to be included for the purposes of this GSC policy:

- Base salary
- Compulsory employer superannuation contributions (SGC) (not to be included if the plan already insures a superannuation contribution benefit)
- Salary sacrifice superannuation contributions
- Regular overtime paid (to be averaged over the previous 3 years, or since the insured member started his or her current occupation, if less)
- Performance-related commission earned, excluding target amounts (to be averaged over the previous 3 years or since the insured member started his or her current occupation, if less)
- Performance-related bonuses earned, excluding target amounts (to be averaged over the previous 3 years or since the insured member started his or her current occupation, if less)
- Performance-related other monetary benefits, please specify (to be averaged over the previous 3 years or since the insured member started his or her current occupation, if less)
- The monetary value of non-cash benefits or fringe benefits provided by the insured member's employer in direct substitution of salary (as long as the fringe benefits continue to be provided to the insured member after disability benefits payments have commenced)

Each salary component selected is to be provided in separate columns in the membership data. Where averaging applies, earnings are required to be separated for each year performance-related overtime, commission, bonus and monetary benefits were paid. Please note this excludes target amounts.

or
 Where the insured member directly or indirectly owns all or part of the business from which he or she earns his or her usual income, the gross amount earned by the business in the 12 months immediately prior to the insured member becoming disabled, as a direct result of the insured member's personal exertion or activities through his or her usual occupation after allowing for the cost and expenses incurred in deriving that income.

Note:

- OnePath Life reserves the right to inspect, audit and take copies of any claimant's salary records
- Changes to the salary definition can be made at annual review and may be subject to revised premium rates and compliance with our At Work provisions

9. Authorisation and Declaration

I/We, authorised by the proposed policy owner (the Entity), whose signature appears below, declare that I/we:

- authorise the adviser named in part 9 below, to receive and access information in relation to the Entity whether disclosed in this proposal or obtained from third parties (e.g. doctors, accountants, other insurers), for the purpose of management and administration of the Entity's application, policy/policies and claims made by members or employees of the Entity. Where there is a change to this authority, or to the Entity's adviser, I/we will notify the insurer of the change
- authorise the adviser named in part 10 to:
 - receive details and correspondence in relation to the Entity's application for GSC Insurance, policy/policies and claims made by members or employees of the Entity from the insurer and service upon the adviser shall be deemed to be service upon me
 - provide all relevant information, correspondence and other documentation to the insurer for the purposes of administering the Entity's application for GSC Insurance, policy/policies and claims made by members or employees of the Entity.
- hereby understand/acknowledge that this Proposal and Declaration, together with any statements made in connection herewith and signed by me/us, are to be the basis upon which the insurer will decide whether to issue a contract of insurance. I/We declare that all answers made and statements given in relation to the above are true and complete. I/We have read the duty of disclosure and I/we have disclosed all matters which are relevant to the insurer in deciding whether to accept the risk. I/We have received the Group Salary Continuance Product Disclosure Statement and Quotation Summary and understand the benefits to be provided if this proposal for insurance is accepted by the insurer
- hereby acknowledge that where the proposed owner of the Policy is a trustee/company, I/we confirm that I/we have the capacity and authority to sign this application as authorised by the governing rules of the trust deed or company. I/We further declare that there is an executed Trust Deed in existence for the Fund and all members admitted to the Fund will be bound by the provisions contained therein and that the Fund is regulated under the *Superannuation Industry (Supervision) Act 1993*
- in proposing for insurance, I/we acknowledge that an insured member's cover ceases on the date they commence active duty with the armed forces of any country, and that OnePath Life will not pay a claim where an insured member dies on war service
- understand that the insurer will be free from all liability until the proposal has been accepted and the Policy has been issued.
- I/We have read the Privacy Statement at part 12 of this form. OnePath Life's Privacy Policy details how OnePath Life collects, uses, stores and discloses personal information (including health and other sensitive information). It is available free of charge at onepath.com.au/insurance/privacy-policy If I/we have provided information (including health and other sensitive information) about another person in this application (for example a beneficiary or life insured), I/we declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else. I/We understand that OnePath Life requires me/us to direct them to the Privacy Statement on this form (see part 12) and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be collected, used, stored and disclosed by OnePath Life and their related entities.
- I/We consent to the collection, use, storage and disclosure of the personal information (including health and other sensitive information) as described in this form (see part 12) and the OnePath Life Privacy Policy, which is available at onepath.com.au/insurance/privacy-policy

Signed at Date (dd/mm/yyyy)

Signature of proposed policy owner (authorised officer of proposed policy owner)

Name of authorised officer

Official Position

Signature of witness

Date (dd/mm/yyyy)

Name of witness

Signature of proposed policy owner (authorised officer of proposed policy owner)

Name of authorised officer

Official Position

Signature of witness

Date (dd/mm/yyyy)

Name of witness

10. Adviser details (if applicable)

To be completed by the adviser who advised the applicant(s) in relation to the policies for which they are applying.

OnePath Authorised Representative number

OnePath Authorised Representative sub number

AFSL number and/or FSL authorised representative number (if applicable)

Commission basis % (Note: commission is only available at the percentage included in the Quotation Summary)

Company name

Name of adviser

No. and Street address

Suburb/Town State Postcode

Phone number

Postal address

Suburb/Town State Postcode

Email

Adviser signature X Date (dd/mm/yyyy) / /

(sign clearly within the box)

11. Checklist

Before submitting this Proposal Form, please ensure all of the items on this checklist have been completed.

- All questions are completed
- The Proposal Form is signed and dated by an authorised officer of the proposed policy owner.....
- At Work Certificate (see part 13) has been completed and signed
- Membership data is attached. Request for Membership Form has been completed.....
- Transfer terms – transfer of acceptance data has been arranged (if applicable).....
- Cheque for deposit premium is attached
- Details of salary definition are included (if applicable)

12. Privacy Statement

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insureds. Any reference to your personal information includes any health or other sensitive information we may hold about you. We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/insurance/privacy-policy

We may disclose your personal information to certain third parties as outlined below. Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us to detect and protect against consumer fraud
- organisations performing administration and/or compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems

- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial advisor)
- the policy owner (or parties acting on behalf of the policy owner)
- regulatory bodies, government agencies, law enforcement bodies and courts
- our related companies (members of Zurich Insurance Group Ltd group), including for carrying out any group business functions
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry our business functions, enhance customer service and undertake analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund
- the disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at onepath.com.au/insurance/privacy-policy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party
- how you may access and seek correction of the personal information we hold about you and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing:

GPO Box 75
Sydney NSW 2001

Email: insuranceprivacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 36 67. More information can be found in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Overseas recipients

We may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in OnePath Life's Privacy Policy at onepath.com.au/insurance/privacy-policy

13. At Work Certificate

It is hereby certified that each of the members of the Plan named in the Group Risk Request for Membership Form:

- a. was present on the last normal business day before the policy start date
- b. was eligible to become a member of the Plan
- c. was actively engaged in the performance of his/her usual duties or was on leave for reasons other than sickness or injury on the last normal business day before the policy start date, and I am not aware that the proposed member is suffering from illness or injury
- d. is not in receipt of benefits from another insurer.

With the following exceptions:

Name	Date when first absent (dd/mm/yyyy)	Length of absence	Cause of absence
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		
	/ /		

(If there are no exceptions, please write 'NIL' in the space above and initial.)

If more space is required, attach an additional page, or download another copy of the form from onepath.com.au

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life's Privacy Policy, which is available at OnePath Life's website onepath.com.au/insurance/privacy-policy or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.

Official position

Signature(s) of authorised officer of the policy owner(s)

Date (dd/mm/yyyy)

