

# Group Salary Continuance Insurance

## Proposal Form

February 2019

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341

GPO Box 4129, Sydney NSW 2001

### Group Risk Insurance Administration

**Phone** 1800 648 921

**Email** [group.risk@onepath.com.au](mailto:group.risk@onepath.com.au)

**Website** [onepath.com.au](http://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, 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  years .....Females  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  
 Escalation Benefit ..... Yes  No  
 Nurse Care Benefit\* ..... Yes  No  
 Recovery Assistance Benefit\* ..... Yes  No  
 Early Cash Benefit\* ..... Yes  No  
 Trauma Recovery Benefit\* ..... Yes  No  
 NB: The Trauma Recovery Benefit can only be selected if the Early Cash Benefit is not selected.  
 Enhanced Recovery Assistance Benefit\* ..... Yes  No  
 NB: The Enhanced Recovery Assistance Benefit can only be selected if the Recovery Assistance 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.

Three empty rectangular boxes for providing details of overseas residents.

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 details of anticipated relocations.

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 the answer is no.

### 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 10 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.
- have read the Privacy Statement at part 12 of this form (below). (OnePath's Privacy Policy details how we manage personal information. It is available free of charge by calling 02 9234 8111 or may be downloaded from [onpath.com.au/privacy-policy](http://onpath.com.au/privacy-policy)). If I have provided information about another person in this application (for example a beneficiary or an eligible person), I declare that I have the consent of that person to do so. I understand that OnePath Life Limited requires me to inform the person concerned that I have done so and direct them to the Privacy Statement on this form (see part 12).
- consent to the collection, use, storage and disclosure of my personal information (including health information) as described in the Privacy Statement on this form (see part 12).

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  Fax

Postal address

Suburb/Town  State  Postcode

Email

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

## 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 and other members of the ANZ Group. 'You' and 'your' refers to policy owners and life insured's.

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/privacy-policy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties.

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 and/or ANZ to detect and protect against consumer fraud;
- Any related company of ANZ which will use the information for the same purposes as ANZ and will act under ANZ's Privacy Policy;
- 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 adviser);
- The policy owner;
- Regulatory bodies, government agencies, law enforcement bodies and courts.

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;
- There are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

## Information required by law

ANZ 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/privacy-policy](http://onepath.com.au/privacy-policy)

## Life risk – sensitive information

For life risk products, where applicable, we may collect health information with your consent. Your health information will only be disclosed to service providers or organisations providing medical or other services for the purpose of underwriting, assessing the application or assessing any claim.

## 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 or ANZ personal information about someone else, please show them a copy of this document so that they may understand the manner in which their personal information may be used or disclosed by us or ANZ in connection with your dealings with us or ANZ.

## Privacy Policy

Our Privacy Policy contains information about:

- When we or ANZ 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 or ANZ has breached the Privacy Act or an applicable code and how we and/or ANZ 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:** [privacy@onepath.com.au](mailto:privacy@onepath.com.au)

We may charge you a reasonable fee for obtaining this information.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy which can be obtained from our website at [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy)

## Overseas recipients

We or ANZ may disclose 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 ANZ's Privacy Policy at [anz.com/privacy](http://anz.com/privacy)



### 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's Privacy Policy, which is available at OnePath's website onepath.com.au/insurance/privacy-policy.aspx 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 personal information about someone else, I understand that OnePath requires me to show them a copy of the Product Disclosure Statement and OnePath's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath and their related entities.

Official position

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

Date (dd/mm/yyyy)



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