

life events cover application form

Complete all sections required for your application, using blue or black pen and block letters.

For information on Certification of documents, refer to section 3.

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You must attach a certified photocopy of the relevant document(s) outlined in Section 2 of this form. Evidence must be provided within 90 days of the event occurring. Cover under this application will not start until you receive written confirmation that your life events cover application has been accepted.

Life events cover makes it easy for you to increase your existing insurance cover by one unit or the equivalent amount of fixed cover depending on your age for specific life events, without having to provide medical evidence.

To be eligible for life events cover you must be an Employee Plan member, currently insured for death only or death and total & permanent disablement (TPD) cover.

Restrictions

- You must apply within 90 days of the event occurring.
- You may not apply to vary your cover if you are terminally ill or totally and permanently disabled.
- You may not apply if your cover has ended under the policy.
- You may exercise the life events cover option more than once, but you may not exercise it more than four times during your membership of CareSuper.
- The 'active employment' test will apply at the date you apply to increase your cover. If you do not meet the 'active employment' test, your increase in cover will be 'limited cover'. Please refer to the **Insurance Guide** for the definitions of 'active employment' and 'limited cover'.
- Only existing death or death and TPD benefits can be increased as a result of a life event.
- Any increases will be accepted on the same basis as existing cover i.e. any existing exclusions will also apply to cover provided under the life events cover option.

Note: You may exercise the option for multiple event increases at one time. For example, if you marry and take out a mortgage at the same time.

1. Your personal details

CareSuper member number	Date of birth (DD/MM/YYYY)	Mr/Mrs/Ms/Miss/Dr
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	
Given names	<input type="text"/>	
Address	<input type="text"/>	
Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (home)	Telephone (work)	
<input type="text"/>	<input type="text"/>	
Mobile number	Email address	
<input type="text"/>	<input type="text"/>	
Annual salary (required to assess if the cover limit has been reached)		
\$ <input type="text"/>		

2. Life event details

When did the life event occur? (DD/MM/YYYY)

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I would like to apply for:

one additional unit of cover

OR

a level of fixed cover equivalent to the amount of cover one unit would provide,

due to one of the following events:

Life event (please tick ✓)	Certified document
<input type="checkbox"/> Marriage/de facto	Marriage certificate or Registration of a de facto relationship certificate
<input type="checkbox"/> Birth or adoption of a child	Birth certificate/adoption documentation
<input type="checkbox"/> Mortgage for primary residence	Stamped front page of the 'contract of sale', or Letter on bank letterhead detailing the loan arrangement
<input type="checkbox"/> Divorce	Decree Nisi/Absolute or Certificate of Divorce
<input type="checkbox"/> Death of a spouse	Death certificate
<input type="checkbox"/> Child's first day at primary or secondary school	Letter on school letterhead confirming the start date, name of the student and information detailing that the student is starting either 'Primary' (e.g. kindergarten), or 'Secondary' (e.g. year 7)

[See over >](#)



Important

Please read this important information relating to the documents outlined in Section 2.

3. Important information

Certifying your identification documents

Certified copies are copies of original documents that are signed and 'certified' as being true and correct copies of the originals by an authorised person.

In order to obtain a certified copy of a document you need to present a clear photocopy of your document, together with the original, to an authorised person to view and sign as being a 'certified true copy'.

All pages must be certified as a true copy of the original, by writing or stamping 'certified true copy' on each page. The certification must include the certifier's signature, printed name, qualification (e.g. 'police officer'), a contact number and that day's date.

Please note that the certification needs to contain an original signature. Faxed copies will not be accepted. Additional requirements apply in NSW.

People authorised to certify documents

The following people can certify copies of original documents as true and correct copies:

- An officer with, or authorised representative of, a holder of an Australian Financial Services Licence (AFSL), having two or more years continuous service with one or more licensees

- A teacher employed on a full-time basis at a school or tertiary education institution
- A healthcare professional, such as a medical practitioner, nurse or veterinary surgeon
- A Justice of the Peace
- A police officer
- A legal practitioner
- A marriage celebrant
- A minister of religion
- A finance company officer with two or more years of continuous service (with one or more finance companies)
- A member of a professional accounting association.

Sample certification

I certify that this is a true copy.

Name: Adam B. Sample
Signature: *Adam B. Sample*
Qualification: Police officer,
Victoria Police
Dated: 30/06/2009
Contact no: 0123 456 789

4. Declaration and signature

Please ensure you have read the 'Restrictions' information. Return this completed form along with certified proof of the life event (as covered in Sections 2 and 3) to CareSuper.

- I have read and understood the insurance information contained in the current Insurance Guide.
- I confirm that all statements and declarations given by me are true and correct. I understand that if I do not provide all requested information my application will not be processed.
- I understand that my request for increased cover or change of cover will not commence until CareSuper advises me in writing. I acknowledge that the answers I have provided will form the basis of the contract of insurance.

Member's signature

Date (DD/MM/YYYY)

You must sign and date this form.



Return this completed form to:

CareSuper
Locked Bag 5087
Parramatta NSW 2124

For more information call the CareSuperLine

1300 360 149