

Please complete this form in **BLOCK** letters using a blue or black pen.

1) Your personal details

ESI Super member number (if already an ESI Super member):

Surname: Title: Mr Mrs Ms Miss Dr

Given names: Date of birth: (DD/MM/YYYY) / /

Address:

State: Postcode:

Telephone (home): Telephone (work):

Mobile: Email:

Employment status:

- I am employed or self-employed (Go to section 2: Occupational risk assessment)
- I am not employed (You do not need to complete section 2: Occupational risk assessment)

2) Occupational risk assessment

You may be eligible for discounted insurance rates. Please answer the following questions:

- Do you spend at least 90% of your working hours in an office environment? Yes No
- Does your work expose you to unusual occupational hazards? Yes No
- Does your work involve only very light skilled duties? Yes No
- Does your work involve only minimal manual labour (manual duties)? Yes No

3) Death and Total and Permanent Disablement cover (refer to your ESI Super Member Guide)

Complete this section if you wish to apply for Optional/Additional Death and TPD cover. You can choose between Unit-based and Fixed dollar cover. Please indicate which type of insurance you want and the **total** amount of cover that you wish to apply for.

Step 1: Choose your type and level of cover

<p>Unit-based cover</p> <p><input type="checkbox"/> I wish to apply for the Life-stage increases feature.</p> <p>AND/OR</p> <p><input type="checkbox"/> I wish to apply for a total of _____ units of Death and TPD cover. _____ units of Death Only cover.</p>	OR	<p>Fixed dollar cover</p> <p><input type="checkbox"/> I wish to apply for \$_____.00 of Fixed dollar cover.</p> <p>Please note: If you apply for Fixed dollar cover the Fixed dollar cover will replace any units of Death and TPD cover you may have.</p>
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Step 2: Complete the 'Short medical questionnaire'

SHORT MEDICAL QUESTIONNAIRE		
Height: _____ cm Weight: _____ kg		
Health/Life style questions:	No	Yes
1. Have you ever been investigated for, received treatment or been diagnosed with any of the following: → Cancer → Hepatitis → A tumour of any type → Diabetes → High blood pressure → High cholesterol → Heart complaint → Chest pain → A stroke → A mental health condition including stress, anxiety or depression → A back or joint disorder or paralysis	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last five years, have you received any advice, treatment or been hospitalised or investigated for any symptoms, illness or injury (including any of the above conditions listed in Q1), or taken any prescribed medication (excluding medications for cold/flu, minor upper respiratory tract infections, minor headaches or oral contraceptives)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently absent from work or unable to perform your usual duties due to illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you intend seeking any medical advice, test, investigation or treatment (excluding general check-ups)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you carrying, or are you at risk of contracting, or within the last 3 years have you been at risk ¹ of contracting, the Human Immunodeficiency Virus which causes AIDS, antibodies to that virus or are you suffering from AIDS or an AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have two or more of your parents, brothers or sisters, had or been diagnosed with cancer, heart disease, stroke, Huntington's disease or diabetes, under the age of 60?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last five years have you had any advice/counselling or treatment for alcohol or drug use/dependence?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your occupational duties involve underground mining, blasting or explosives handling or working at heights above 10 metres?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you now engage or do you intend to engage in air travel or activities other than as a fare paying passenger, motor racing, underwater diving, parachuting, hang gliding, mountaineering or any other pursuits considered dangerous or hazardous by an average person?	<input type="checkbox"/>	<input type="checkbox"/>

¹HIV risk situations are those in which you have been potentially exposed to HIV infection.

Please note: You may also be required to complete a Personal Statement and undergo other tests as required by the Insurer, depending on your answers in the above questionnaire.

4) Income Protection cover (refer to your ESI Super Member Guide)

When completing this section please keep in mind that the value of each unit of Income Protection is \$500 per month and the initial benefit period is 2 years, regardless of the waiting period selected.

Please note: The monthly benefit for Income Protection is the level of cover you receive automatically or apply for, limited to 85% of your salary, plus a 10% superannuation contribution made into your ESI Super account. This cover is subject to a maximum of \$30,000 per month.

I wish to apply for units of Income Protection cover.

Please indicate the waiting period you require.

- 30 days
- 60 days
- 90 days

I wish to apply to extend the benefit payment period to age 65.

Please note: This will apply at the end of your 2 year benefit payment period.

- Yes
- No

I am currently covered by workers compensation.

- Yes
- No

5) Reduce or cancel your cover

Complete this section if you would like to reduce or cancel your current level of Death and TPD or Income Protection cover or if you would like to opt out of the 'Life-stage increases feature'.

If you wish to cancel your cover please write 'nil' in the relevant box below.

I confirm I would like to:

- Reduce my **total** number of units of Death and TPD cover to: units
- Reduce my **total** number of units of Death Only cover to: units
- Reduce my **total** number of units of Income Protection cover to: units
- Opt out of the Life-stage increases feature.

Please note: If your employer pays for some units of cover for you, you will not be able to reduce or cancel this cover.

6) Transfer your Death and Total and Permanent Disablement cover

(refer to your ESI Super Member Guide)

If you are rolling over your super from another fund where you also have insurance arrangements and you wish to replicate these insurance arrangements in ESI Super please contact us on **1300 363 240**.

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7) Applicant declaration

- I have read and understood the *ESI Super Member Guide* and the *ESI Super Other information* (if applicable).
- I understand that if the Insurer does not accept my application, I will retain my current level of cover.
- I understand that any cover or increase in cover is subject to my application being accepted by the Insurer.
- I understand that the Insurer may contact me directly.
- I understand that if the Insurer accepts my application with a loading or exclusion, this will apply only to the additional cover applied for and not my automatic cover (if applicable).

Applicant's signature: Date: (DD/MM/YYYY)

Your privacy is important to us

We only collect information on this form that is essential for the administration of your superannuation benefits, including insurance cover. The information we ask for on this form is for the purpose of identifying you and in order to properly administer your superannuation benefits. If you do not provide all of the information we may be unable to process your Change of insurance request.

Information we hold about members may be provided to our related parties in the ESI Super group; our insurers, your employer/s, advisers and other service providers where the information needs to be shared in relation to your active or potential insurance claims. Personal information collected on this form will not be used or disclosed for any other purpose without your consent, except where required by superannuation, taxation or other relevant law. You are entitled to access information ESI Super and its related entities hold about you – contact us by telephone or in writing.

ESI Super's full Privacy Policy, which is set out in the ESI Super Member Guide and is available on the website, can be obtained by contacting us.

Please return this completed form by mail to:

ESI Super, GPO Box 959 Brisbane QLD 4001

More information – Call **1300 363 240**. Email super@esisuper.com.au or visit esisuper.com.au

This form has been prepared for the general information of members of ESI Super. It does not take into account any member's individual financial objectives, financial situation or needs. Any statements of law or proposals are based on our interpretation of the law or proposals as at 1 November 2009. We recommend that you seek help from a licensed financial adviser before acting on any information contained in this form. While all due care and diligence has been taken in the preparation of this form, the Trustee reserves the right to correct any errors or omissions. If there are any inconsistencies between the terms of ESI Super's Trust Deed and this form, the terms of the Trust Deed prevail.

Electricity Supply Industry Superannuation (Qld) Ltd (ABN 30 069 634 439 AFSL 336567) is the Trustee for the Electricity Supply Industry Superannuation Fund (Qld) (ABN 33 761 363 685).