

# ANZ SMART CHOICE SUPER

INSURANCE APPLICATION AND SHORT FORM PERSONAL HEALTH STATEMENT  
DEATH ONLY OR DEATH AND TPD APPLICATIONS (UP TO \$1,000,000 COVER)



1 October 2023

## Customer Services

Phone 13 12 87

Email [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Website [www.anz.com/smartchoicesuper](http://www.anz.com/smartchoicesuper)

## INSTRUCTIONS

Please complete sections 1–6 for all Death only and Death and TPD applications up to \$1,000,000 (including any existing cover).

- Zurich is the default insurer for the group life insurance provided under ANZ Smart Choice Super. ANZ Smart Choice Super is a suite of products consisting of ANZ Smart Choice Super and Pension, ANZ Smart Choice Super for employers and their employees and ANZ Smart Choice Super for QBE Management Services Pty Ltd and their employees (together "ANZ Smart Choice Super"). ANZ Smart Choice Super is part of the Retirement Portfolio Service ABN 61 808 189 263.
- If you are applying for cover with Zurich for over \$1,000,000 please complete a Full Personal Health Statement available to download from [www.anz.com.au/personal/superannuation/member-centre/forms/](http://www.anz.com.au/personal/superannuation/member-centre/forms/)
- If you need any assistance, contact Customer Services on 13 12 87 weekdays between 8.30am and 6.30pm AEST/AEDT.
- Complete\* and sign the form and return to:

ANZ Smart Choice Super  
GPO Box 5107  
Sydney NSW 2001

or scan and email to [smartchoice@insigniafinancial.com.au](mailto:smartchoice@insigniafinancial.com.au)

Note that emails must be sent from the email address we hold on our records.

\* This form should not be completed if a different insurer applies for an employer plan through ANZ Smart Choice Super for employers and their employees. Contact Customer Services on 13 12 87 for the relevant application form.

When you complete and return this form, OnePath Custodians will submit an application to the Insurer, Zurich to enable it to assess your request for cover.

## IMPORTANT NOTICE

If this application is declined:

- any existing insurance held by you on the date of this application will continue on the terms and conditions which applied as at the date of this application, including but not limited to any pre-existing condition exclusion(s) (where applicable);
- any information received by Zurich in relation to this application may be used by Zurich when assessing any existing or future insurance claim, and may operate as an exclusion of a claim or otherwise have an adverse impact on your claim.

If this application is accepted by Zurich insurance cover will be provided as Choose Your Own Cover or Voluntary Cover according to the Smart Choice Policies and all of the following apply:

- any existing cover is replaced with Choose Your Own Cover and Choose Your Own Cover Insurance fees (Premium rates) will apply to the amount of Choose Your Own Cover;
- if Voluntary Cover is provided, Voluntary Cover will be provided in addition to my existing cover and Voluntary Cover premium rates will apply to the amount of Voluntary Cover;
- any exclusion or loading imposed as part of the acceptance of this application will apply to the amount of cover stated in the Decision Note.

## THE DUTY TO TAKE REASONABLE CARE

**When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer.**

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

### If you do not meet your duty

Not meeting your legal duty can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, the Insurer may do this when a claim is made.

OnePath Custodians Pty Limited (OPC) ABN 12 008 508 496, AFSL 238346, RSE L0000673

Retirement Portfolio Service (Fund) ABN 61 808 189 263, RSE R1000986

Zurich Australia Limited (Zurich, Insurer) ABN 92 000 010 195, AFSL 232510

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# ANZ SMART CHOICE SUPER

## INSURANCE APPLICATION AND SHORT FORM PERSONAL HEALTH STATEMENT DEATH ONLY OR DEATH AND TPD APPLICATIONS (UP TO \$1,000,000 COVER)

### About this application

When you apply for life insurance, the Insurer conducts a process called underwriting. It's how they decide whether they can provide cover, and if so on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to the Insurer in response to their questions is vital to their decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the Trustee may pass on to the Insurer personal information you provide to the Trustee. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the Trustee.

### Guidance for answering the Insurer's questions

You are responsible for the information you provide to the Insurer. When answering their questions, you should:

- Think carefully about each question before answering. If you are unsure of the meaning of any question, please ask the Insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it. Please don't assume the Insurer will ask others such as your doctor.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

### Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts.

Before your cover starts, the insurer may ask you about any changes that mean you would now answer their questions differently, as any changes might require further assessment or investigation.

### Notifying the Insurer

If, after your cover starts, you think you may not have met your duty, please tell the Insurer immediately and they will let you know whether it has any impact on your cover.

### Telephone contact

After you submit your application, the Insurer may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into also applies during any phone contact with the Insurer.

### If you need help

It's important that you understand this information and the questions the Insurer asks. Ask the Insurer for help if you have difficulty answering their questions or understanding the application process.

If you're having difficulty due to a disability, understanding English or for any other reason, help is available and can be provided if required. You can have a support person you trust with you.

### What can the Insurer do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the Insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). They are intended to put the Insurer in the position they would have been in if the duty had been met.

For example, the Insurer may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific the Insurer's questions were and how clear the information they provided on the duty was
- what the Insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before the Insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, and what you can do if you disagree.

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INSURANCE APPLICATION AND SHORT FORM PERSONAL HEALTH STATEMENT  
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## 1. YOUR DETAILS

Member number

Employer plan name (if applicable)

Title  Mr  Mrs  Ms  Miss  Dr  Other

Surname

Date of birth

Given name(s)

Residential address (this cannot be a PO Box)

Suburb/Town

State

Postcode

Country

Postal address (if different from above)

Suburb/Town

State

Postcode

Country

Home phone

Business phone

Mobile phone

Fax

Email

I authorise one of Zurich's underwriting staff or an authorised service provider to contact me by phone if further information is required.

I can be contacted during the following times:

Monday  Tuesday  Wednesday  Thursday  Friday  Any business day

Between  am/pm and  am/pm

Please tick your preferred contact method:

home phone  business phone  mobile phone

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## INSURANCE APPLICATION AND SHORT FORM PERSONAL HEALTH STATEMENT DEATH ONLY OR DEATH AND TPD APPLICATIONS (UP TO \$1,000,000 COVER)

### 2. AMOUNT OF COVER

I wish to apply for insurance cover.

#### Additional amount of insurance cover\*

Death Only \$   Death and TPD \$   TPD<sup>†</sup> \$

<sup>†</sup> Total TPD Cover applied for cannot exceed total Death Cover held under ANZ Smart Choice Super. Please note, you cannot apply for TPD Cover only, Death Cover must already be held by the member within ANZ Smart Choice Super.

\* If the total insurance amount including any additional cover applied for exceeds \$1,000,000 please complete a Full Personal Health Statement, available to download from [www.anz.com.au/personal/superannuation/member-centre/forms/](http://www.anz.com.au/personal/superannuation/member-centre/forms/)

If your plan design allows you to apply for Death only or Death and TPD cover other than a fixed dollar amount, please specify the cover that you wish to apply for (i.e. Fixed or formula) below. In the event that no direction is provided below, your application will be assessed as a request for fixed cover.

### 3. OCCUPATION

- a. What is your usual occupation?
- b. What are your normal duties of this occupation?
- c. What percentage of your normal duties of this occupation are manual work?
- d. How many hours (on average) do you work per week?

### 4. GENERAL DETAILS

#### Height and weight

a. What is your current height?  cm      b. What is your current weight?  kg

#### Smoking

c. Have you smoked tobacco, or any other substance or used any form of electronic cigarette within the past 12 months, or used a nicotine replacement treatment within the past three months?  Yes  No

If **yes**, please state the type and quantity consumed per day:

d. Have you ever been advised to stop smoking due to a medical condition?  Yes  No

If **yes**, please complete the Insurance Application and Full Personal Health Statement available from [www.anz.com.au/personal/superannuation/member-centre/forms/](http://www.anz.com.au/personal/superannuation/member-centre/forms/)

#### Alcohol

e. Do you consume alcohol?  Yes  No

If **yes**, please state the type and quantity consumed per day:

f. Have you ever been advised to stop or reduce your alcohol intake due to a medical condition?  Yes  No

If **yes**, please complete the Insurance Application and Full Personal Health Statement available from [www.anz.com.au/personal/superannuation/member-centre/forms/](http://www.anz.com.au/personal/superannuation/member-centre/forms/)

### 5. HEALTH DECLARATION FOR DEATH ONLY AND DEATH AND TPD COVER UP TO AND INCLUDING \$1,000,000

- a. Are you, at the date of this application, off work due to injury or illness or restricted from performing any of the usual duties of your occupation due to injury or illness (other than for colds or flu)?  Yes  No
- b. Are you currently receiving any form of medical treatment or taking any form of medication (other than for cold or flu)?  Yes  No
- c. Have you taken more than a total of seven consecutive days off work in the past 12 months due to illness or injury (other than for cold or flu)?  Yes  No

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## INSURANCE APPLICATION AND SHORT FORM PERSONAL HEALTH STATEMENT DEATH ONLY OR DEATH AND TPD APPLICATIONS (UP TO \$1,000,000 COVER)

**Have you ever received medical advice, consulted a doctor, undergone medical treatment, investigations or operations for, or suffered from any of the following:**

- d. High blood pressure, high cholesterol, heart complaint, murmur, palpitations or chest pain, stroke, diabetes, thyroid or glandular disorder, cancer, tumour or growth including breast lumps or skin lesions/moles (even if you have not seen a doctor?)  Yes  No
- e. Back or neck pain/disorder, musculo-skeletal symptoms or any joint disorder, gout, arthritis, repetitive strain syndrome, paralysis of any kind or chronic fatigue syndrome, epilepsy or neurological disorder, mental/nervous disorder including stress, anxiety or depression?  Yes  No
- f. Kidney, bowel, bladder, gall bladder, liver disease or disorder, hepatitis, hernia, blood disorder, sleep apnoea, asthma, persistent cough or any lung complaint, any abnormality of hearing, speech or eyesight (excluding glasses or contact lenses)?  Yes  No
- g. Have you ever tested positive for HIV (Human Immunodeficiency Virus), which causes AIDS (Acquired Immune Deficiency Syndrome), or are you suffering from AIDS or any AIDS related conditions?  Yes  No

**If you answered yes to any of the questions in Section 5, you will need to apply for cover by completing the Insurance Application and Full Personal Health Statement, available online from [www.anz.com.au/personal/superannuation/member-centre/forms/](http://www.anz.com.au/personal/superannuation/member-centre/forms/)**

### 6. DECLARATION BY THE INSURED MEMBER

**I understand and agree that:**

- I have read and understand the contents of the relevant Product Disclosure Statement (PDS) for my ANZ Smart Choice Super account regarding the insurance offered.
- I understand that the Duty to Take Reasonable Care continues after I have completed this form until my application has been accepted by Zurich and confirmation is issued in writing.
- I have read the Duty to Take Reasonable Care sections above, and understand my obligations under the *Insurance Contracts Act 1984*.
- I have read and carefully considered the questions in this application and all the answers and any other information provided are true and correct (including those not in my own handwriting) and form the basis of the insurance contract.
- I am not restricted by illness or injury from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and won't be considered by the Insurer.
- I acknowledge that if the insurer accepts an application for Choose Your Own or Voluntary Cover subject to special acceptance terms Cover will not commence until:
  - I accept the Special Acceptance terms within 21 days of the acceptance date; and
  - the premium received for the Choose Your Own Cover or Voluntary Cover is enough to cover the number of days from the acceptance date to the premium due date, by the third premium due date.
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) in accordance with the Privacy Statement set out in this form, the PDS, ANZ's Privacy Policy which is available at [anz.com/privacy](http://anz.com/privacy) and OnePath Custodians' Privacy Policy which is available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy). If I have provided information about another person in this application (for example a beneficiary or insured member), I declare that I have the consent of that person to do so. I understand that OnePath Custodians and ANZ require me to inform the person concerned that I have done so and direct them to the relevant Privacy Policies so they may understand the manner in which their personal information (including health and other sensitive information) may be used and disclosed by ANZ and OnePath Custodians.
- I acknowledge that if this application is accepted by Zurich insurance cover will be provided according to the ANZ Smart Choice Super Policies, and any exclusion or loading imposed as part of the acceptance of this application will apply to the amount of cover stated in the Decision Note.
- I acknowledge that if this application is declined, any of my existing cover on the date of this application will continue on same terms, including but not limited to any pre-existing condition exclusion(s).
- I acknowledge that any information received by Zurich in relation to this application may be used when assessing my existing or future claim, and may operate as an exclusion to my claim. This is irrespective of whether this application is accepted or declined.
- I understand that I may cancel my existing cover at any time.

Name of insured member/applicant

Signature of insured member/applicant

Date

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### 7. PRIVACY STATEMENT

Your personal information will be handled by OnePath Custodians, as issuer of this product and ANZ, as distributor of the ANZ Smart Choice Super and Pension product. Please read the information contained in this section carefully, as it describes how each of these parties will handle your personal information. In this section, any reference to your personal information includes any health or other sensitive information that OnePath Custodians and ANZ may hold about you. Either or both of these parties may send you information on their products and services from time to time. If you do not wish to receive this information from either or both of these parties, please ensure you follow the separate opt out processes for the relevant party specified below.

#### OnePath Custodians Privacy Statement

OnePath Custodians Pty Limited ABN 12 008 508 496, RSE L0000673 (OPC), as issuer of this product, will collect your personal information when you deal with it, its agents, its related bodies corporate, including other members of the Insignia Financial Group, distributors of this product (such as ANZ), or suppliers acting on OPC's behalf.

OPC uses your personal information to issue and administer our products and services. If you do not provide us with your personal information, we may not be able to issue this product to you and/or administer your account.

OPC may disclose your personal information to related bodies corporate and organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as set out in OPC's privacy policy.

OPC may also use and disclose your personal information to send you information on its products and services from time to time. OPC may also disclose your personal information to its related companies and organisations, including those who are in an alliance with it, to enable those organisations to send you information about their products and services. You can opt out of OPC using and disclosing your information for this purpose at any time by calling Customer Services on 13 12 87.

OPC may also send your personal information overseas, as set out in OPC's privacy policy.

OPC's privacy policy, available at [onepath.com.au/superandinvestments/privacy-policy](http://onepath.com.au/superandinvestments/privacy-policy), sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) OPC deals with any privacy complaints.

#### ANZ Privacy Statement

ANZ is committed to ensuring the confidentiality and security of your personal information. As the distributor of the ANZ Smart Choice Super and Pension product, ANZ collects your personal information in order to distribute, manage and administer this product. Without your personal information, ANZ may not be able to process your application or provide you with the product you require.

ANZ may disclose your personal information to certain third parties, including OPC (as issuer of this product), ANZ's related companies, organisations, including those in an alliance with us, to distribute, manage and administer our products and services, carry out business functions, undertake analytics activities and as otherwise set out in the ANZ Privacy Policy.

ANZ may send you information about its products and services from time to time. ANZ may also disclose your personal information to its related companies or alliance partners to enable them or ANZ to tell you about a product or service. You can opt out of ANZ using and disclosing your information for this purpose at any time by contacting ANZ Customer Services on 13 13 14.

Sometimes ANZ discloses your personal information overseas. The location varies, but includes the Philippines, India, Ireland, the UK, the USA, China and countries within the European Union.

ANZ's Privacy Policy, available at [anz.com/privacy](http://anz.com/privacy), sets out how (i) you can access and/or correct your personal information; (ii) you can make a privacy complaint; and (iii) ANZ deals with any privacy complaints.