

Important Information

Changing your Insurance Occupation Classification

About this form

You should use this form if you wish to apply to change your insurance occupation classification rating.

For your application to be considered you must complete all sections of this form.

For more information on occupational classifications, please refer to the 'Insurance in Your Super' document which is available at eisuper.com.au/pds or you can call us on 1300 369 901.

Your Duty to Take Reasonable Care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

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

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

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

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

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;

- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond;
- Answer every question;
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it;
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

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

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason - we're here to help and can provide additional support.

EISS Super

Application to Change Insurance Occupation Classification

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For your application to be considered you must complete all sections of this form.

For more information on occupational classifications, please refer to the 'Insurance in Your Super' document which is available at eisuper.com.au/pds or you can call us on 1300 369 901.

We're here to help

If you need assistance completing this form, you can call us on 1300 369 901, Monday to Friday from 8am to 8pm (AEST).

Please complete all sections of this form as applicable, sign and return the completed form by either; uploading it into your online account or posting it to:

EISS Super GPO Box 7039, Sydney, NSW 2001.

Step 1. Your personal details

Member Number

Account Number

Mr / Mrs / Ms / Miss / Other

Given name(s)

Surname

Date of birth / /

Residential address (must not be a PO Box)

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

Telephone

Mobile

Email

You can change your personal details online by logging into your account at eisuper.com.au/login.

Step 2. Your occupation/employment details

You can apply to change your occupation category by completing the questions below.

Questions	Yes	No
1. Are you at the date of this application, due to injury, accident or illness, off work or restricted from being capable or actively performing all of the duties and work hours (for at least 30 hours per week) of your usual occupation, even though your actual employment can be on a full-time, part-time or casual basis?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you been diagnosed with a sickness that reduces your life expectancy to less than twenty four (24) months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever made, or are you entitled to make a claim for injury or sickness (lasting more than four weeks) through worker's compensation, sickness benefit, invalid pension or any insurance policy providing total and permanent disablement cover, accident or sickness cover?	<input type="checkbox"/>	<input type="checkbox"/>

Please note, you must be able to answer 'No' to each of the questions or you will not be eligible for a different occupation rating. If you answered 'Yes' to any of the questions, you are not eligible to change your occupation category without underwriting.

Name of employer you work for

What is your occupation?

Major duties at work and the percentage of time performing each duty (e.g. building, paperwork, travel, etc.)

Details	Percentage (%) of time performing this duty
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Nature of duties (e.g. office based, manual, heavy manual)

The environment that the duties are performed in (e.g office, warehouse, building site, underground etc.)

Step 2. Your occupation/employment details (continued)

TAL Privacy Policy

Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL) to Energy Industries Superannuation Scheme Pty Limited.

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning 1800 666 136.

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, Trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the Trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (e.g. such as to the police or Australian Taxation Office (ATO)); and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

Your privacy is important to us

We are required to comply with relevant privacy laws. The personal information that we collect is used to process your application, administer your account(s), provide you with services and conduct research about how to improve our services and products. Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer the Fund and provide services on our behalf.

The EISS Super Privacy Policy is available to view at eisuper.com.au/privacy or you can obtain a copy by contacting us on 1300 369 901.

Step 4. Sign the form

- I acknowledge that I have read the duty to take reasonable care and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers and to the best of my knowledge and belief all the answers to the questions in this Application are true, correct and complete.
- I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL to its external service providers/contractors as contemplated in this form, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information collected on this form or future forms in relation to this insurance.

Member Signature

Date

Please return your completed form by either:

Posting it to us OR Uploading it to your online account

EISS Super
GPO Box 7039
Sydney NSW 2001

Visit eisuper.com.au/login

Sign
here