Family Cover Pause Application Form

OneCare

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When to use this form

Does not apply to Income Secure Protection or Protection Super.

The Family Cover Pause feature allows you to apply to reduce your monthly amount insured by up to 75% where a life insured's income reduces as a result of pregnancy, or caring for their child who is too young to attend school. It subsequently allows you to reinstate the previous monthly amount insured, without medical evidence, at any time prior to the life insured's youngest child turning age six.

You can only apply to reduce or reinstate your monthly amount insured if:

- the Income Secure Cover for the life insured has been in force for more than two years and all premiums have been paid
- the life insured is not on claim, or eligible to make a claim
- any application to reinstate is made prior to the life insured's youngest child turning age six.

Where you are applying to reinstate the monthly amount insured:

- you must provide a copy of the youngest child's birth certificate or adoption record.
- the maximum amount insured to which cover can be reinstated under this feature is limited to the lesser of:
  - your monthly amount insured immediately prior to reducing cover under this feature, and
  - 75% of your current annual income (or 80% of your current annual income if you have previously selected the Priority Income Option).
- for the guaranteed (increase to existing policy only) benefit payment type, the life insured must supply additional financial evidence of their current income. If the additional financial evidence cannot be supplied at that time, an indemnity benefit payment type will apply for the reinstated benefit amount.
- for variable and variable age-stepped premiums, the premium for the increase will be based on your age when the amount insured increases and the premium rate for that age.

How to apply

- Complete this Application Form and sign and date the declaration on page 3.
- Attach the required evidence (if applicable) as outlined in this form.
- Send the completed Application Form and its attachments to your adviser or to OnePath.

The policy owner's duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.

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 we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

About this application

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

We will ask questions we need to know the answers to. These will be about personal circumstances, such as health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance of each life to be insured. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the

fund trustee passes on your personal information to us. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Guidance for answering our questions

You are responsible for the information provided to us. Each person answering our questions should:

- think carefully about each question before answering. 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. 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

Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we 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 us.

If you need help

It's important that you and every person answering our questions understands this information and the questions we ask. Ask us or your adviser for help if you have difficulty answering our questions or understanding the application process.

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 for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If a person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example we 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 we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we 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 we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

Before proceeding, can you please tick the appropriate response:

☐ I am in contact with my financial adviser ☐ I am **not** in contact with my financial adviser

Details of life insured

Policy number(s) ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other ☐

Surname ☐ First name(s) ☐

Date of birth (dd/mm/yyyy) ☐☐/☐☐/☐☐☐☐

Reducing your monthly amount insured

You may apply to reduce your monthly amount insured by up to 75%. However, the monthly amount insured must be at least $1,250 after this reduction.

1. I wish to reduce my monthly amount insured* to .....$☐☐,☐☐☐

Please use the following table to calculate the maximum reduction under this feature.

Current monthly amount insured	$, **(A)**
Maximum allowable reduction (i.e. 75% x A)	$, **(B)**
A – B	$, **(C)**
Minimum reduced monthly amount insured is the higher of C and $1,250	$,

* minimum $1,250 monthly amount insured after the reduction

If your child has been born, go to 2a. If you are currently pregnant, go to 2b.

2a. Details of life insured's youngest child

Surname First name(s)

Date of birth (dd/mm/yyyy) / /

2b. Expected due date (dd/mm/yyyy) / /

Reinstating your monthly amount insured

You may apply to reinstate your monthly amount insured in line with your increase in income, to the same level it was prior to applying for Family Cover Pause, without medical evidence, at any time prior to the life insured's youngest child turning age six.

1. I wish to reinstate my monthly amount* insured to: $,

* maximum monthly amount insured is the amount prior to applying for Family Cover Pause

2. Employer's name or name of business or practice

Business address no. and street

Suburb/Town State Choose one Postcode

3. Has your occupation and/or employment situation changed since you applied for this policy or last applied for any subsequent increases or reinstatements of covers under this policy? Yes No

If **yes**, please provide details (including any changes in duties)

4. How many hours per week do you work in total in your principal occupation (including hours worked from home)?

5. What is your current annual income net of business expenses but before tax?

Annual income (excluding superannuation guarantee (SG) contributions) $,

Superannuation guarantee (SG) contributions $,

Where you are applying to reinstate the monthly amount insured for the guaranteed (increase to existing policy only) benefit payment type, the life insured must supply additional financial evidence of their current income. If the additional financial evidence cannot be supplied at this time, an indemnity benefit payment type will apply for the reinstated benefit amount.

The maximum amount insured to which cover can be reinstated under this feature is limited to the lesser of:

- your monthly amount insured immediately prior to reducing cover under this feature, and
- 75% of your current annual income (or 80% of your current annual income if you have previously selected the Priority Income Option).

6. Details of life insured's youngest child

Surname First name(s)

Date of birth (dd/mm/yyyy) / /

Declarations

The following declarations apply for all applications

I/We, whose signature appears below, declare that:

- I/We have read and understood my/our duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete.
- I/We understand that the information I/we provide in this Application Form along with any other statements made or evidence provided in connection with this application will be relied upon and used by OnePath to assess this application. I/We have read and understood my/our duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.

- I/We are not eligible to make a claim under this policy, nor any other policy issued by OnePath for this life insured.
- I/We consent to the collection, use, storage and disclosure of my/our personal information as described in the Privacy Policies and the Privacy Statement(s) contained in the PDS (including discussing any information obtained from me/us and any doctors or accountants with the financial adviser associated with this application). OnePath's Privacy Policy is available at onepath.com.au/about-us/privacy-policy
- If I/we have provided personal information about any identified person, I/we declare that I/we have their permission to do so and I/we have informed them of the Privacy Policies and the Privacy Statement(s).
- I/We understand if OnePath is notified of a change to my/our personal information, OnePath will make this change on other life risk policies where I am/we are a policy owner, life insured, nominated beneficiary or nominated medical practitioner.
- I/We authorise my/our adviser, who will submit this personal statement electronically on my/our behalf, to receive and access my/our personal information (including financial, health and other sensitive information), whether disclosed in this application or obtained from third parties (e.g. doctors, accountants), for the purposes of management and administration of my/our application, policy/policies and any claims. Where there is any change to this authority, or to my/our adviser, I/we will notify OnePath of the change.
- Where the owner of this policy is a trust/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/company.

The following declaration applies where I am/we are applying to reduce the monthly amount insured

- I/We understand and acknowledge that should I/we be eligible to make a claim under this policy while the Family Cover Pause is in operation, the maximum amount that will be paid is the reduced monthly amount insured, plus any subsequent indexation increases (if applicable).

The following declarations apply where I am/we are applying to reinstate the monthly amount insured

- I/We understand that the information I/we provide in this Application Form along with any other statements made or evidence provided in connection with this application will be used by OnePath to assess whether to accept this application and, in the case of reinstatement, issue the increased amount of insurance.
- I/We understand that the maximum monthly amount insured I/we may reinstate for this policy is the monthly amount insured on this policy prior to the Family Cover Pause starting.
- I/We understand that, in the case of reinstatement, any increase to the monthly amount insured will not become effective until this application is accepted in writing by OnePath and an updated Policy Schedule is issued.
- I/We understand and accept that any special conditions such as premium loadings or exclusions that currently apply to my/our cover will continue to apply to any reinstated monthly amount insured.
- I/We understand that for variable and variable age-stepped premiums, the premium for the increase will be based on the age when the amount insured increases and the premium rate for that age.

Signature of life insured	✗	Date (dd/mm/yyyy)	/ /
Signature of policy owner(s) if different to life insured and not a OneCare Super policy	✗	Date (dd/mm/yyyy)	/ /
Signature of policy owner(s) if different to life insured and not a OneCare Super policy	✗	Date (dd/mm/yyyy)	/ /

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