

APPLY FOR INCOME PROTECTION INSURANCE



SUPER SA
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed **ORIGINAL** to Super SA.

1. Personal Details

Account ID

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Members **aged 60 or over** at 3 September 2018 are not automatically provided with IP cover. These members need to apply for IP cover.

Email*

Telephone* (M)

(W)

(H)

* By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

Income Protection Insurance provides a fortnightly benefit of up to 75% of your notional salary¹ plus a Contribution Replacement Benefit (CRB) paid into your Triple S equal to 9.5% of your fortnightly benefit while you are unable to work due to temporary incapacity through illness or injury.

The cost of IP Insurance is based on your notional salary¹, age and waiting period.

Contact us

Address: Ground floor, 151 Pirie Street, Adelaide SA 5000
(Enter from Pulteney St)

Postal: GPO Box 48, Adelaide, SA 5001

Call: (08) 8207 2094 or 1300 369 315

Email: supersa@sa.gov.au

Website: supersa.sa.gov.au

Complete all sections of this form if you wish to apply for Triple S Income Protection (IP) Insurance.

Refer to the Triple S Income Protection Insurance fact sheet for further information about IP Insurance.

2. Employment Details

Your Agency

Employment status Full-time Part-time Casual

Employment classification Level

Annual salary (before tax, excluding superannuation)

3. Level of cover

- I was a member of Triple S on or prior to **3 September 2018**:
- I wish to apply for IP insurance for up to 75% of my notional salary¹, or
- My notional salary is above the Automatic Acceptance Limit (AAL) of \$122,000, and I wish to apply for IP insurance for up to 75% of a maximum salary of \$122,000 (AAL).

OR

- I joined Triple S after **3 September 2018**:
- I wish to apply for IP Insurance cover, limited to a notional salary of \$122,000 (AAL), or
- My salary is above \$122,000 and I wish to be provided with the maximum level of cover for which I am eligible².

Members who earn a salary above \$122,000 per annum can apply to insure their income up to the Maximum Salary Cap of \$584,000. Applications above the AAL will be subject to underwriting and limitations may apply.

4. Waiting period

- 30 days (default)
- 90 days

¹ More information on Notional Salary can be found in the Triple S Income Protection Insurance fact sheet.

² Members who currently earn a salary under \$122,000 per annum are ineligible for cover up to the Maximum Salary Cap.



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5. Personal Statement

Please complete this Personal Statement if you would like to apply for IP Insurance.

If you need more space please attach additional pages.

1. Height: _____ cm Weight: _____ kg

2. Are you, or have you been, a smoker or used² any sort of tobacco product³ in the last 5 years?

Yes No

3. Do you have an illness/medical condition(s)⁴ or disability?

Yes No

If no, please proceed to question 7

4. What is the exact nature of the illness/medical condition(s)⁴ or disability?

If more than one condition, please attach additional information.

5a. When did you first suffer from the above illness/medical condition(s)⁴ or disability?

5b. Have you had any recurrence or symptoms arising from the illness/medical condition(s)⁴ or disability?

Yes No

5c. Is/are the illness/medical condition(s)⁴ or disability getting worse?

Yes No

² Use of tobacco includes smoking, chewing or sucking of a tobacco product or any other activity involving the consumption of a tobacco product.

³ A tobacco product means a cigarette, cigar, cigarette or pipe tobacco, tobacco prepared for chewing or sucking, or snuff.

⁴ A "medical condition" is any illness, disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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Please complete all the details on this form in BLOCK LETTERS using a BLACK PEN and return the signed ORIGINAL to Super SA.

6a. Are you receiving treatment (including medication) for the illness/medical condition(s)⁴ or disability?

Yes No

If yes, please give details:

6b. What was the nature of any treatment?

7a. Have you ever consulted a doctor about some other illness/medical condition(s)⁴ or disability?

Yes No

If yes, please give details:

7b. What was the exact nature of the illness/medical condition(s)⁴ or disability?

If more than one condition, please attach additional information.

⁴ A "medical condition" is any illness, disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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7c. When did you first suffer from the above illness/medical condition(s)⁴ or disability?

7d. Have you had any recurrence or symptoms arising from the illness/medical condition(s)⁴ or disability?

Yes No

7e. What was the nature of the treatment?

8. Have you ever had any surgical procedures in relation to any illness/medical condition(s)⁴ or disability?

Yes No

If YES, please give details:

⁴ A "medical condition" is any illness, disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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9. Please provide the name(s) of doctor(s) for your most recent consultation(s) due to all illnesses/medical condition(s)⁴ or disability.

Doctor's name

Doctor's address

Postcode

Doctor's name

Doctor's address

Postcode

Doctor's name

Doctor's address

Postcode

Doctor's name

Doctor's address

Postcode

6. Member Declaration

- I understand that I am required to provide all information relating to medical advice, examination or treatment received by me and all information as to any illness/medical condition(s)⁴ or disability suffered by me, or any symptoms suffered by me that may indicate an illness/medical condition(s)⁴ or disability.
- I understand that an insurance entitlement may be reduced or not payable if the cause of my death or disability is caused wholly or partly by a pre-existing illness/medical condition(s)⁴ or disability, or an illness/medical condition(s)⁴ or disability arising out of a pre-existing illness/medical condition(s)⁴ or a prescribed activity.
- I understand that non-disclosure will result in my insurance entitlement being withheld, reduced or denied.
- I authorise any hospital, doctor or other person who has treated or examined me to provide Super SA with any further information or medical reports on my illness/medical condition(s)⁴, disability or injury, medical history, consultations, prescriptions or treatment. A photocopy of this authorisation is as valid as the original.
- Super SA may provide a copy of this authority to the third party to obtain necessary information.
- I understand that Super SA and its medical adviser(s) will use this information for the purpose of considering my application for insurance.
- I understand I will have to pay the cost of providing any medical evidence to support my application.
- I understand that the *Southern State Superannuation Regulations 2009* prescribe the Triple S insurance arrangements.

Signature: ✕

Date: / /

Please ensure that all the sections of this form have been completed including:



- your height and weight and
- details of your medical practitioner(s).

Incomplete sections will cause delays in processing. If you fail to disclose any relevant information, your insurance entitlement may be withheld or reduced.

⁴ A 'medical condition' is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.