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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

lease complete an the details on this form in block leftlens as	sing a black file and return the signed unidinal to super SA.	
1. Personal Details	Complete this form if you wish to apply for Triple S Death and Total & Permanent (TPD) Insurance.	
Account ID	Please note: Members are no longer able to apply for units of Fixed (closed) Insurance	
☐ Mr ☐ Ms ☐ Miss ☐ Mrs ☐ Dr ☐ Prof	cover.	
Surname	2. Employment Details	
Given name(s)	Occupation	
Residential address	Are you employed as an operational Ambulance employee? Yes No	
Postcode	Are you employed as a Police Officer?	
Postal address (if different from above)	If you are employed as a Police Officer or operational Ambulance employee, you must maintain an equivalent minimum of six (6) Standard Insurance units to age 65.	
Postcode	Employment status Full-time Part-time Casual	
Date of birth / / Email*	Note: If you are a casual employee you need to work at least nine hours per week, or for periods that average nine hours or more per week over a three-month period, to be eligible to buy additional units. You are not required to have insurance and can	
Telephone*(M)	cancel it by completing and returning a Cancel Death and TPD Insurance form	
(W)	3. Level of insurance for Death and Total &	
(H)	Permanent Disablement	
	The maximum value of insurance you can have is:	
* 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	\$1,500,000 if you are a full or part-time employee\$750,000 if you are a casual employee.	
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.	Please refer to the Triple S <i>Death and TPD & Death Only Insurance</i> fact sheet for further information on levels of cover per unit.	
	I require a total number of Standard unit(s) of cover:	
	The value of a unit of Standard Insurance is based on your age.	
	\square 1 \square 2 \square 3 \square 4 \square 5 \square 6 \square 7 \square 8	
	9 10 11 Other (please state)	
Additional units may be subject to limitations.	OR	
	I require a total number of Fixed Benefit Insurance unit(s) of cover: Each Fixed Benefit Insurance unit has a value of \$10,000. 1 2 3 4 5 6 7 8	
	9 10 11 Other (please state)	
	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	

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4. Personal Statement

You are required to complete this Personal Statement regarding your health. If you need more space please attach additional pages.					
1.	Height: cm	Weight:	kg		
 3. 4. 	Are you, or have you been, a smol	ondition(s) ³ or disability? se proceed to question 7) lness/medical condition(s) ³	or disability?	Please ensure that all the sections of this form have been completed including: - your height and weight and - details of your doctor(s). Incomplete sections will cause delays in processing.	
5.	a) When did you first suffer from	the above illness/medical c	ondition(s) ³ or disability?		
6.	Yes No c) Is/are the illness/medical cor Yes No	ndition(s)³ or disability getti	he illness/medical condition(s) ³ or one of the illness/medical condition(s) or one of the illness/medical condition(s		
				1 Use of tobacco includes smoking, chewing or sucking of a tobacco product or any other activity involving the consumption of a tobacco product. 2 A tobacco product means a cigarette, cigar, cigarette or pipe tobacco, tobacco prepared for chewing or sucking, or snuff. 3 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.	

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Form > Super SA > Triple S APPLY FOR DEATH AND TPD INSURANCE



normal function.

	b) What was the nature of any treatment?:	
7.	a) Have you ever consulted a doctor about some other illness/medical condition(s) ³ or disability which is not an exis	sting medical condition?
	If Yes, please give details:	
	b) What was the exact nature of the illness/medical condition(s) ³ or disability?	
	If more than one condition, please attach additional information.	
	c) When did you first suffer from the above illness/medical condition(s) ³ or disability?	
	d) Have you had any recurrence or symptoms arising from the illness/medical condition(s) ³ or disability?	
	e) What was the nature of the treatment?	
		³ A 'medical condition' is any disease, injury disability, disorder, syndrome, infection, behaviour and atypical variations of structur and function that impact on or affect the

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└ Yes	³ 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.
9. Do you intend to seek any medical advice or treatment in the next 6 months? Yes No If Yes, please give details:	
5. Doctor's Details	
Please provide the name(s) of doctor(s) for your most recent consultation. This section must be completed in all cases.	
Doctor's name	
Doctor's address	
Doctor's name	
Doctor's address	
Doctor's name	
Doctor's address	
Doctor's name	
Doctor's address	

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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)³ or disability suffered by me, or any symptoms suffered by me that may indicate an illness/medical condition(s)³ 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)³ or disability, or an illness/medical condition(s)³ or disability arising out of a pre-existing illness/medical condition(s)³ or disability, or a prescribed activity.
- I understand that non-disclosure will result in my insurance entitlement being withheld, reduced or declined.
- 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)³ or disability, or injury, medical history, consultations, prescriptions or treatment. A photocopy of this authorisation is as valid as the original.
- 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.
- I acknowledge providing false or misleading information is an offence under the Southern State Superannuation Act 2009.

Casual Employee Declaration

- If I am a casual employee I declare that I work at least nine hours per week or for periods that average nine hours or more per week over a three-month period.

Signature: X Date: / /h

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, reduced or declined.

Contact us

Address

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

Postal

GPO Box 48, Adelaide, SA 5001

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(08) 8207 2094 1300 369 315 (for regional callers)

Emai

supersa@sa.gov.au

Website

supersa.sa.gov.au

³ 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.

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