



# Personal statement and declaration of health

Complete this form to apply for, or increase, insurance cover in smartMonday PRIME. Some options listed in this form may not be available to you depending on the product or type of employer sub-plan you are in. We may not be able to process your application if this is the case. Please check the relevant PDS Insurance guide for your membership, or call us for more information.

Insurance is subject to acceptance and confirmation by the insurer in writing.

## 1. Your details

If you have any questions, please call us on **1300 614 644** or email **enquiry@smartmonday.com.au**

For more information go to our website **smartmonday.com.au**

Select the appropriate option below:

I am a personal member

I am a member of an employer-sponsored plan

Employer name *(if you are a member of an employer-sponsored plan in smartMonday PRIME)*

Member number *(if known)*

First name

Last name

Date of birth *(DD/MM/YYYY)*

Gender (M/F)

Phone

Email

Postal address

Suburb

State

Postcode

Send your completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001

smartMonday is a registered trading name of smartMonday Solutions Limited ABN 48 002 288 646 AFSL 236667, the sponsor of the Smart Future Trust ABN 68 964 712 340 (the Fund). The trustee of the Fund is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSE Licence L0001458. This document has been prepared by smartMonday on behalf of the Trustee. smartMonday products are part of the Fund.

## 2. Death and total permanent disablement (TPD) cover

Select the appropriate option below and fill in the amount of cover required and indicate whether it is **additional cover** (i.e. additional to any automatic cover you already have in smartMonday), **new cover** (i.e. if you do not have any cover in smartMonday), or **replacement cover** (i.e. if you want this cover to fully replace the cover you already have in smartMonday).

Please note:

- Maximums apply. Other restrictions, terms and conditions may apply depending the type of your smartMonday membership. Please read the PDS *Insurance guide* relevant to your membership before completing this form.
- If your employer is making additional contributions to fund the costs of your automatic insurance cover, you may wish to consider preserving that arrangement if you still work for that employer. Select 'Additional' if this is the case.
- If your application is accepted by the insurer, any additional, new, or replacement cover amount will be categorised as Voluntary cover.

Death cover \$ *(amount you are applying for)*

Additional                      New                      Replacement

TPD cover \$ *(amount you are applying for)*

Additional                      New                      Replacement

## 3. Select the 'Home Duties' definition of TPD *(personal members only)*

If you are a personal member in smartMonday PRIME member and you wish to apply for the special 'Home Duties' TPD definition, tick the box below. This is an additional definition of total and permanent disablement that may be available to you if you are wholly engaged in full-time unpaid Domestic Duties in your residence. See the Insurance guide of the smartMonday PRIME PDS for more information, or call us to speak to a smartCoach.

**Home Duties definition** - I want this definition to be added to my insurance cover.

## 4. Income protection insurance cover

Select the appropriate option below and fill in the amount of cover required. Income protection cover is only available if you are gainfully and permanently employed for a minimum of 15 hours per week. See the PDS *Insurance guide* for more information.

I require income protection insurance cover

Amount of income insured % up to 75% of annual income,

Is this new cover or an increase to existing cover? *(Select one option only)*

New                      Increase

Select the benefit and waiting periods you require:

Maximum benefit period *(tick one box)*

2 years                      5 years                      To age 65

Waiting period *(tick one box)*

30 days                      60 days                      90 days



## 5. Your personal history

1. Your height (cm)

Your weight (kg)

2. Are you an Australian citizen or do you hold a Visa that entitles you to reside permanently in Australia?

Yes

No

(a) If 'No', are you applying for, or intending to apply for, permanent residency in Australia?

Yes

No

(b) If applicable, advise what type of Visa you hold (*including expiry date*) or are applying for.

3. Do you drink alcohol?

Yes

No

If YES, what type of alcohol?

How much is your weekly intake?

## 5. Your personal history (continued)

4. Have you smoked any tobacco or any other substance in the last 12 months? If YES, state forms and quantities below.

Yes                      No

5. Do you intend to work, live or travel overseas? If YES, state the destination, duration, frequency and purpose of travel below.

Yes                      No

6. Have you engaged or are you ever likely to engage in aviation (*other than as a fare paying passenger*) or in any hazardous occupation, recreation, pastime, pursuit or sport (*eg motor racing, football, martial arts, scuba diving*)?

Yes                      No

7. Are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full-time basis?

Yes                      No

8. Has any company ever declined, deferred, applied special or modified conditions, or cancelled any proposal to insure you for a life or disablement policy?

Yes                      No

If you answered YES to questions 4–8 on this page, give full details in the space below  
(attach signed and dated supplementary letter if required)



5. Your personal history  
(continued)

9. Do you have existing life, disability or trauma insurance cover (including any current applications held with any insurer)?

Yes No

If YES, provide the policy details below

Commencement date (DD/MM/YYYY) Insurer

Type of cover Amount of cover (\$)

Is this cover to be replaced?

Yes No

Commencement date (DD/MM/YYYY) Insurer

Type of cover Amount of cover (\$)

Is this cover to be replaced?

Yes No

6. Your medical history

6a. Family history

Have any of your immediate family (father, mother, brother, sister) prior to age 60 (living or dead) ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea, or any hereditary disease?

Yes No

If YES, provide details in the schedule below.

<b>Relation 1</b>	Age at onset	Age at death
Relationship to you	(approximately)	(if applicable)

Medical condition/illness (for cancer, specify type)

<b>Relation 2</b>	Age at onset	Age at death
Relationship to you	(approximately)	(if applicable)

Medical condition/illness (for cancer, specify type)

## 6. Your medical history (continued)

### Relation 3

Relationship to you

Age at onset  
(approximately)

Age at death  
(if applicable)

Medical condition/illness (for cancer, specify type)

### 6b. Medical details

Have you ever suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?

a. High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke.	Yes	No
b. Asthma, chronic lung disease, sleep apnoea or other respiratory disorder.	Yes	No
c. Indigestion, gastric or duodenal ulcer, hernia/s or any bowel disorder.	Yes	No
d. Diabetes, abnormal blood sugar, gout or thyroid disorder.	Yes	No
e. Depression, anxiety/stress state, fatigue (including chronic fatigue syndrome), panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder.	Yes	No
f. Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness, tremor or recurrent headaches or any neurological disorder including multiple sclerosis.	Yes	No
g. Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia.	Yes	No
h. Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles.	Yes	No
i. Psoriasis or eczema, skin disorder, or abnormality with hearing, eyesight or speech.	Yes	No
j. Cancer, cyst, tumour or growth of any type.	Yes	No
k. Liver disorder (including fatty liver), pancreas, prostate, kidney or bladder disorder, renal colic or stone.	Yes	No
l. Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia.	Yes	No
m. Hepatitis B or C or are a Hepatitis B or C carrier, Acquired Immune Deficiency Syndrome (AIDS) sufferer or infected with the HIV virus.	Yes	No

6. Your medical history  
(continued)

n. Have you ever suffered symptoms of or had any other illness, disease or disorder? <b>Do not include:</b> colds, flu, hayfever, dental related matters, uncomplicated pregnancies (including caesarean sections, miscarriage), abortions and menopause.	Yes	No
o. In the last 5 years have you:		
i. Had any medical examinations, consultations, X-rays, pathology tests or procedures?	Yes	No
ii. Occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs?		
p. Are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure?	Yes	No
q. Are you currently under ongoing monitoring, consultations or review for any condition, complaint or finding?	Yes	No
r. Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner?	Yes	No
s. In the past 5 years have you:		
➤ engaged in male-to-male sexual activity without a condom (except in a relationship between you and only one other person where neither of you has had sex without a condom with anyone else in the past 5 years), or	Yes	No
➤ had sex without a condom with someone you know or suspect to be HIV positive, or		
➤ had sex without a condom with anyone who injects non prescribed drugs, or		
➤ had sex without a condom with a sex worker or as a sex worker?		

**Females only:** Have you ever had or been advised to have treatment for:

i. Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound?	Yes	No
ii. An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries?	Yes	No
iii. Abnormal vaginal bleeding within the last 12 months or endometriosis?	Yes	No
iv. Are you pregnant?	Yes	No

If 'Yes', provide estimated date your child is due:



## 6. Your medical history (continued)

### 6c. Answers in detail

If you answered YES to any of the questions on the previous pages under *Your medical history*, provide details in the space below. If there is insufficient space, provide a signed and dated supplementary letter with details.

#### Reference 1

Question number      Tests, or nature of condition or complaint

Full details of treatment and results (*include type of operations*)

Commencement date (*DD/MM/YYYY*)

Time off work

Degree of recovery (%)

Full name and address of doctor or hospital (*if any*)

#### Reference 2

Question number      Tests, or nature of condition or complaint

Full details of treatment and results (*include type of operations*)

Commencement date (*DD/MM/YYYY*)

Time off work

Degree of recovery (%)

Full name and address of doctor or hospital (*if any*)





## 6. Your medical history (continued)

### Reference 3

Question number      Tests, or nature of condition or complaint

Full details of treatment and results *(include type of operations)*

Commencement date *(DD/MM/YYYY)*

Time off work

Degree of recovery (%)

Full name and address of doctor or hospital *(if any)*

### 6d. Personal doctor's detail

Provide the details of your usual doctor or medical centre.

Doctor's name

Doctor's address

Suburb

State

Postcode

Date of last consultation *(DD/MM/YYYY)*

Approximately how many years have you been  
a patient?



7. Your occupation

1.(a) What is your usual occupation?

(b) Employer name:

(c) Type of industry:

(d) Do you work from home more than 30% of the time?

Yes                      No

If 'Yes', give details including:

(i) percentage of time working at home (%)

(ii) office arrangement (*i.e separate office/room, lounge room, garage, fixed/standing desk, etc*)

(iii) how often you are required to leave home as part of your duties (%)

(iv) where you work at these times

(e) What trade, professional, business or tertiary qualifications do you have?

(f) Do you perform any manual work? If 'Yes', describe duties and percentage of time spent in each:

Yes                      No

**Type of work      % of time      Describe your specific duties and where they are performed**

Sedentary

Light manual

Heavy manual

7. Your occupation  
(continued)

(g) How many hours per week do you work in your principal/main occupation?

(h) Is your employment:

(i) Permanent?

Yes                      No, or

(ii) Temporary? (state date the position will cease/terminate)

Do you work:

(iii) Full-time?, or

(iv) Part-time?

Do you work:

(v) on a Casual basis? (under a casual work agreement)

Yes                      No

If you answered 'Yes' to (v), how many years have you been working continuously for the same employer:

< 1 year                      ≥ 1 year to < 2 years                      ≥ 2 years

(vi) as a Contractor?

Yes                      No

If 'Yes', state expiry date of your contract:

If your contract expires within 6 months, will it be renewed?

Yes                      No

If your contract will be renewed, state the period of the new contract.

(i) How much driving do you do as part of your occupation?

(Commuting to your primary workplace should not be included.)

0–100 km per week                      100–300 km per week

300–500 km per week                      300–500 km per week

(j) What percentage of your working hours is spent driving?

0% – 5%                      5% – 10%                      10% – 25%                      Over 25%

7. Your occupation  
(continued)

2. What is your annual earned income? (\$) *(Do not include unearned income such as dividends, interest, rental income, proceeds from asset sales or royalties.)*

3.(a) Do you have any other occupation?

Yes                      No

(b) Do you contemplate or expect any change in occupation *(including retrenchments/redundancy or changes in your role or duties or working hours)?*

Yes                      No

4. Does your occupation require you to work underground, at heights *(above 10 metres)*, offshore, or near dangerous materials or substances? If 'Yes', give details below, eg. locations, depths, heights, frequency etc.

Yes                      No

**If you have answered 'Yes' to Question 3a, 3b or 4, provide full details below.**

5. Are you, or any business with which you are associated, contemplating voluntary administration, or ever been made bankrupt or placed in receivership, involuntary liquidation or under administration?

Yes                      No

Date of discharge

**If you are self-employed, in a business partnership or employee of own company, complete the remaining questions.**

6. Do you operate as a

sole trader                      business partnership company, or                      trust?

7. What percentage of your work is:

Freelance? (%)                      Contract? (%)

8.(a) When was the business purchased/started? *(DD/MM/YYYY)*

(b) State what percentage of interest/shareholding you have in the business/practice? (%)

9. How many people do you employ?

## 8. Your income details

Complete this section if you completed  
Section 4 Income Protection insurance

1. What is your income (before tax) from your current occupation? (*Personal income is income earned by your personal exertion. Do not include investments.*)

**(a) Employee**

Your income is the total remuneration paid by your employer including salary, regular fees, regular commission, regular bonuses, regular overtime, fringe benefits and superannuation contributions (statutory or voluntary).

	Last financial year 30/6/	Previous financial year 30/6/
Remuneration package	\$	\$

**(b) Self Employed (sole trader, business partner, employee of own company)**

Income is defined as the income generated by the business or practice due to your personal exertion or activities, less your share of necessarily incurred business expenses (before tax).

	Last financial year 30/6/	Previous financial year 30/6/
<b>a. Gross business income/ revenue</b> ( <i>Do not include unearned income such as dividends, interest, rental income, proceeds from asset sales or royalties</i> )	\$	\$
<b>i.</b> How much of the above gross revenue is renewal, trail or any form of ongoing commission?		
<b>b. Total business expenses</b>	\$	\$
<b>c. Net business profit/loss (before tax) = A – B</b>	\$	\$
<b>d. Your % share of net business income</b>	%	%
<b>e. Your share of net business profit/loss = C x D</b>	\$	\$
<b>f. Add backs</b> ( <i>your own portion of personal salary/ wages, superannuation contributions, spouse's income if income splitting, share of depreciation</i> )	\$	\$
<b>g. Your net earned income (before tax) = E + F</b>	\$	\$

Note: These figures disclosed should coincide with returns lodged with the Australian Taxation Office.



8. Your income details  
(continued)

2. Will any of your income (*from any source*) continue if you become disabled?

Yes                      No

If 'Yes', state source (*eg. sick leave, directors' fees, salary, renewal or trail commission, salary continuance insurance, profit share from the business etc*)

(a) For how long will it continue?

(b) Amount of income (*per month*) \$

3. Do you receive any unearned income from investments? (*eg. rental property, share dividends, interest*)

Yes                      No

If 'Yes', state the amount per month (**net of expenses**) \$ (*Do not include negatively geared investments*)

State the source

4. If you have a second occupation, provide the following details.

Nature of occupation

Hours worked per week

Number of weeks worked per year

Last financial year 30/6/

Previous financial year 30/6/

Net income (*before tax*) \$

Net income (*before tax*) \$

## 9. Declarations and agreement

### About this application

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

The insurer will ask questions about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give the insurer in response to these questions is vital to its decision.

### 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 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 applies to a new contract of insurance and 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. There are different remedies that may be available to the insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. 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 was true. For example, the insurer may do this when a claim is made.

Before the insurer exercises any of these remedies, it will explain its reasons and what you can do if you disagree.

### Guidance for answering our questions

You are responsible for the information provided to the insurer. When answering the insurer's questions:

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

### Changes before your cover starts

Before your cover starts, the insurer may ask about any changes that mean you would now answer the insurer's questions differently. As any changes might require further assessment or investigation, it could save time if you let the insurer know about any changes when they happen.

### If you need help

It's important that you understand this information and the questions the insurer may ask. Ask the insurer or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the insurer's questions.

If you're having difficulty due to a disability, understanding English or for any other reason, the insurer is here to help. If you want, you can have a support person you trust with you.

## 9. Declarations and agreement (continued)

### **Notifying us**

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

### **Economic or trade sanctions**

If you have a trade or economic sanction placed against you then you will not be eligible for insurance cover and would not be paid out on any claim received on or after that date. The insurer could be exposed to penalties or restrictions if cover was provided to a sanctioned person.

### **Privacy**

#### ***AIA Australia***

Your privacy is important to AIA Australia. By becoming a member, or otherwise interacting or continuing your relationship with AIA Australia directly or via a representative or intermediary, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of personal and sensitive information (“Personal Information”) in the manner described in the AIA Australia Privacy Policy on AIA Australia’s website as updated from time to time. AIA Australia’s current Privacy Policy is available at [www.aia.com.au](http://www.aia.com.au) or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia’s Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect Personal Information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online);
- collect your Personal Information from, and provide to, third parties in Australia and overseas, such as your representatives (including your financial adviser), the trustee and administrator of a superannuation fund, employers, health professionals, reinsurers, government agencies, service providers and affiliates;
- be required or authorised to collect your Personal Information under various laws including insurance, taxation, financial services and other laws set out in AIA Australia’s Privacy Policy; and
- disclose Personal Information to third parties which may be located in Australia, South Africa, the US, the United Kingdom, Europe, Asia and other countries including those set out in AIA Australia’s Privacy Policy.

If you do not provide the required Personal Information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your Personal Information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia’s Privacy Policy. The most recent version of the AIA Australia Privacy Policy at [www.aia.com.au](http://www.aia.com.au) applies to and supersedes all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access.

#### ***The trustee***

The fund is also subject to the trustee’s privacy statement, which is available at [egt.com.au/global/privacystatement](http://egt.com.au/global/privacystatement).



## 9. Declarations and agreement (continued)

### General declarations

- I have disclosed all matters that I know, or could reasonably be expected to know, that are relevant to the insurer's decision to accept the risk of insurance and on what terms.
- I agree to be bound by the provisions of the relevant insurance policy between the insurer and the fund, the terms and conditions of which are set out in the smartMonday PRIME PDS.
- I have read the privacy policies on the previous page and consent to my personal and sensitive information being handled in accordance with those policies.
- I consent to you contacting any medical practitioner, medical provider, health professional, hospital, dentist, any other person who has attended me and such other third parties as is necessary to obtain personal and sensitive information for the purpose of processing my application.

Your Signature

Date (DD/MM/YYYY)

**It all adds up**



**Done today**  
Smart easy actions



**Positive actions**  
Grow your wealth



**Brighter futures**  
Someday starts today

The information in this document is general in nature and doesn't take into account your personal needs and objectives. smartMonday is a registered trading name of smartMonday Solutions Limited ABN 48 002 288 646 AFSL 236667, the sponsor of the Smart Future Trust ABN 68 964 712 340 (the fund). The trustee of the fund is Equity Trustees Superannuation Limited ABN 50 055 641 757 AFSL 229757 RSEL 0001458. This document has been prepared by smartMonday on behalf of the trustee. smartMonday products are part of the fund. The Target Market Determinations for smartMonday products are available at [smartmonday.com.au/governance](https://smartmonday.com.au/governance). smartMonday and the trustee take no responsibility for you acting on the information provided. Any decision that you make is at your own risk.