

Personal statement and declaration of health

Complete this form to apply for, or increase, insurance cover in smartMonday DIRECT or PRIME ('the fund'). Refer to the relevant Product Disclosure Statement (PDS) for information on conditions and the cost of insurance. Insurance is subject to acceptance by the insurer and confirmation by the insurer in writing.

1. Your details

If you have any questions,
please call us on **1300 880 588** or
email enquiries@smartMonday.com.au

For more information go to our website
smartMonday.com.au

Select the appropriate option below and fill in the member number if known.

smartMonday DIRECT member

smartMonday PRIME member

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

Member number (if known)

Title

Given names

Surname

Date of birth (DD/MM/YYYY)

Sex (M or F) Phone

Email

Postal address

Suburb

State

Postcode

Send your completed form to: smartMonday, Reply Paid 1949, Wollongong DC, NSW 2500 (no stamp required).

smartMonday is a registered trading name of Aon Solutions Australia Limited ABN 48 002 288 646 AFSL 236667 (Aon), the sponsor of the Aon Master 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 Aon on behalf of the Trustee. smartMonday PRIME, smartMonday DIRECT and smartMonday PENSION products are part of the Fund.

1. Your details (continued)

Occupation		Industry	
Employment status		Total hours worked per week	
Full time	Permanent part time	Casual	Non
Daily duties (including % time spent on each duty, eg manual duties 100%)			

Your annual before-tax salary (if self employed, revenue less any business expenses but before tax)

\$

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 standard/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:

- If your employer is making additional contributions to fund the costs of your standard/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**.

If you need help, please call us on **1300 880 588**. We understand decisions about insurance are important and not always easy, so it helps to speak with someone.

Death cover Amount you are applying for: \$

Additional New Replacement

TPD cover Amount you are applying for: \$

Additional New Replacement

You can apply for TPD cover that is higher than death cover, however a premium loading of 20% applies to the amount of TPD cover above the death cover amount. Maximums apply. See the relevant *Insurance guide* for more information.

Select the 'Home Duties' definition of TPD

(smartMonday DIRECT members only)

If you are a smartMonday DIRECT 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 DIRECT PDS for more information, or call us to speak to a smartCoach.

Home Duties TPD definition – I want this definition to be added to my insurance cover.

3. Income protection insurance cover

Please 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.

Income protection cover

Amount of income insured

% up to 75% of annual income,

OR

Fixed amount of \$ _____ per month
(monthly benefit can be up to 75% of monthly income)

PLUS (optional)

Superannuation contributions

% up to 10% of annual income

(these are paid directly into your smartMonday super account)

Is this new cover or an increase to existing cover? Select one option only.

New

Increase

Please indicate 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

- see the *Insurance* reference guide of the PDS for more information
- if you do not tick the boxes above, no insurance will be provided

4. 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 (as approved by the Department of Immigration and Citizenship)

	Yes	No
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- 2.a. If 'No', are you applying for, or intending to apply for, Permanent Residency in Australia

	Yes	No
--	-----	----
- 2.b. If applicable, please advise what type of visa you hold (including expiry date) or are applying for
3. Do you drink alcohol?

	Yes	No
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- If YES, what type of alcohol?
- How much is your weekly intake?
4. Have you smoked any tobacco or any other substance in the last 12 months? If YES, please state forms and quantities below.

	Yes	No
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5. Do you intend to work, live or travel overseas? If YES, state the destination, duration, frequency and purpose of travel below.

	Yes	No
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4. Your personal history (continued)

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 the previous page, please give full details (attach signed and dated supplementary letter if required)

9. Do you have existing life, disability or trauma insurance cover <i>(including any current applications held with any insurer)</i> ?	Yes	No
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If YES, please provide the policy details below

Commencement date (DD/MM/YYYY)	Insurer	
Type of cover		Amount of cover (\$)
To be replaced?	Yes	No
Commencement date (DD/MM/YYYY)	Insurer	
Type of cover?		Amount of cover (\$)
To be replaced?	Yes	No
Commencement date (DD/MM/YYYY)	Insurer	
Type of cover		Amount of cover (\$)
To be replaced?	Yes	No

5. Your medical history

5a. 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, please provide details in the schedule below.

Relation 1

	Age at onset (approximately)	Age at death (if applicable)
Relationship to you		

Condition/illness (for cancer, specify type)

Relation 2

	Age at onset (approximately)	Age at death (if applicable)
Relationship to you		

Condition/illness (for cancer, specify type)

Relation 3

	Age at onset (approximately)	Age at death (if applicable)
Relationship to you		

Condition/illness (for cancer, specify type)

Relation 4

	Age at onset (approximately)	Age at death (if applicable)
Relationship to you		

Condition/illness (for cancer, specify type)

5. Your medical history (continued)

5b. 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
n. Have you ever suffered symptoms of or had any other illness, disease or disorder? Do not include: 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:	Yes	No
i. Had any medical examinations, consultations, X-rays, pathology tests or procedures?		
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

5. Your medical history (continued)

- | | | | |
|----|--|-----|----|
| s. | In the past 5 years have you: | Yes | No |
| ➤ | 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 | | |
| ➤ | 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', please provide estimated date your child is due:

5c. Answers in detail

If you answered YES to ANY question in *Your medical history*, please provide details in the space below. If there is insufficient space, please provide a signed and dated supplementary letter with details.

Reference 1

Question number	Tests, or nature of condition or complaint
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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)

5. Your medical history (continued)

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)

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)

Reference 4

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)

5. Your medical history (continued)

5d. Personal doctor's details (please provide current details)

Name

Address

Suburb

State

Postcode

Phone

Email

Date of last consultation (DD/MM/YYYY)

How long have you been a patient?

6. 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?

6. Your occupation (continued)

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

Yes No

Type of work % of time Please describe your specific duties and where they are performed

Sedentary

Light manual

Heavy
manual

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

(g) 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', please 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.

(h) 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

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

0% – 5% 5% – 10% 10% – 25% Over 25%

6. 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', please give details below, eg. locations, depths, heights, frequency etc.
- Yes No

If you have answered 'Yes' to Question 3a, 3b or 4, please 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, please 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?
(b) Please state what percentage of interest/shareholding you have in the business/practice? (%)
9. How many people do you employ?

7. Your income details

Complete this section if you completed
Section 3 Income Protection insurance

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

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

7. Your income details (continued)

Complete this section if you completed
Section 3 Income Protection insurance

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', please state the amount per month (**net of expenses**) \$

(Do not include negatively geared investments)

Please state the source

4. If you have a second occupation, please 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) \$

8. Declarations and agreement

Duty of disclosure

Before you become covered by the insurer, you need to disclose to the insurer anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You also need to do so before you extend, vary or reinstate your insurance cover.

You have a statutory duty of disclosure under the Insurance Contracts Act 1984 (Cth). If you fail to disclose these things to the insurer, this may be treated as a failure to comply with this statutory duty. The insurer may then have the rights described below. You do not need to tell the insurer anything that reduces the insurer's risk, is common knowledge, the insurer knows or should know as an insurer, or the insurer waives your duty to tell it about.

The insurer has a number of rights in the event of non-disclosure. In exercising these rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover. The rights are as follows:

- If you do not tell the insurer anything you are required to, and the insurer would not have provided the insurance if you had told them, the insurer may avoid the contract within 3 years of entering into it.
- If the insurer chooses not to avoid the contract, the insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the insurer everything you should have. However, if the contract provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.
- If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, the insurer may, at any time vary the contract in a way that places the insurer in the same position they would have been in if you had told the insurer everything you should have. However, this right does not apply if the contract provides cover on death.
- If the failure to tell the insurer is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

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

Aon

Aon is committed to protecting your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer the many financial services and products we and our group of companies are involved in as set out in the [Aon Privacy Notice](#). In order to do this, we may also share your information with other persons or entities who assist us in providing or promoting our services as set out in the Aon Privacy Notice.

Further information about our privacy practices can be located in the [Aon Australia Group Privacy Policy Statement](#) which can be viewed on our website at smartMonday.com.au or a copy can be sent to you on request by your Aon representative. You may also gain access to your personal information, or modify your privacy preferences, by contacting your Aon representative or our Privacy Officer through the means set out in the Aon Privacy Notice.

8. Declarations and agreement (*continued*)

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 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 applies to and supersedes all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access.

General declarations

- I have read the *Duty of Disclosure* notice and understand it. I confirm that 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 also understand that my duty to disclose continues after I have completed this application until the insurer has accepted the risk.
- 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 relevant smartMonday DIRECT or smartMonday PRIME PDS.
- I have read the *Aon Privacy Notice* and the *AIA Australia Limited Privacy Policy* and consent to my personal and sensitive information being handled in accordance with the *Aon Privacy Notice* and *AIA Australia Limited Privacy Statement*.
- 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)