

# Your duty to take reasonable care not to make a misrepresentation

## About your duty

When you apply for life insurance as a member of Australian Retirement Trust, the Insurer may conduct a process called underwriting. It's how the Insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions which the Insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the Insurer's decision.

## The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the Insurer. 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

If you do not meet your legal duty, this 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 the Insurer later investigates whether the information you provided was true. For example, the Insurer may do this when a claim is made.

## Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please 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 or not, you should include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), you should check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that Australian Retirement Trust or the Insurer will contact your doctor for any medical information.

## Changes before your cover starts

Before your application is accepted, the Insurer may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

## If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the Insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it.

## What can the Insurer do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, 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.

For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether you took reasonable care not to make a misrepresentation (this depends on all of the relevant circumstances);
- what the Insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before the Insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree.

# Super Savings – Business Personal Health Summary



**Important:** Before completing this form, please ensure you read and understand your duty to take reasonable care not to make a misrepresentation located at [art.com.au/duty](http://art.com.au/duty)

Please provide us with as much information as possible. Please tick boxes where appropriate. Use **BLOCK** letters and black or blue ink when completing this form and ensure it is signed and dated. Where there's a \*, it means you must give us that information. If you don't, it'll slow down your application.

**IF YOU ARE UNDER 18 YEARS OF AGE, PLEASE CONTACT US BEFORE COMPLETING THIS FORM.**

Some words in this form have specific meanings. We display these words differently, such as 'salary'. Please see the meaning of these words in the Definitions section of the Super Savings – Business Insurance Guide.

13 11 84 | [art.com.au](http://art.com.au)  
Reply Paid 2924 Brisbane Qld 4001

**Member number**

if already a member

## 1 Personal details

Title	First name*	Middle name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Last name*	Date of birth (DD/MM/YYYY)*		Gender*
<input type="text"/>	<input type="text"/>		<input type="button" value="M"/> <input type="button" value="F"/>
Street address / PO Box*			
<input type="text"/>			
Suburb / Town*	State*	Postcode*	Home phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime phone number*			
<input type="text"/>			
Personal email address		Mobile phone number	
<input type="text"/>		<input type="text"/>	

**Note:** Where we can, we'll electronically provide your documents, including statements and notices of changes to your account. We'll email or SMS you when information is ready to view in [Member Online](#). If you would prefer we post information to you, please change your preferences in [Member Online](#), our app, or contact us.

## 2 Details of your occupation

Your occupation		Degree/trade qualification	
<input type="text"/>		<input type="button" value="YES"/> <input type="button" value="NO"/>	
2A	Industry (e.g. mining, manufacturing, construction, agriculture, retail)		Name of your employer
	<input type="text"/>		<input type="text"/>
	Your annual 'salary'		
	<input type="text"/>		\$ <input type="text"/>
List the principal duties of your occupation and the percentage of time at work spent doing each (e.g. office work 20%, site inspection 80%)			
1	%	2	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	%		
<input type="text"/>	<input type="text"/>		
List the primary locations of your occupation and the percentage of time at each location (e.g. office 20%, home 30%, suburban driving 50%)			
1	%	2	%
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	%		
<input type="text"/>	<input type="text"/>		
2B	Employment status:	Permanent full time <input type="checkbox"/>	Permanent part time <input type="checkbox"/>
		Casual <input type="checkbox"/>	Contractor <input type="checkbox"/>
2C	Hours that you work a week (on average):	Under 15 hours <input type="checkbox"/>	15 hours to 60 hours <input type="checkbox"/>
		Greater than 60 hours <input type="checkbox"/>	
What is the duration of your contract?		<input type="text"/> months	
Casual / Contract start date		<input type="text"/>	

## 3 Details of insurance cover

I would like to apply for the following cover in excess of the Automatic Acceptance Limit (AAL):

Death and Total & Permanent Disability (TPD)	<input type="checkbox"/>	Death only	<input type="checkbox"/>	TPD only	<input type="checkbox"/>	Income Protection <sup>1</sup>	<input type="checkbox"/>
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1. If Income Protection is included in the Standard insurance arrangements of your employer plan, the maximum amount available will be outlined in your Super Savings – Business Plan Information Factsheet, available on your employer plan's microsite.

Please refer to the Super Savings – Business Insurance Guide and Super Savings – Business Plan Information Factsheet for insurance details, available on your employer plan's microsite.

[➔ Please continue over page](#)

a) Are you an Australian or New Zealand citizen or do you hold a visa that entitles you to reside permanently in Australia (as approved by the Department of Immigration and Citizenship)? (If 'No' please advise what type of visa you hold)

YES NO

b) How many standard drinks do you consume per week on average?

One standard drink = approximately: one nip (30 ml) spirits, or 100 ml wine, or 10 oz/285 ml full-strength beer

Standard drinks per week

c) In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products? (If yes, please provide details e.g. 30 cigarettes per day)

YES NO

d) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs?

(If yes, provide details including (i) substance used, (ii) dates, (iii) details of the advice, treatment or counselling received)

YES NO

e) What is your height and weight?

cm

kg

Due Date (DD/MM/YYYY)

f) If female, are you pregnant? If yes, please provide estimated due date

YES NO

g) Do you have definite plans to travel or reside overseas? (If yes, please provide details)

YES NO

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure

h) Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? (If yes, please provide details)

YES NO

Activity	Frequency	Professional or Amateur	Maximum height, speed and/or depth

i) Have any of your immediate family (father, mother, brother, sister), prior to the age of 60, (living or dead) ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, stroke, Huntington's chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members. (If yes, please provide details)

YES NO

Relationship	Condition	Approximate age of onset	Age of death (if applicable)

j) Have you ever injected yourself with any illicit drugs not prescribed by a medical practitioner? YES NO

k) In the last 5 years, have you been diagnosed with or experienced symptoms of sexually transmitted infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)? YES NO

**l) 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:**

- i) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart complaint or stroke ..... YES ☐ NO ☐
- ii) Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) or other respiratory disorder ..... YES ☐ NO ☐
- iii) Indigestion, gastric or duodenal ulcer or any bowel disorder ..... YES ☐ NO ☐
- iv) Diabetes, abnormal blood sugar, gout or thyroid disorder ..... YES ☐ NO ☐
- v) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder ..... YES ☐ NO ☐
- vi) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches, or any neurological disorder including multiple sclerosis ..... YES ☐ NO ☐
- vii) Arthritis, repetitive strain injury (RSI), chronic fatigue syndrome, fibromyalgia ..... YES ☐ NO ☐
- viii) Back or neck complaint, whiplash, sciatica or any other disorder of joints (excluding arthritis), bones or muscles ..... YES ☐ NO ☐
- ix) Psoriasis or eczema, skin disorder, defect in hearing or sight ..... YES ☐ NO ☐
- x) Cancer, cyst, mole or tumour of any kind ..... YES ☐ NO ☐
- xi) Liver, kidney or bladder disorder, renal colic or stone ..... YES ☐ NO ☐
- xii) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia ..... YES ☐ NO ☐
- xiii) 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 ☐

**For completion by females only**

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

- xiv) Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound? ..... YES ☐ NO ☐
- xv) An abnormal cervical smear (pap smear) test including the detection of human papilloma virus (HPV) or any abnormality of the ovaries? ..... YES ☐ NO ☐
- xvi) Abnormal vaginal bleeding within the last 12 months? ..... YES ☐ NO ☐

**m) Any other illness, disease or disorder? (Do not include: colds, flu, hay fever, dental related matters, uncomplicated pregnancies [including caesarean sections, miscarriage], abortions and menopause.)** ..... YES ☐ NO ☐

**n) Have you had any medical examinations, consultations, x-rays, pathology tests or procedures in the last 5 years relating to a matter not previously disclosed in this application?** ..... YES ☐ NO ☐

**o) If not previously disclosed in this application, have you occasionally or regularly taken any stimulants, sedatives, medications or prescribed drugs in the last 5 years? (Do not include non prescription medications or drugs such as Panadol.)** ..... YES ☐ NO ☐

**p) If not previously disclosed in this application, are you currently considering or have you been advised/referred to undergo further treatment, investigation or procedure?** ..... YES ☐ NO ☐

**For every "Yes" answer in questions l to p above, please provide full details in the table below.**

Question number	Illness, injury or tests	Date of injury/illness	Date of last symptoms	Time off work	Degree of recovery (%)	What treatment did you receive? (e.g. medication, operation)	Name and address of doctor, physiotherapist, chiropractor or hospital

➔ Please continue over page

## 5 Medical practitioner details

Name of doctor

Street address/ PO Box

Suburb/Town

State

Postcode

Phone number

Fax number

Email address

What was the date of your last consultation?  
(DD/MM/YYYY)

How long have you been  
attending this practice?

☐ I authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

## 6 External insurance Write the details of your existing policies or applications in progress

Do you have any existing insurance, or applications in progress (with any insurer) including life, disability or trauma insurance.

Policy number/s

Year of commencement

Policy owner

Insurer

Type of  
Insurance:

Death

☐

Trauma

☐

TPD

☐

Income  
Protection

☐

Business  
expenses

☐

Will you be retaining  
these policies?

YES

NO

## 7 Insurance history

Have you ever been declined, deferred or accepted on  
special terms for life, disability or trauma insurance?

YES

NO

If yes, please provide type of cover and reason for decision

Have you ever claimed benefits from any source  
(excluding unemployment), e.g. accident, sickness,  
workers compensation, social security, disability  
insurance or disability pension?

YES

NO

If yes, please provide benefit type and reason

## 8 Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

### Your privacy - Personal information collection notice

#### Australian Retirement Trust

We are collecting your personal information to set up and/or to administer your superannuation account. We may also disclose this information to third parties such as our insurer, medical and health professionals, if we need to, if you have given consent to the disclosure, or if we are required to by law. We're careful with your personal information. Our privacy policy explains how we handle it. You can find it at [art.com.au/privacy](http://art.com.au/privacy) or by contacting us.

#### AIA Australia

AIA Australia is bound by the *Privacy Act 1988* and other laws which protect your privacy. AIA Australia Group Privacy Policy provides detail about our collection, use (including handling and storage) and disclosure of Personal Information; how you can access the Personal information we hold about you and correct your Personal Information if it is inaccurate, incomplete or out of date; how to make a privacy related complaint and how we will deal with that complaint, and your opt-out rights. The most up to date copy of the Privacy Policy can be found at our website, [aia.com.au](http://aia.com.au), or be requested by calling 1800 333 613.

### I declare that:

- I acknowledge and have read my duty to take reasonable care not to make a misrepresentation and understand its contents and what is meant by my duty to take reasonable care not to make a misrepresentation.
- I have received, read and understood the Super Savings – Business Insurance Guide and Super Savings – Business Plan Information Factsheet.
- I understand the Super Savings – Business Insurance Guide and Super Savings – Business Plan Information Factsheet sets out the conditions for Standard cover, including eligibility and that any Standard cover above the Automatic Acceptance Limit (AAL) will not commence until my application for additional Standard cover has been accepted by the Insurer. I acknowledge insurance cover is provided by an external insurance company.
- By signing this Personal Health Summary, I acknowledge the collection and disclosure of information about me for the purposes shown above.
- I confirm the information I have given is true and correct.

Member to sign here\*



Full name (print in BLOCK letters)\*

Date (DD/MM/YYYY)\*

Please note, we accept digital signatures using Adobe Sign or DocuSign only. If Adobe Sign or DocuSign is not available, we require the form to be signed manually.

Please note that when submitting digitally signed requests, we also require the Audit Trail PDF to accompany the signed form.

Please return the form to  
Australian Retirement Trust  
Reply Paid 2924 Brisbane Qld 4001  
OR via [art.com.au/contact-us](http://art.com.au/contact-us)