

# CATHOLIC SUPER

## Application to Increase Income Protection Cover Due to Salary Increase – Part 1



**Address:** GPO Box 180 Melbourne VIC 3001

**Phone:** 1300 655 002 **Fax:** (03) 9934 3465 **Email:** info@csf.com.au **Internet:** www.csf.com.au

Please use BLOCK letters and black ink when completing this form.

If you have Income Protection cover with Catholic Super you may be eligible to increase your cover to ensure it keeps up with any salary increase. You must complete Part 1 of this form and include **one** of the following:

- A copy of a letter from your employer informing you of the salary increase or a notice from your employer announcing an across the board pay increase, or
- Part 2 of this form.

### Conditions apply

To be eligible to receive the increase in cover without evidence of health, **all** of the following are required to be met:

- The new level of cover cannot exceed 17 units of cover in total or 85% of your 'Earned Income'\*.
- Your employer is required to confirm the salary increase either through completion of part 2 of this form or by provision of a letter of confirmation.
- No automatic increase has been granted in the year prior to this application.
- Your benefit increase cannot exceed 25% of your existing benefit.
- You are 'At Work'\* on the date the increased cover commences.
- This application including all required documentation must be received by Catholic Super within one month of the effective date or notification of a salary increase, whichever is the later.

\* Definitions of Earned Income and At Work can be found in the Catholic Super Product Disclosure Statement.

### Section 1: Personal details

Mr/Mrs/Ms/Miss/Dr/Rev Surname

Given Names

Date of Birth (dd/mm/yyyy)

Sex

Catholic Super Member Number

Telephone (Business Hours)

Mobile

Email

### Section 2: New Income Protection Cover details

The following information shows the number of units required for each salary range to provide a benefit of 85% of earned income of which up to 75% will be payable as an income benefit and up to 10% as a superannuation contribution. Please tick the one that applies to you.

Tick	Annual Salary	Units of cover	Tick	Annual Salary	Units of cover
<input type="checkbox"/>	Up to \$8,259	1 unit	<input type="checkbox"/>	\$74,330 - \$82,588	10 units
<input type="checkbox"/>	\$8,260 - \$16,518	2 units	<input type="checkbox"/>	\$82,589 - \$90,847	11 units
<input type="checkbox"/>	\$16,519 - \$24,776	3 units	<input type="checkbox"/>	\$90,848 - \$99,105	12 units
<input type="checkbox"/>	\$24,777 - \$33,035	4 units	<input type="checkbox"/>	\$99,106 - \$107,364	13 units
<input type="checkbox"/>	\$33,036 - \$41,294	5 units	<input type="checkbox"/>	\$107,365 - \$115,623	14 units
<input type="checkbox"/>	\$41,295 - \$49,552	6 units	<input type="checkbox"/>	\$115,624 - \$123,882	15 units
<input type="checkbox"/>	\$49,553 - \$57,811	7 units	<input type="checkbox"/>	\$123,883 - \$132,141	16 units
<input type="checkbox"/>	\$57,812 - \$66,070	8 units	<input type="checkbox"/>	\$132,142 - \$140,400	17 units
<input type="checkbox"/>	\$66,071 - \$74,329	9 units			

If your annual salary is greater than \$140,400 and you require more than 17 units of Income Protection cover, please complete the form entitled Application for Insurance Cover which can be downloaded from our website. Your application for cover in excess of 17 units will be subject to assessment by our insurer.

### Section 3: Important notices

#### Duty of disclosure

Before you enter into a contract of life insurance, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows, or in the ordinary course of business should know; or
- disclosure of which is waived by the insurer.

#### Non Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but reduce the sum you have been insured for, in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

### Section 4: Member declaration

I acknowledge that I have read the notice of my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.

I have read and checked any answers including those not completed in my own handwriting and to the best of my knowledge and belief, all the answers to the questions in this application and any supplementary information provided are true and correct and no information material to the assessment of this application has been withheld.

Furthermore

- I acknowledge that if I do not complete this application correctly, or I do not sign and date this form, my previous election will remain in force.
- I acknowledge that insurance cover will be provided only on the terms and conditions set out in the contract of insurance with Catholic Super's insurer and as agreed between Catholic Super and its insurer from time to time.

Signature

Date (dd/mm/yyyy)

Authorised by CSF Pty Limited ABN 30 006 169 286, Trustee of Catholic Super ABN 50 237 896 957. Information is about the fund and is not intended as financial advice. It does not take into account specific needs, so members should consider their personal position, objectives and requirements before taking any action.

# CATHOLIC SUPER

## Application to Increase Income Protection Cover Due to Salary Increase – Part 2 To be completed by the Employer



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**Phone:** 1300 655 002 **Fax:** (03) 9934 3465 **Email:** info@csf.com.au **Internet:** www.csf.com.au

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Members of Catholic Super who already have Income Protection cover may be eligible to increase their level of cover to ensure it keeps up with any salary increase, provided they do so within one month of the effective date or notification date of a salary increase, whichever is the later. If this form is not received by Catholic Super within the required time, the member's application for increased cover will not be accepted. Please help by completing this form and returning it to the member promptly.

### Section 1: Member details

Mr/Mrs/Ms/Miss/Dr/Rev Surname

Given Names

Date of Birth (dd/mm/yyyy)

### Section 2: Employer details

Employer Name

Trading Name

Employer ABN

#### Address for correspondence

Street Number / PO Box

Street Name

Suburb / Town

State

Postcode

Telephone (Business Hours)

Mobile

Name of person completing this form

Position of person completing this form

### Member's Salary Details

Member's new annual salary

Effective date of new salary (dd/mm/yyyy)

Notification date of new salary (dd/mm/yyyy)

### Section 4: Employer declaration

I declare that all of the information I have provided on this form is true and correct.

Signature

Date (dd/mm/yyyy)

