

Application for Voluntary Cover

Use this form to:

- apply for Voluntary Cover for death, or death and total and permanent disablement (TPD) up to \$750,000
- increase your existing Voluntary Cover*
- apply for Voluntary Cover above \$750,000*

* For these two options, you'll also need to complete the Personal Statement, available on our website.

MLC Limited is the appointed insurer for Qantas Super.

Section 1 Member details

Policy number (office use only)

G3201

Member number

Policy name

Qantas Superannuation Plan

Title

First name

Middle name

Family name

Date of birth (DD/MM/YYYY)

Email

Address

Suburb

State

Postcode

Home telephone

Business telephone

Mobile



Section 2 Insurance details

Type of cover (Please tick one)

Death only Death and TPD

Amount of cover requested in this application* \$

* If you are applying for more than \$750,000 of Voluntary Cover or you already have existing Voluntary Cover, you will also need to complete and return the 'Personal Statement'.

Occupational Group Rating** Please tick (✓)

Group 1 Group 2 Group 3

* Refer to the Voluntary Cover Insurance Guide for assistance with determining your correct Occupational Group Rating.

Section 3 Pre-existing Conditions

Voluntary Cover will not be payable for death, terminal illness or TPD arising directly or indirectly from any cause relating to a Pre-existing Condition within 24 months (for death) or 36 months (for TPD) of the commencement, increase or reinstatement of cover.

Section 4 Declaration

Please review this declaration and sign you agree to it.

I understand and agree:

- I have read the current Qantas Super Voluntary Cover Insurance Guide which explains the terms and conditions that will apply to me once my application has been accepted;
- I have reviewed the Occupational Group Rating (contained in the Voluntary Cover Insurance Guide) and declare that the Occupational Group Rating I have advised above is true and correct. I also understand in the event my Occupational Group improves in the future, I can complete the Change of Occupational Group Rating form and return this to Qantas Super to ensure the correct premium is payable.
- I have read and understood the duty of disclosure and I understand the duty continues until the Insurer accepts my application and agrees to provide the requested insurance;
- The information provided in this application is true and complete;
- My increased insurance will not start until I receive written confirmation the Insurer has accepted my application;
- I understand insurance premiums for my Voluntary Cover will be deducted from my super account balance on a monthly basis, commencing from the date I am accepted for cover by the Insurer; and
- I acknowledge that I have access to the Insurer's privacy policy which is available on mlc.com.au and which sets out how my personal information may be collected, used, disclosed and handled and how I may also access that information.

Member's signature

Date (DD/MM/YYYY)

Section 5 Send us your form

Please mail your completed, signed and dated form to:

Qantas Superannuation Plan
GPO Box 4303 Melbourne Vic 3001

For more information or assistance with completing this form, please contact the Qantas Super Helpline on **1300 362 967** (from overseas **+61 3 8687 1866**).



Qantas Superannuation Limited (ABN 47 003 806 960 AFSL 288330)
(QSL, we, us, our or Trustee) as Trustee for the Qantas Superannuation
Plan (ABN 41 272 198 829) (Qantas Super) www.qantassuper.com.au



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