



Extension of cover form

Use this form if you intend on taking leave greater than 24 months to continue your lifePLUS insurance cover under the current terms and conditions.

Please note:

- This form will need to be returned and assessed by our insurer, AIA Australia Limited (the insurer), within the first 24 months of your leave without pay or reduced pay.
- Your insurance will cease due to inactivity if we do not receive an amount in relation to your account for a continuous period of 16 months and you have not written to us to let us know you would like to retain your insurance despite your account being inactive. Please note that you will need to notify us separately from this form if you would like to retain your insurance despite your account being inactive.
- If you do not return to work on your agreed/documentated return to work date, or if your application to extend cover is not accepted, and you later make a claim for insurance benefits, you will be required to meet a stricter disability test to access the TPD benefits and/or your Pre-Disability Income will be assessed differently. Full details of the definitions that may apply are available in the **PSSap Product Disclosure Statement (PDS)** and the **Insurance and your PSSap Super booklet**.
- If your circumstances change after you have lodged this form, you will need to complete a new form.
- For information about extending your insurance cover while on leave without pay or reduced pay, please read the **PSSap PDS** or the **Insurance and your PSSap super booklet**.
- For further information call us on **1300 725 171**.

The duty to take reasonable care

Before you enter into a life insurance contract, 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 us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we 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 we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.



Public Sector
Superannuation
accumulation plan

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

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

Changes before your cover starts

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

If you need help

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

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

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you (this includes the management of your insurance cover), improving our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, our insurer AIA Australia, our service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details.

Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au/Members/Privacy-policy.

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 in the manner described in the AIA Australia Group Privacy Policy on AIA Australia's website (www.aia.com.au/en/privacy-statement/privacy-statement) as updated from time to time (AIA Australia Group Privacy Policy).

A

Your personal details

PSSap member no.

--	--	--	--	--	--	--	--	--	--

Title

☐

Mr

☐

Mrs

☐

Ms

☐

Miss

☐

Other

☐

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Given name(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SUBURB

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

STATE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

POSTCODE

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



[illegible]

BUSINESS HOURS <div style="display: flex; border: 1px solid black; height: 30px; margin-top: 5px;"></div>	AFTER HOURS <div style="display: flex; border: 1px solid black; height: 30px; margin-top: 5px;"></div>
---------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------

MOBILE NUMBER <div style="display: flex; border: 1px solid black; height: 30px; margin-top: 5px;"></div>	<div style="display: flex; border: 1px solid black; height: 30px; margin-top: 5px;"></div>	<div style="display: flex; border: 1px solid black; height: 30px; margin-top: 5px;"></div>
--------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

[illegible]

Your leave details

D	D		M	M		Y	Y	Y	Y
		/			/				

D	D	M	M	Y	Y	Y	Y

D	D		M	M		Y	Y	Y	Y
		/			/				

[illegible]

For example, travelling overseas, studying, caring for a family member, accompanying a spouse on overseas posting.

[illegible][illegible][illegible]



Declaration

I declare:

- the information I have provided on this form is complete and correct.
- I have read and understood the **PSSap PDS** and the **Insurance and your PSSap Super booklet**.
- I understand that this application is subject to acceptance by AIA Australia.
- I understand that if I do not return to work on my agreed/documentated return to work date, or if my application to extend cover is not accepted, I will be required to meet a stricter disability test to access TPD benefits and/or my Pre-Disability Income will be assessed differently.
- I elect to extend my insurance cover under the current terms and conditions for the duration indicated on this form.
- I understand that if I lodge a claim while residing overseas, AIA Australia may require me to return to Australia for the duration of my claim.



Sign

SIGNATURE	

Date signed

D	D	/	M	M	/	Y	Y	Y	Y



Lodgement

Please post this form to:

PSSap Locked Bag 20117 Melbourne VIC 3001

or

Email to: formsandapplications@pssap.com.au



How do I get more information?

Read the **PSSap Product Disclosure Statement (PDS)** available at csc.gov.au/pds

Read the **Insurance and your PSSap super booklet** available at csc.gov.au/pds

EMAIL members@pssap.com.au

PHONE 1300 725 171

FAX 1300 364 144

MAIL PSSap
Locked Bag 20117
Melbourne VIC 3001

WEB csc.gov.au



Email
members@pssap.com.au



Phone
1300 725 171



Post
PSSap
Locked Bag 20117
Melbourne VIC 3001



Fax
1300 364 144



Web
csc.gov.au



Overseas Callers
+61 2 4277 1086