



ADIC Application to continue while on leave without pay

Important information about this form

Use this form to apply for continuation of your Additional Death and Invalidation Cover (ADIC) if you are going on approved leave without pay (LWOP).

This form is required by our insurer, AIA Australia Limited (the insurer), to assess if they will continue to provide cover during your period of leave without pay.

If approved, you will be required to pay both the member and employer share of the premiums for your period of leave. Premiums will count towards your non-concessional contributions cap.

There are some situations where we can't pay a benefit because certain events are excluded from cover, such as active service in the armed forces of any country or international organisation. Members who are deployed on peacekeeping operations should be aware that (subject to actual duties and the nature of the posting), exclusions may apply and there is a risk that you may not qualify for the ADIC component of your benefit in certain circumstances.

For information about extending your insurance cover while on leave without pay, please read the **Death and Invalidation booklet**, available at csc.gov.au/pds. If your circumstances change after you have lodged this form, you will need to complete a new form and submit for approval.

If you need help or further information call us on **1300 000 377**.

Your privacy is important to us

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 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.

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.



Public Sector
Superannuation
Scheme

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.

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.



Personal details

Reference number (AGS)

Title

 Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth

 / /

Address

Phone

Email

(Please provide a personal email address, where you can be contacted while on LWOP.)

 @

B LWOP details

Leave from

D	D	/	M	M	/	Y	Y	Y	Y	to	D	D	/	M	M	/	Y	Y	Y	Y	

Note: if your LWOP will exceed the expected end date (above), you will need to apply (and be approved) for an extension (by completing and resubmitting this form to us) with your new date. If you do not reapply, your cover will cease 30 days after the expected end date.

Reason for LWOP if greater than 24 months.

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

What will be your residential address while on LWOP?

SUBURB												STATE			POSTCODE							

What will be your postal address while on LWOP? If same as residential address, write 'AS ABOVE'.

SUBURB												STATE			POSTCODE							

C Declaration

I declare:

- the information I have provided on this form is complete and correct.
- I understand that this application is subject to acceptance by AIA Australia.
- I understand I am responsible for and must pay both the member and employer share of the premium while on LWOP, and that these premiums will count towards my non-concessional contributions cap.
- I have read and understood the **Death and Invalidity booklet** available at [csc.gov.au/pds](https://www.csc.gov.au/pds)
- 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

D Lodgement

Please return this completed form to:

Post: **PSS ADIC**
GPO Box 2252
Canberra
ACT 2601
AUSTRALIA

Email: formsandapplications@csc.gov.au



Email
members@pss.gov.au



Phone
1300 000 377



Financial Advice
1300 277 777



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PSS
GPO Box 2252
Canberra ACT 2601



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