



# Occupational Rating Form

## Instructions on completing this form

- Please complete in pen using BLOCK letters. Print 'X' to mark boxes where applicable. Form must be completed in full.
- If you wish to apply to have your occupational classification for insurance cover, (that is Death Only, Death and Total and Permanent Disablement (TPD) and/or Income Protection) changed, you must read and fully complete all parts of this form.

### A — Personal details

All members must complete this section.

Your Tasplan member number

Title  Mr  Mrs  Ms  Miss  Other

Given name

Family name

Date of birth

 /  /  Male  Female 

Postal address

State Postcode

Email address

Telephone number (business hours)

 ( ) 

Telephone number (after hours)

 ( ) 

Mobile number

### 4 All members must complete this section

#### Occupational classification questions

- a) Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' nature tasks which do not involve manual work and do you spend a minimum of 80% of your working hours in an office environment?  
No  Yes
- b) Are you earning in excess of \$80,000 from your profession?  
No  Yes
- c) Do you hold a tertiary qualification or are you a member of a professional institute or registered by a government body?  
No  Yes
- d) Are you in a management role?  
No  Yes

### B — Eligibility for a Change in Occupational Rating

- |   |   |  |
|---|---|--|
| 1 | Have you been off work due to illness or injury for a total of 4 or more weeks in the last 12 months (at the date of this application)?   | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 2 | Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months?   | No <input type="checkbox"/> Yes <input type="checkbox"/> |
| 3 | Are you, at the date of this application, due to injury, accident or illness: <ul style="list-style-type: none"> <li>• off work; or</li> <li>• restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment can be full-time, part-time or casual basis?</li> </ul> | No <input type="checkbox"/> Yes <input type="checkbox"/> |

**Note:** If you answered 'Yes' to any of the questions (1) through to (3) you will not be eligible to change your occupational rating. Your cover will be provided under the general occupational rating for Death Only, Death and TPD cover and/or income protection. You are not required to complete or submit the remaining sections of this form.

### C — Duty of Disclosure

#### Your Duty Of Disclosure

Before you enter into or become insured under a contract of life insurance with an insurer, 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 the insurance and, if so, on what terms.

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

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with your duty is waived by the insurer.

#### Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have covered you on any terms if the failure had not occurred, the insurer may avoid the cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may avoid your cover at any time.

**Continued on next page**

**C — Duty of Disclosure continued**

**Continued from previous page**

An insurer who is entitled to avoid your cover may, within three years of issuing it, elect not to avoid it but to reduce the sum that 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.

**This section must be completed in all circumstances.**

I have read the Duty of Disclosure above and I am aware of the consequences of non-disclosure.

I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted by The Colonial Mutual Life Assurance Society Limited ABN 12 004 021 809 (CMLA) in writing.

**D — Declaration**

I authorise:

- the insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers);
- the insurer and any person appointed by the insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me;
- any hospital, doctor or other person who has treated or examined me to give to CMLA any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

I declare that:

- the answers to all the questions and the declarations on this Personal Statement are true and correct (including those not in my own handwriting);
- I have not withheld any information which may affect CMLA's decision to provide insurance.

I acknowledge that the answers I have provided, together with any special conditions, will form the basis of the contract of insurance.

I have read and understood the Privacy section of the PDS. I acknowledge and consent to the use and disclosures of my personal information as detailed in that section.

A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if requested.

Full name

Signature

Date

Please return the completed form, with attachments, to Tasplan, GPO Box 1547 Hobart, TAS, 7001 No postage stamps required.

If you have any questions or require assistance please call Tasplan 1800 005 166.

**Office use only**

Previous Occupational Rating

New Occupational Rating for Death Only and/or Death and TPD cover

New Occupational Rating for Income Protection cover

Notification/effective date of change in Occupational Rating

Application Approved

Application Declined

Date