



# MEMBERCARE LOAN INSURE APPLICATION FORM

**Important information:** The benefits, conditions and limitations that apply to Loan Insure are contained in the Loan Insure Product Disclosure Statement (PDS). Your financial institution will provide you with this document. It is important that you receive and read a copy of the PDS and that you understand the extent and limitations of this policy, before you sign this application. If you do not understand any of the information in the PDS or have any questions, please let us know before you buy this insurance.

## Privacy

A privacy policy describes how we, QBE Insurance (Australia) Ltd (QBE) and Integrity Life Australia Ltd (Integrity Life) may collect, disclose, store and use personal information as well as how you may access it, correct it, or make a complaint. When we refer to personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services.

For further information:

QBE's (general insurance provider) Privacy Policy can be viewed at [www.qbe.com.au/privacy](http://www.qbe.com.au/privacy) or you can obtain a copy by calling 133 723 or requesting it from QBE authorised representatives or service providers.

Integrity Life's (life insurance provider) Privacy Policy can be viewed at [www.integritylife.com.au/privacy](http://www.integritylife.com.au/privacy) or you can obtain a copy by calling us on 1300 LIFE NOW (1300 543 366).

To contact the Privacy Officer at: QBE (general insurance provider), call 1300 650 503 or email [privacy@qbe.com](mailto:privacy@qbe.com)

Integrity Life (life insurance provider), call 1300 543 366, email [privacy@integritylife.com.au](mailto:privacy@integritylife.com.au) or write to:

The Privacy Officer  
Integrity Life Australia Limited  
PO BOX R1741  
Royal Exchange NSW 1225

QBE may share your information with other QBE Group companies, authorised representatives and services providers, each of which may be based outside of Australia. QBE and Integrity may also share your personal information with each other from time to time.

By providing QBE Insurance (Australia) Ltd and Integrity Life Australia Ltd your personal information, you consent to us collecting, disclosing, storing and using it in accordance with our respective Privacy Policies.

If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all the personal information we've requested we may be unable to issue, administer or manage products or provide services.

## Duty of disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

## Applicant details

### First applicant

Title (Mr, Mrs etc):                      Surname    Given name:

### Second applicant - only complete if joint cover required

Title (Mr, Mrs etc):                      Surname:    Given name:

## Personal statement - for joint cover, both applicants answer

1. I'm under 60 years of age

**1st Applicant** Yes No **2nd Applicant** Yes No

If you answered 'No' to question 1 you are ineligible for this cover. Please also note that cover will cease at age 65 even if loan payments continue.

2. I am working for remuneration in an occupation for at least 15 hours per week and I am regularly performing all the duties of that occupation.

**1st Applicant** Yes No **2nd Applicant** Yes No

If you answered 'No' to question 2 you are ineligible for disability, trauma and unemployment cover.

3. My repayment amount is less than \$1,500 per month.

**1st Applicant** Yes No **2nd Applicant** Yes No

If you answered 'No' to question 3, please note that the maximum repayment amount that can be insured is \$1,500 per month.

## Cover details

### Main Benefit

**1st Applicant** **2nd Applicant**

Life

Disability

**Optional Benefits** - only available with *Disability Cover*

**1st Applicant** **2nd Applicant**

Involuntary Unemployment Cover

Trauma (limited to \$50,000)

These declarations must be signed by the applicants without alteration, otherwise the insurers may not accept the Application.

I hereby apply for Loan Insure Cover and I authorise the Financial Institution to charge my loan account with the Premium.

I declare that:

- I understand that this policy excludes claims arising out of any injury or illness (whether diagnosed by a medical practitioner or not) of which I was aware, or a reasonable person in my circumstances could be expected to have been aware, existed at the time I applied for this insurance;
- I have received a copy of the Loan Insure PDS and agree to the policy terms and conditions;
- I have read and understand the Duty of Disclosure and the consequences of non-disclosure set out in the Loan Insure PDS;
- I have read and understand the Privacy Information statement set out in the Loan Insure PDS and consent for the insurers to collect, disclose, store and use personal information on me, including health information, in the way described in the statement;
- I understand that this insurance is optional;
- The information given in this Application is true and I will advise the insurers of any changes to that information prior to the policy being issued and;
- The information in this Application will be the basis of issuing a policy.

Please ensure all questions are answered prior to signing.

Signature of 1st applicant X

Signature of 2nd applicant X

(Joint cover only)

Date: (dd/mm/yyyy)

### Office Use Only

Member No:

Loan No:

Bch No:

Opt No: