



# AIA Australia Group Insurance Proposal Form

Master Policy (MP) No.  
*(Head Office use only)*

MP7000

ROSS Employer No.  
*(Head Office use only)*

### Duty of Disclosure

Before you enter into a contract of 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, which is relevant to the insurer's decision to accept the risk of the insurance and, if so, on what terms.

You and your employee Members have the same duty to disclose those matters to AIA Australia Limited (the Insurer) before requesting that The Trust Company (Superannuation) Limited (The Trustee) extend, vary or reinstate the Policy issued by the Insurer to the Trustee in respect of ROSS.

Where applicable, this duty of disclosure also extends to disclosing all relevant matters to the Trustee under the terms of ROSS. This ensures that the Trustee as the policy-holder under the Policy, is able to meet its disclosure obligations to the Insurer.

### Non-Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of insurance may, within three years of entering into 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 contribution that would have been payable if you had disclosed all relevant matters to the insurer.

## Plan Details

Name of Plan

Name of Policy Owner  
*(if different)*

ABN of Policy Owner

Name of Participating Employer  
*(if single employer plan)*

ABN of Participating Employer

Business address of Participating Employer

No.	Street		
Suburb		State	Postcode

Postal address of Participating Employer  
*(if different to business address)*

No.	Street		
Suburb		State	Postcode

Telephone of Participating Employer

Fax

Email of Participating Employer

Contact details for administration purposes

Business address of Administrator

No.	Street		
Suburb		State	Postcode

Postal address of Administrator  
*(if different to business address)*

No.	Street		
Suburb		State	Postcode

Telephone

Fax

Email

## Insurance Details

Frequency of Payment  Quarterly in arrears  Monthly in arrears  Annually in advance

Policy Commencement Date

Annual Review Date  each year

Complete if Automatic Acceptance Limits are to apply

Number of company employees  Number of employees to be insured

New plan  Existing cover in place Outgoing Insurer

## Benefit Design

### Category 1

Eligibility

Benefit Design

**Type of Cover**  Death only  Death & TPD  
Cover Expiry Age  Death  TPD  
 Compulsory  Voluntary  Opt Out

Please provide the income definition if income is used to calculate the benefit design (i.e. 5 times salary).

Income definition

### Category 2

Eligibility

Benefit Design

**Type of Cover**  Death only  Death & TPD  
Cover Expiry Age  Death  TPD  
 Compulsory  Voluntary  Opt Out

Please provide the income definition if income is used to calculate the benefit design (i.e. 5 times salary).

Income definition

## Benefit Design (continued)

### Category 3

Eligibility

Benefit Design

Type of Cover

Death only

Death & TPD

Cover Expiry Age

Death

TPD

Compulsory

Voluntary

Opt Out

Please provide the income definition if income is used to calculate the benefit design (i.e. 5 times salary).

Income definition

### Category 4

Eligibility

Benefit Design

Type of Cover

Death only

Death & TPD

Cover Expiry Age

Death

TPD

Compulsory

Voluntary

Opt Out

Please provide the income definition if income is used to calculate the benefit design (i.e. 5 times salary).

Income definition

## Declaration

We agree to be bound by the provisions of the governing rules of the Plan as amended from time to time;

- We agree to provide the Trustee with any information it requests relating to our participation in ROSS and agree to notify the Trustee of any changes to such information;
- We have received a copy and read the Employer Product Disclosure Statement (PDS) dated 1 December 2014 to which this Proposal Form is attached and this Proposal Form is subject to the terms and conditions set out in the Product Disclosure Statement;
- We apply to the Trustee to become a Participating Employer in the ROSS, and apply for participation in the Fund on behalf of the employees listed;
- We declare that the information contained in the Proposal Form as well as any supporting documents provided, are to the best of our knowledge, true and correct;
- We agree to provide the Trustee with a list of employees eligible to join ROSS including employees' details and tax file numbers;
- We have read the Duty of Disclosure on page 1 of this document and understand its contents and what is meant by my duty of disclosure. We also understand the Duty of Disclosure continues after we have completed this proposal;
- We agree cover will not commence until we have received written notification from the Administrator that cover has commenced and premiums have been paid to the Administrator.
- We agree to distribute PDS documents to our eligible employees prior to, or within 90 days of joining the Plan.
- We acknowledge that in situations where this has not occurred, that cover may not commence until such time confirmation is received by the Trustee that the PDS documents have been provided. We agree to provide to the Trustee a declaration of compliance with the PDS provision requirements on a quarterly basis and that such confirmation will be either in writing or by email as agreed between the parties.

Name of Plan

Name of Authorised Signatory

Position held by Authorised Signatory

Signature of Authorised Signatory

Date

DD / MM / YY

## Payment of Premium

**A deposit premium is not required for ROSS plans.** Instead an invoice for payment will be forwarded upon completion of the installation review. Please ensure you use your Employer MP number as this is referenced on the bank statement and how we identify the payment.

## Additional Information

## Internal Use Only

Rate Guarantee Expiry Date

DD / MM / YY

Minimum Annual Premium

\$

TPD Tapering

Yes  No

AAL

\$

Auto Uplift to AAL

Yes  No

Non Standard Terms & Conditions

Distribution Name

Distribution Signature

X

Date

DD / MM / YY