

Type of cover Amount of benefit/cover Units of cover

Death Only \$ or

Death and Total and Permanent Disablement (TPD) \$ or

For applications for Death only and Death and TPD cover up to and including \$385,000 (7 units), inclusive of your basic cover of \$55,000 (1 unit), members are required to complete the Connect Insurance Application Form.

For applications for Death only and Death and TPD cover **over** \$385,000 (7 units), inclusive of your basic cover of \$55,000 (1 unit), members are required to complete the Connect Personal Insurance Statement.

The table below shows the level of cover at various ages for differing numbers of units. This may help you determine the number of units you require.

Additional Cover - General Scale

Units of cover	1	2	3	4	5	10	20	30	40
Up to age 55									
Death	\$55,000	\$110,000	\$165,000	\$220,000	\$275,000	\$550,000	\$1,100,000	\$1,650,000	\$2,200,000
TPD	\$55,000	\$110,000	\$165,000	\$220,000	\$275,000	\$550,000	\$1,100,000	\$1,650,000	\$2,200,000
From age 55, up to age 65									
Death	Same as above (i.e. \$55,000 for 1 unit of cover, scaling up to the maximum of \$2.2 million for 40 units of cover)								
TPD	Reduces by \$5,000 per year for each 1 unit of cover, until it is \$5,000 at age 64. For example, a member aged 62 with 1 unit of cover would have \$15,000 TPD cover.								
From age 65, up to age 70									
Death	\$10,000 per unit of cover from age 65 up to 70								
TPD	\$5,000 per unit of cover from age 65 up to 69								

2. Insurance details

1. Have you previously applied to ING Life Limited or are other applications being submitted? Yes No

If yes provide Application No or Policy No

2. Have you any Life, Disability and/or Trauma cover with us or any other company or as a part of your employment, or have you recently proposed with any other company for such cover? Yes No

3. Have you ever had an application on your life declined, postponed, accepted with a higher than normal premium or otherwise than as submitted? Yes No

If yes, provide Name of company, alteration, date and reason, if known

4. Have you ever made a claim for or received sickness, accident, disability, Veterans Affairs benefits, Workers' Compensation, unemployment benefits or any other similar compensation? Yes No

If yes, please provide details, i.e. when, amount, period paid, type and disability suffered, etc.

8. Health history continued

Question No.	Date commenced	Time off work	Degree of recovery (%)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Illness, injury or tests			
Full details of treatment			Date of last symptom
<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full name and address of doctor or hospitals consulted			
<input type="text"/>			
Street Number / PO Box		Street Name	
<input type="text"/>		<input type="text"/>	
City		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Other information			
<input type="text"/>			

Question No.	Date commenced	Time off work	Degree of recovery (%)
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
Illness, injury or tests			
Full details of treatment			Date of last symptom
<input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Full name and address of doctor or hospitals consulted			
<input type="text"/>			
Street Number / PO Box		Street Name	
<input type="text"/>		<input type="text"/>	
City		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Other information			
<input type="text"/>			

9. Doctor's authorisation

→ To be completed and signed by the applicant.

Please sign authorisation

To Doctor (Please advise your doctor's name)

I hereby authorise you to release details of my personal medical history to ING Life Limited ABN 33 009 657 176 or any organisation duly appointed by ING.

A photocopy (or similar) of this authorisation shall be as valid as the original.

Mr/Mrs/Ms/Miss

Surname

Given Names

Date of birth

Signature of applicant

Dated this day

9. Doctor's authorisation continued

Street Number / PO Box	Street Name	
<input type="text"/>	<input type="text"/>	
City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please sign authorisation

To Doctor (Please advise your doctor's name)

I hereby authorise you to release details of my personal medical history to ING Life Limited ABN 33 009 657 176 or any organisation duly appointed by ING.

A photocopy (or similar) of this authorisation shall be as valid as the original.

Mr/Mrs/Ms/Miss	Surname
<input type="text"/>	<input type="text"/>

Given Names	Date of birth
<input type="text"/>	<input type="text"/>

Signature of applicant

Dated this day

Street Number / PO Box	Street Name
<input type="text"/>	<input type="text"/>

City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Return this form to the following address:

Connect, GPO BOX 2163T, Melbourne VIC 3001

10. Declaration by the life Insured or Applicant

I acknowledge that:

- I have read and understood the current PDS.
- I have read and carefully considered the questions in this application and all the questions provided that are true and correct.
- I have told the Insurer everything I know that could affect its decision to accept my application.
- I have read the Duty of Disclosure and understand my obligations under the Insurance Contracts Act 1984 as explained above.
- I am not restricted by injury or illness from carrying out all my normal work duties and I am working my normal hours.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the Insurer.
- I have read the privacy section on page 8. I hereby authorise the release to the Insurer (ING Life Limited), or any other organisation duly appointed by ING, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be as valid as the original.
- Insurance cover will not commence until I am notified of acceptance by the Trustee.

Name of applicant

Date

Signature of applicant

Membership Number

→ You must sign and date this section before returning this form to....

Connect

GPO Box 2163T

Melbourne VIC 3001

Privacy

We are committed to ensuring the confidentiality and security of your personal information. The ING Privacy Policy details how we manage your personal information and is available on request or may be downloaded from www.ing.com.au. You may request access to the information held by us about you, your investment(s) and any other ING products or services which you may hold by contacting the ING Privacy Officer. You may assist us by contacting Customer Services if any of your personal information is incorrect, has changed or requires updating.

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information to certain third parties. Unless you consent to such disclosure we will not be able to process the application or provide you with ING products or services. The types of organisations to whom we may routinely disclose your personal information include:

- doctors, medical services or other organisations providing services in the collection, collation or assessment of personal information (including health information) for the purpose of underwriting or assessing your application or assessing any claims
- reinsurance organisations for the purpose of underwriting your application and assessing claims
- organisations undertaking compliance reviews of our financial advisers or reviews of the accuracy and completeness of our information
- organisations maintaining our information technology systems and providing information technology services
- authorised financial institutions, such as banks, credit unions and building societies, providing account details as a mechanism for providing payments or receipt of payments
- organisations providing mailing services and undertaking the printing of our standard documents and correspondence.

We will only disclose your personal information to these organisations to enable them to undertake specified management and administration services.

For life risk products, we collect health information with your consent. Your health information will only be disclosed to service providers, such as doctors, reinsurers and assessors, who are directly involved in collecting, collating or assessing such information for the purpose of underwriting or assessing your application or assessing any claim. Your health information will not be disclosed by ING for any other purpose.

We will also disclose your personal information in circumstances where we are required by law to do so.

The Family Law Act 1975 enables certain persons to request information about your interest in a superannuation fund. We may, if requested, be required to provide information about your interest in a superannuation fund to your spouse or a person who intends to enter into an agreement with you about splitting your superannuation interests in the event of separation of marriage. The request must be in a form prescribed by law. The law prevents us from telling you about any such request for information and from providing your address to a person requesting the information.

We will provide information relating to your financial product or investment to your financial adviser where you authorise them to receive such information on your behalf. You may change your financial adviser, appoint a financial adviser or decide that you do not want your financial adviser to access your information by notifying us in writing. Where you wish to authorise any other parties to receive information and/or undertake transactions, please notify us in writing.

We and other members of ING Group may send you information about our financial products and services from time to time.

You may elect not to receive such information at any time by contacting Customer Services.

If you have any further questions about privacy, please write to us or contact us at:

ING – Privacy Officer

GPO Box 75
Sydney NSW 2001

Phone 02 9234 8111
Fax 02 9299 3979
Email privacy@ing.com.au

In this statement 'we', 'us' and 'our' refers to ING Life Limited (ING Life)

ING Life Limited ABN 33 009 657 176 AFSL 238341
347 Kent Street, Sydney NSW 2000

**A copy of Connect's Privacy Statement is available by calling Connect on 1800 025 464
or on www.connect-super.com.au**

This Connect Personal Insurance forms part of the *Insuring your Future with Connect* booklet.