

Occupation Rating Form



You could pay less for your cover if your work is rated as White Collar or Professional.

To apply for a White Collar or Professional occupation rating, you must complete all parts of this form and return it within 30 days of the form being signed and dated.

Where the words "we", "us" and "our" appear they refer to the insurer, Hannover Life Re of Australasia Ltd (ABN 37 062 395 484).

Duty of Disclosure

Before you enter into a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance.

This duty of disclosure continues after you have completed this statement until the cover has been issued by us.

The same duty applies before you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to disclose.

If you or the person who becomes the life insured under the policy do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you or the life insured does not tell us something that you or they are required to tell us, and we would not have insured you on the same terms if we had been told, we may avoid your cover within 3 years of issuing it.

If we choose not to avoid your cover, we may, at any time, reduce the amount for which you or the life insured have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you and the life insured had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount for which you or the life insured have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told.

However, this right does not apply to death cover.

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

Section 1: MEMBER DETAILS

Member Number:	<input type="text"/>		
Full Name:	<input type="text"/>		
Residential Address:	<input type="text"/>		
Suburb:	State:	Postcode:	<input type="text"/>
Date of Birth:	Gender:	<input type="text"/>	
Phone (Home):	Mobile:	<input type="text"/>	
Email Address:	<input type="text"/>		
Occupation:	<input type="text"/>		
Annual Salary: (Pre-tax)	\$	<input type="text"/>	

Please tick Yes or No to each of the following:

Do you work in an office building performing clerical, administration or managerial duties only, or work as a teacher at a school, TAFE, college or university? Yes No

Do you hold a tertiary qualification relevant to your occupation? Yes No

Do you earn a gross income of at least \$100,000 per annum? (annualised, excluding superannuation contributions) Yes No

Do you work in a sedentary capacity in an office environment for at least 80% of the time you perform your occupation? Yes No

Please note: Eligibility for a White Collar or Professional work rating is subject to acceptance by Hannover Life Re of Australasia (the Insurer). If accepted, you will receive confirmation your new work rating in writing and the cost of your cover will be reduced from the date the form was received. If your application is not successful, there'll be no change to your occupation rating or the cost of your cover.

Section 2: EMPLOYER DETAILS

Employer's Name:

Employer's Address:

Suburb: State: Postcode:

Phone:

Section 3: PRIVACY COLLECTION NOTICE

This Privacy Collection Notice outlines how Hannover Life Re of Australasia Ltd ("Hannover", "we", "us" or "our") collects and handles your personal information in compliance with the Privacy Act 1988 (Cth).

Collection and use

We collect personal information such as identification information and policy details and sensitive information such as health details. Generally, we collect this information so that we can provide our products and services to you and manage, administer, develop and improve our business, including to assess and process your application for insurance, and assess any claims made by you or on your behalf. We generally collect this information directly from you but may on occasions collect it from a third party such as our related bodies corporate, professional advisers or from publicly available information. If you do not provide us with all or part of the personal information we require, we may be unable to provide such services to you.

Disclosure

The information you provide us will be collected by us and may be disclosed to third parties that help us deliver and improve our products and services (including other insurance / reinsurance companies, legal practitioners, medical practitioners, health service providers, hospitals, legal tribunals and courts, dispute resolution bodies, investigators/investigation organisations, third parties authorised by you, any current or former employer, our parent company and other related bodies corporate, professional advisers such as accountants or lawyers or other consultants, service providers that assist us in carrying out our business activities, trustees of superannuation funds, administrator of superannuation funds, an organisation appointed by the trustees of a superannuation fund to receive or give information, interpreters and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law) or as required by law.

Overseas disclosure

We may disclose your personal information to parties located in other countries, including to our related bodies corporate. The countries in which these recipients may be located will vary from time to time, but may include Germany, Canada, Japan, New Zealand, Hong Kong, United Kingdom, United States of America, India, China, Korea, Malaysia, South Africa, Bermuda, Ireland, Sweden and France.

Access

Our Privacy Policy which is available at https://www.hannover-re.com/1094181/australia_lh_privacy (or, by contacting us using the details set out in the 'Contact Us' section below) outlines our personal information handling practices, including details on how you can seek access or correction of the personal information that we hold about you, how to complain if you believe we have breached the Australian privacy laws and our complaint handling processes.

Contact

You may contact Hannover as follows:

The Privacy Officer, Hannover Life Re of Australasia Ltd, Tower 1, Level 33, 100 Barangaroo Avenue SYDNEY NSW 2000
Telephone: (02) 9251 6911 Facsimile: (02) 9251 6862 Email: privacyofficer@hlra.com.au

Section 4: DECLARATION

I declare that:

1. I have read and carefully considered the questions in this document and that all the responses are true and correct.
2. I have read, understand and agree to the terms of our Duty of Disclosure and all my answers are correct and I have not withheld any information that may affect the Insurer's decision as to whether or not to accept my application to change occupation rating; and
3. I have read, understand and agree to the terms of HLRA's Privacy Collection Notice. In particular, I consent to HLRA collecting and where required disclosing certain personal information and sensitive information (including medical and health information) from or to third parties (the details of which can be found in HLRA's Privacy Collection Notice https://www.hannover-re.com/1094181/australia_lh_privacy) who may contact me and provide information to me about HLRA or their services,

Furthermore, I acknowledge that:

4. If I do not fully complete this application, or I do not sign and date it, or if it is not received within 30 days of the date I sign it, my occupation rating will not change and I will need to complete a new form; and
5. The Insurer may undertake appropriate inquiry and investigation to verify the answers that I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or a claim; and
6. This electronic authority replaces the need for a personally signed Consent, Declaration and Authority to provide information.

Signature:

Date:

Please return this completed form to Freedom of Choice PO Box 3528, Tingalpa DC Qld 4173 or email to enquiries@freedomofchoice.com.au

Phone: 1800 806 013 Fax: (07) 3899 7299 Website: www.freedomofchoice.com.au

We are committed to respecting the privacy of the personal information you give us.

Our formal Privacy Statement sets out how we do this. If you would like a copy of Freedom of Choice's Privacy Statement, please let us know. We have published our Privacy Statement on our website www.freedomofchoice.com.au