

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', 'our' and 'insurer' appear they refer to AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (Insurer).

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the Insurance Contracts Act 1984 (Cth). When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost. We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

Duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

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If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

Section 1: MEMBER DETAILS

Member Number:			
Full Name:			
Residential Address:			
Suburb:		State:	Postcode:
Date of Birth:		Gender:	
Phone (Home):		Mobile:	
Email Address:			
Occupation:			
Annual Salary: (Pre-tax)	\$		

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?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you hold a tertiary qualification relevant to your occupation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you earn a gross income of at least \$100,000 per annum? (annualised, excluding superannuation contributions)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you work in a sedentary capacity in an office environment for at least 80% of the time you perform your occupation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Please note: Eligibility for a White Collar or Professional work rating is subject to acceptance by 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

Personal and sensitive information provided will be handled in the manner described in the AIA Australia Group Privacy Policy as updated from time to time, accessible by visiting our website at www.aia.com.au, or by contacting us on 1800 333 613 to request a copy (AIA Australia Privacy Policy).

AIA Australia handles and collects personal and sensitive information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy.

By providing information to us or your adviser (and the licensed dealer or broker they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal and sensitive information as described in the AIA Australia Privacy Policy as updated from time to time on our website.

We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 1800 333 613 and we can take reasonable steps to correct the personal information. Where you provide us with personal and sensitive information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Privacy Policy.

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 care not to make a misrepresentation 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 and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the Privacy section of this form and the AIA Australia Privacy Policy available at www.aia.com.au as updated from time to time, including the exchange with third parties located in Australia and overseas. I agree that any personal and sensitive information AIA Australia holds will be governed by the most current Privacy Policy on AIA Australia's website.

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