

# FirstChoice Employer Super

Salary increase life events option

For retained benefit members with Salary Continuance Insurance

1 February 2025

Phone us on 1300 654 666 with any questions about this form. This is an interactive form, intended to be completed digitally. If you choose fill out the form by hand, use black ink and print well within the boxes in CAPITAL LETTERS. Start at the left of each answer space and leave a gap between words.

## Use of this form

You can use this form only if:

- you are a retained benefit member in FirstChoice Employer Super;
- you currently hold Salary Continuance Insurance (SCI) cover in FirstChoice Employer Super;
- you want to request an increase to your SCI cover monthly benefit under the salary increase life events option.

You can only increase your SCI cover monthly benefit amount under the salary increase life events option if:

- you are under the age of 60 at the time of application;
- you are in 'active employment';
- your 'monthly income' has increased within the last 120 days; and
- you have not made a request under the salary increase life events option within the last 12 months.

## What is 'monthly income'?

For the purposes of the salary increase life events option, 'monthly income' means the amount that you earn each month from your employer before deduction of income tax (excluding super, bonuses, allowances, regular overtime and shift allowance).

If you're not a permanent employee, your monthly income is limited to salary earned from your regular occupation.

**Please note:** Monthly income excludes compulsory employer super contributions, investment income, profit distribution and any packaged entitlements not received directly as taxable earnings.

## What is 'active employment'?

'Active employment' means you are:

- engaged in your usual occupation, without limitation or restriction due to illness or injury; and
- not restricted by illness or injury from being capable of performing your usual occupation on a full-time basis (even if you are not working or are not working on a full-time basis); and
- not accruing or entitled to accrue any income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits.

You will be considered to be in active employment if you are on employer approved leave or reduced hours for reasons other than illness or injury and, not taking into account the leave or reduced hours, are able to meet the active employment definition.

If you are not eligible under the salary increase life events option, or if you do not currently have SCI cover, you can apply for cover through the insurer's normal underwriting process by completing the **Insurance Application Form** (refer to the FirstChoice Employer Super Insurance booklet for more details). Cover is subject to the insurer's acceptance.



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## 1 Member details

Account number

Title  Other  Gender

Full given name(s)

Surname

Postal address  Unit number  Street number  PO Box

Street name

Suburb  State  Postcode

Date of birth

## 2 Details of salary increase life event

The increase to your SCI cover will come into effect from the date we receive this form and supporting documentation, provided it is subsequently accepted by the insurer.

What date did your monthly income increase take effect?

You will need to provide a certified copy<sup>1</sup> of the following document(s):

- two consecutive payslips, one showing your old income and the subsequent payslip showing your new income; or
- a letter from your employer confirming your previous income, your new income and the date your new income took effect.

<sup>1</sup> To be a 'certified copy', one of the following people must state on the copy of the original document that "I certify that I have sighted the original document and this is a true copy of it". The certifier must also include their full name, title, registration number (where applicable) and be signed and dated. Additional certification options are available from our 'Certification of documents – list of prescribed persons' form at [www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf](http://www.cfs.com.au/content/dam/prospects/fs/4/5/fs4523.pdf)

Legal practitioner, Justice of the Peace, Magistrate, Notary public, Police officer, Dentist, Veterinary practitioner, Pharmacist, Accountant, Member of Parliament, Minister of religion, Medical practitioner



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### 3 Application, declaration and acknowledgement

**A** I declare that my monthly income has increased within the last 120 days.

**B** I apply to increase the SCI monthly benefit amount in my FirstChoice Employer account by the lesser of:

- the increase in my monthly income multiplied by my insured percentage;
- 15% of my monthly benefit amount; and
- \$2,000,

up to a maximum of \$25,000.

**C** I understand that:

- the current FirstChoice Employer Super Product Disclosure Statement and Insurance booklet are important documents that I should consider before making a decision to vary my SCI cover;
- my application to increase my SCI cover will not be processed until I have provided certified copies of either:
  - two consecutive payslips (the first showing my previous income and the second showing my new income); or
  - a letter from my employer confirming my previous income, my new income and the date my new income took effect;

• if my application is accepted:

- any increase in my SCI cover will not commence until I am notified by the Trustee;
- the increased SCI cover will be on the same terms as my SCI existing cover (including any exclusions or loadings that apply to my existing SCI cover).

**D** I declare that:

- I am living in Australia;
- I am in 'active employment';
- I have not had cover previously declined under any life insurance policy;
- I am not terminally ill or totally and permanently disabled;
- I am not currently claiming a benefit or eligible to claim a benefit under my SCI cover; and
- all declarations and documents that I have provided in relation to this application to increase my SCI cover are accurate and complete.

I have read the 'Duty to take reasonable care' on the next page.

Original signature of member

Member's name

Date signed



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## Duty to take reasonable care

### About this application

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.

### The duty to take reasonable care

When applying for insurance, there is 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.

### 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.

## Return the completed form, with attachments, to:

Colonial First State  
Reply Paid 27  
Sydney NSW 2001

Or via the secure online system (e-post) with FirstNet Investor and FirstNet Adviser.

