

27 February 2026

## Reinstate insurance and health declaration

Use this form if your insurance has recently ceased and you'd like to request reinstatement of your cover. We'll need to receive your completed form within 60 days of your insurance cease date.

If your reinstatement request is accepted, by completing this form you'll also be opting in to retain your insurance cover even if you don't receive regular contributions into your account. Your insurance will continue provided you have a sufficient balance to cover your premiums. Your insurance opt in remains for the life of your account.

For more information, please refer to the Insurance Guide, available on our website or by contacting us.

Account number	<input type="text"/>
Product name	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/> Surname <input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email address	<input type="text"/>

### The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has 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 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. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

## Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering 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.

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

## Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

## If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

## Questionnaire

Are you currently able to perform all of the normal duties of your usual occupation for at least 30 hours per week without any restriction (even if you are not employed to work 30 hours per week)?

Yes  No

Do you currently suffer from or have you been diagnosed with an illness or injury that may cause you to be permanently unable to perform your usual occupation in the next two years?

Yes  No

Do you have an illness or injury that is likely to reduce your life expectancy to less than 12 months?

Yes  No

Have you ever made a claim or are you currently intending to make a claim for an illness or injury from the following:

- Worker's compensation
- Government benefits (such as sickness benefit, invalid pension)
- Motor accident scheme
- Superannuation fund, including under this policy
- Life insurance policy (providing terminal illness, total and permanent disablement (TPD), critical illness, trauma or income protection (IP) cover)

Yes  No

Have you in the last 12 months been away from work for more than 10 working days in a row due to an illness or injury?

Yes  No

Have you ever had any application for life, terminal illness, TPD, critical illness, trauma, or IP cover declined, or offered to you on non-standard terms (e.g. premium loadings and/or exclusion) whether accepted by or not?

Yes  No

## Member/Application declaration and signature

I acknowledge that I have read the notice explaining the duty to take reasonable care.

I confirm that to the best of my knowledge all the answers to the questions in this application are true and correct and complete.

I understand that any personal information provided in this form will be handled in accordance with the Trustee's privacy policy, available at [cornerstoneportfolioservice.com.au/privacy](https://cornerstoneportfolioservice.com.au/privacy)

### Insurance opt in

I elect to reinstate and retain all of my previous insurance arrangements and acknowledge that I can request to cancel my cover at any time. My cover will continue, and premiums will be deducted from my super account subject to any existing terms and conditions, even if there is not a contribution to my account for a continuous period of 16 months.

I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.

Signature  Date  /  /

### Returning your form

It's important that you complete all of your details in the boxes above, sign and date the form, and return it by email or post to:

- Email:** clients@cornerstoneportfolioservice.com.au
- Post:** Cornerstone Portfolio Service Reply Paid 264, Melbourne VIC 8060
- Telephone:** 1800 947 974