

Life Insurance

Future Needs Guarantee application for Life Cover, TPD Cover or Trauma Cover



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The Future Needs Guarantee allows you to increase your amount of Life, Total and Permanent Disablement (TPD), Trauma, Income Protection or Practice Expense Cover once in any 12 month period without having to provide medical evidence when specified personal or professional events occur or when your income or practice expenses have increased in the prior year.

When to use this form

For, Life Cover, Total and Permanent Disablement Cover or Trauma Cover you can apply to increase your cover under the Future Needs Guarantee if:

- The life insured is less than **age 55** at the plan anniversary date following the personal or professional event.
- The application is made no later than 30 days after the plan anniversary date that immediately follows the personal or professional event.

The Future Needs Guarantee is **not** available if:

- You have a premium loading of more than 50% for that Cover.
- You have more than one medical exclusion for that Cover (this does not include travel, residency or pastime exclusions).
- You're eligible or about to be eligible for a claim under the Cover or any linked Covers.
- Your existing sum insured has reached the maximum available (\$5,000,000 for TPD Cover or \$2,000,000 for Trauma Cover).
- You have already doubled your sum insured since you were last medically underwritten.

Plan number

Details

Insured person

Title			
First name		Last name	
Date of birth		Age	

Plan owner Same as insured person Yes No

Title			
First name		Last name	

Personal or professional event

Date of event	
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Please indicate which personal or professional event occurred by ticking the appropriate box and completing the relevant 'Details required'.

Event	Personal event	Details required
	You have gotten married	Your spouse's name
		Your spouse's date of birth
	You have registered a de facto relationship	Your partner's name
		Your partner's date of birth
		Place that your relationship is registered

Event	Personal event	Details required	
You have entered into a de facto agreement		Your partner's name	
		Your partner's date of birth	
		Name of solicitor holding this agreement	
		Firm of solicitor holding this agreement	
You or your partner have given birth		Your child's name	
		Where was your child born	
You have legally adopted a child		Your child's name	
		Where was your child born	
		Adoption agency	
Your first dependant child has started high school		Your child's name	
		Child's high school they are attending	
		Child's date of birth	
You have taken out a new mortgage on your primary place of residence (excludes refinancing or redrawing)		Address of your primary place of residence	
		Your new mortgage Note: Increase in cover cannot be for more than this amount.	\$
You have increased your mortgage on your primary place of residence (excludes refinancing or redrawing)		Original mortgage balance	\$
		New mortgage balance	\$
		Increase in your mortgage	\$
		Name of mortgage provider Note: Increase in cover cannot be for more than this amount.	
You have been admitted into a specialty training program		Specialty	
		Name of institution running the program	
		Expected completion date	
You have qualified as a Fellow of your specialty		Specialty	
		Name of medical college	
You have become a partner or associate of your medical practice		Name of medical practice	
		Address of medical practice	
		Your share of partnership	%
You have started a private practice		Name of medical practice	
		Address of medical practice	
		Your share of private practice	%

Event	Personal event	Details required	
<input type="checkbox"/>	You have increased your ownership in a practice in which you work	Name of medical practice	
		Address of medical practice	
		Current value of entire practice	\$
		Your share of private practice before increase	%
		Your share of private practice after increase	%

Increases available

- For Life Cover, Total and Permanent Disablement Cover and Trauma Cover, you can apply for an increase of up to 25% of your existing sum insured up to a maximum of \$500,000.
- For TPD Cover and Trauma Cover, you cannot increase your sum insured to an amount higher than the sum insured on a linked Life Cover Plan.
- The increase amount will be in addition to any increase that is the result of Cover Indexation.

Amount of increase being applied for

	Current sum insured	Increase	Requested sum insured
Life Cover	\$	\$	\$
Total and Permanent Disablement (TPD) Cover	\$	\$	\$
Trauma Cover	\$	\$	\$

Declaration

I declare that I have read the following statements, and I agree and acknowledge the following in respect of this Application:

- I am not eligible or imminently likely to claim under the cover(s) that I have applied to increase or any linked cover.
- I understand any exclusions or loading relating to my current plan also apply to any increase being applied for.
- I agree that this Application will be relied upon by NobleOak in its assessment of this Application to vary the contract of insurance and understand that premiums will be altered to reflect the increase in cover.
- Until a new Plan Schedule is issued in respect of this application, I accept that I must inform the insurer if any of the information disclosed in this application changes, or if I become eligible or about to become eligible to claim under the covers that I have applied to increase or any linked cover.
- I declare that the answers provided on this Application are true and complete to the best of my knowledge and that the acceptance of the proposed increased amount of insurance is conditional upon the life insured disclosing all matters known that are relevant to the insurer's decision to increase the amount insured. If this condition is not met, the increased amount of insurance may be reduced or not paid at the time of any claim.
- I consent to Avant and NobleOak collecting, using and disclosing my personal information (including sensitive information), in accordance with the Privacy Statement published in the relevant Avant PDS.
- I understand that increased cover applied for in this Application will not become effective until the cover has been accepted by the insurer(s), the premium has been paid and the Plan Schedule issued.

Signature of person insured		Date	
Signature of plan owner		Date	

Please return a copy of your signed form to Avant Life Insurance.

Mail to **Client Service Team, Avant Life Insurance, Reply Paid 746, Queen Victoria Building, Sydney, NSW, 1230**
(by writing 'Reply Paid' in the address, you will not need to include a postage stamp), or email lifedadmin@avant.org.au

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