

“Invest *wisely* and super
will safeguard *your* future.
Add *insurance* and you can
protect your *family* as well.”



BT LIFE INSURANCE

With competitive rates and the option to choose between Death Only cover or Death and Total and Permanent Disablement cover

Available for investors in:

- the BT Lifetime Super – Personal Plan, and
- the BT Retirement Selection – Personal Super Plan

Brochure • Expires 31 December 2003

ABOUT BT

BT Funds Management (BT) is one of Australia's leading superannuation providers.

BT was established in 1969. Over 30 years later, we have grown to manage over \$41 billion¹ in funds under management for approximately 500,000 individual investors². We have been managing superannuation funds since 1971, and as well as helping individual superannuation investors, we also manage superannuation money for many major Australian companies.

ABOUT THE INSURER

To ensure that our investors receive the best rates and terms and conditions available in the market, BT appoints an external specialist insurer to provide the insurance cover. This cover is provided by American International Assurance Company (Australia) Limited (AIA). AIA holds the highest financial strength rating possible (AAA), awarded by leading rating agency Standard & Poor's. Another key reason BT appointed AIA is for the highly competitive premium rates they offer.

AIA is a member company of the global American International Group Inc (AIG). AIG is one of the world's leading risk insurers and has been protecting Australians for over 20 years. Member companies of AIG provide property, casualty, marine, life and financial services insurance in approximately 130 countries and jurisdictions, have assets totalling more than \$605 billion³ and employ over 40,000 people.

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Any questions?

 **see your adviser**

 **visit www.btonline.com.au**

 **call 132 135**

 **visit your local BT Investor Centre.**

BT Funds Management Limited
ABN 63 002 916 458

¹ This figure includes assets managed by BT Funds Management Limited, BT Funds Management (International) Limited and BT Tactical Asset Management Pty Limited.

² Figures at 31/12/2000.

³ Figure at 31/03/2001.

COVERING THE BASES

Investment, superannuation, retirement. If you're thinking about these things, you're obviously already thinking about safeguarding your family's future.

What's the basis of your plan for the future? Where does it all begin?

With you.

Without your income, you can't plan for a future.

Unless you've built up a lot of assets, the most important asset your family has is **your** income. That's why life insurance is such a crucial part of any financial plan.

It's painful to think about... but it's crucial that you do.

Preparing for the worst means that if the worst happens, your family is at least financially secure. That they can put their life back together without worrying about things that shouldn't really matter – like money.

Life insurance can provide you with the comfort of knowing that your family can pay a mortgage, and other bills and meet day to day living expenses should you die or suffer permanent disablement. While money can never replace the loss of a loved one, it's comforting to know the people who depend on you will be assisted financially during this emotional period.

► **Link insurance to your super**

On the next few pages, you'll find out why tying insurance and super together makes good financial sense. How it works, how cost effective it can be and how easy it is to organise.

For most people, it's as simple as filling in one form – and getting on with your life. Because, once you've guarded against the unexpected, you can start planning the future you want.

“Insurance can't
protect you
from bad luck. Just from
its **consequences.**”



LINKING INSURANCE TO YOUR SUPER

Not only does life insurance provide protection against the unexpected, but linking insurance to super is also a strategy that can potentially save you tax.

“What can be more attractive than the opportunity to save tax while you safeguard your family?”



➤ 1. Significant tax advantages for employees

As your insurance premiums are deducted from your superannuation investment, you have the opportunity to pay for your premiums using pre-tax dollars via salary sacrifice contributions. This is much more tax effective than using your post-tax income to pay for insurance. In addition, the super fund can claim a tax deduction for the insurance premiums, so you benefit from a reduction in contributions tax (although there is no similar reduction in surcharge on the contributions).

➤ 2. Tax deductions for the self-employed

By paying your insurance through super and claiming a tax deduction for the contribution that you make, your insurance premium effectively becomes tax deductible.

➤ 3. Tax rebates on spouse contributions

Contributing spouses can claim a full rebate of 18% on the first \$3,000 of contributions made on behalf of a spouse earning less than \$10,800 pa. A reduced rebate applies for spouses earning up to \$13,800 pa. So, the contributing spouse may receive a tax rebate on the spouse contributions they make to pay for insurance premiums.

➤ 4. It's cheaper through super

Taking out insurance with your super is generally cheaper than paying for individual policies and BT can offer you very competitive rates. Your insurance premium will depend on the type of insurance cover you select, your age and sex, whether you smoke or not, your occupation and, of course, the amount of cover you require.

FEATURES AT A GLANCE

The Plan offers the option of Death Only cover or Death and Total and Permanent Disablement cover. Below are some of the features:

	Death Only cover	Total and Permanent Disablement cover available with Death cover
Eligibility	<ul style="list-style-type: none"> Casual employees or permanent employees working less than 15 hours per week Permanent employees working more than 15 hours per week Self-employed 	<ul style="list-style-type: none"> Self-employed working more than 15 hours per week Permanent employees working more than 15 hours per week
Availability	Investors aged 17 to 69	
Minimum cover	\$50,000	\$50,000
Maximum cover	<ul style="list-style-type: none"> If less than 65 years: \$10 million If between 65 and 69 years: \$2 million 	<ul style="list-style-type: none"> If less than 65 years: \$2 million If between 65 and 69 years: \$750,000
Accidental cover	Up to 180 days free accidental cover available whilst your application is considered. (Only applies if you are an existing BT super investor)	
Period of cover	Cover commences the day that AIA accepts your application and will generally terminate when you elect to, or if you turn 70	
Benefit payment	Lump sum paid to your nominated dependants or to your estate	Lump sum paid to you
Continuation option	If you voluntarily leave the Plan before age 60 you have the option of purchasing an individual policy with AIA for death cover only	Not available
Worldwide cover	Available 24 hours a day whilst travelling	

For a full description of the terms and conditions, please see pages 9 to 12.

HOW TO APPLY

You must complete the Application Form Personal Statement – Part 1 in the back of the brochure.

If you are seeking insurance cover in excess of \$400,000, are over age 55 or have answered YES to any of questions 3 to 6 on page 2 of the Application Forms, you will also need to complete the Personal Statement – Part 2 and undergo additional tests as indicated on page 1 of the Application Forms.

WHERE TO SEND THE FORMS

Send your Application Forms in an envelope marked 'Confidential' to:

**Reply Paid 204
BT Funds Management Limited
The Medical Officer
PO Box 299
Melrose Park SA 5039**

Please note that, as insurance is provided by a company external to BT, the payment of any insurance benefit is determined by whether the insurer accepts the claim and pays the benefit to the Plan.

To find out how much cover you may need try the BT Personal Super Insurance Calculator at www.btonline.com.au or follow the steps on page 4.

HOW MUCH COVER DO YOU NEED?

The amount of insurance cover that you need will depend on your own circumstances. To get an estimate of the amount of cover you may need, simply follow the 4 easy steps on the worksheet below:

STEP 1: Determine the amount outstanding on any loans, debts and other commitments. It may be appropriate that you get enough insurance to at least cover these expenses.

STEP 2: Determine the amount of income you need for annual living expenses.

Then, multiply this figure by the insurance cover multiple for your age (see the graph on page 5) to determine the lump sum you will need to generate this income.

STEP 3: Add up the amounts in Steps 1 and 2 to find your total expenses.

STEP 4: Subtract the value of your existing assets (eg managed funds, shares, investment property, superannuation and any other investments you may have). This should leave you with the final amount of insurance cover that you require.

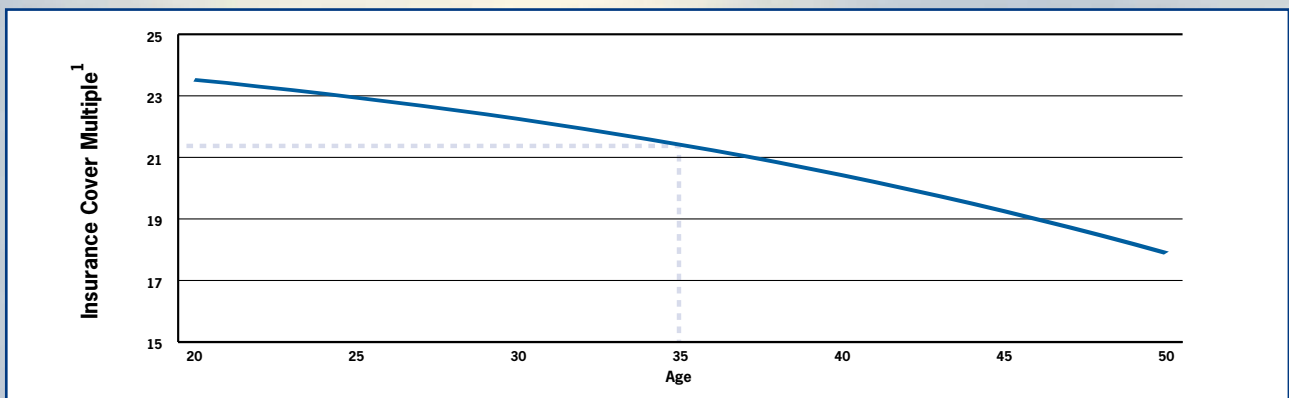
Worksheet	
STEP 1: Outstanding debt	
Home mortgage	\$
Other loans (eg car loan)	\$
Personal credit cards (eg Visa, Mastercard)	\$
Other commitments	
Children's education	\$
One-off capital commitments	\$
Total debt	\$
STEP 2: General living expenses	
Annual income requirement (converted to a lump sum)	\$
STEP 3: Total expenses	\$ <input type="text"/>
STEP 4: Less net value of existing assets	\$ <input type="text"/>
Insurance cover required	\$ <input type="text"/>

This worksheet is only a guide and we suggest you see your adviser for a more detailed analysis of your own situation and ongoing financial needs.

COVER YOU NEED?

Insurance Cover Multiple Graph

The graph below will help you to determine your insurance cover multiple. Find your age on the horizontal axis and use the line on the chart to work out your insurance cover multiple on the vertical axis.



This example demonstrates how to work out how much cover you need:

Jane is a 35 year old who needs \$20,000 to cover her annual living expenses. She has a total debt of \$125,000, including her mortgage and loans and investment assets of \$55,000. Using the worksheet below, she needs \$420,000 to cover her living expenses (\$20,000 multiplied by an insurance multiple of 21 from the graph above) and therefore she will need \$490,000 in insurance cover.

Worksheet	
STEP 1: Outstanding debt	
Home mortgage	\$100,000
Other loans (eg car loan)	\$15,000
Personal credit cards (eg Visa, Mastercard)	\$2,000
Other commitments	
Children's education	\$5,000
One-off capital commitments	\$3,000
Total debt	\$125,000
STEP 2: General living expenses	
Annual income requirement (converted to a lump sum, see the example on the insurance Cover Multiple Graph above)	\$420,000
STEP 3: Total expenses	\$545,000
STEP 4: Less net value of existing assets	(\$55,000)
Insurance cover required	\$490,000²

¹ The multiple has been determined based on mortality rates 50% male/50% female per Australian life tables, 1995-97, and assumes an inflation rate of 3%pa and a net investment return of 7%pa.

² This is an approximate amount of insurance cover Jane needs, based on her life expectancy.

INSURANCE

PREMIUM RATES

OCCUPATION CLASSIFICATIONS FOR INSURANCE

Your premium rate will depend on your occupation classification, which is defined below:

White collar

White collar workers include those in occupations for which a tertiary qualification has been attained, as well as other occupations including clerical and administrative work (no manual work). Examples: Lawyer, Accountant, Doctor, Manager, Teacher, Sales Person (no deliveries).

Blue collar

Blue collar workers include fully qualified, skilled tradespeople of various occupations who perform light to medium manual work. Examples: Qualified Electricians, Mechanics, Chefs.

Heavy blue collar

Heavy blue collar workers include manual workers who may be skilled or unskilled and who are not exposed to unusual accident or health hazards. Examples: Bricklayers, Boilermakers, Cleaners.

A complete list of industry classifications is available on request by calling BT Client Relations on 132 135.

Want more information about life insurance?

Visit www.btonline.com.au

Insurance premiums are a small price to pay to protect your family, and give you peace of mind.

Your insurance premium will depend on a number of factors including:

- the amount of insurance cover
- the type of insurance cover
- your age
- your sex
- whether you are a smoker or a non-smoker, and
- your occupation.

The tables on pages 7 and 8 show the insurance premium rates. These rates may alter depending on the insurer's assessment of your circumstances. These rates are guaranteed by AIA until 31 December 2003.

► How to calculate your monthly premium

To calculate the monthly cost of your insurance cover, find the premium rate applying to your situation at your next birthday. Then, perform the following calculation:

$$\text{Cost per month} = \frac{\text{Monthly premium rate} \times \$ \text{ amount of cover required}}{\$10,000}$$

► Covering your monthly premium

You should ensure your investment account balance is sufficient to cover the monthly insurance premium and a monthly insurance fee of \$3.75¹. Your cover will be cancelled if there are insufficient funds above your minimum balance in your BT super plan (currently \$1,200) to cover your premiums. You can make one-off investments or regular monthly investments, through the BT Easy Investment Plan, to your BT Lifetime Super – Personal Plan or BT Retirement Selection – Personal Super Plan at any time.

¹ 2001/02 rate shown. Indexed to CPI at 1 July each year.

RANGE

► Males (per month) rates – per \$10,000 sum insured

Age next birthday	DEATH ONLY		DEATH & TOTAL AND PERMANENT DISABLEMENT					
	All occupations		White collar		Blue collar		Heavy blue collar	
	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker
18	0.83	0.53	0.83	0.53	1.18	0.82	1.36	0.99
19	0.88	0.58	0.94	0.58	1.18	0.82	1.36	0.99
20	0.88	0.59	0.95	0.59	1.18	0.82	1.36	0.99
21	0.89	0.55	0.89	0.55	1.20	0.85	1.38	1.03
22	0.87	0.53	0.87	0.53	1.16	0.82	1.34	0.96
23	0.81	0.49	0.83	0.49	1.06	0.74	1.25	0.87
24	0.73	0.46	0.81	0.47	0.96	0.65	1.11	0.78
25	0.67	0.44	0.78	0.45	0.87	0.59	1.00	0.70
26	0.64	0.40	0.76	0.43	0.83	0.56	0.96	0.65
27	0.64	0.38	0.75	0.41	0.82	0.55	0.93	0.64
28	0.65	0.36	0.75	0.40	0.84	0.57	0.97	0.67
29	0.67	0.35	0.77	0.40	0.85	0.56	0.98	0.65
30	0.71	0.35	0.80	0.40	0.91	0.59	1.04	0.70
31	0.73	0.35	0.82	0.40	0.96	0.61	1.11	0.74
32	0.76	0.35	0.88	0.41	1.01	0.66	1.20	0.82
33	0.79	0.37	0.94	0.44	1.10	0.72	1.31	0.89
34	0.82	0.38	1.02	0.46	1.19	0.76	1.43	0.95
35	0.87	0.40	1.09	0.49	1.28	0.82	1.54	1.05
36	0.92	0.43	1.18	0.54	1.39	0.89	1.71	1.15
37	0.99	0.44	1.28	0.58	1.52	0.97	1.88	1.28
38	1.05	0.45	1.39	0.60	1.67	1.06	2.08	1.41
39	1.13	0.49	1.52	0.66	1.83	1.16	2.30	1.57
40	1.24	0.53	1.68	0.74	2.03	1.29	2.57	1.74
41	1.34	0.57	1.86	0.81	2.29	1.41	2.91	1.99
42	1.48	0.61	2.10	0.89	2.59	1.56	3.32	2.28
43	1.63	0.66	2.35	0.99	2.92	1.74	3.79	2.63
44	1.79	0.73	2.66	1.11	3.33	1.94	4.35	3.00
45	1.98	0.80	2.99	1.25	3.79	2.18	5.00	3.41
46	2.17	0.87	3.39	1.41	4.32	2.46	5.73	3.86
47	2.35	0.95	3.85	1.58	4.97	2.76	6.61	4.33
48	2.57	1.04	4.38	1.79	5.68	3.13	7.62	4.93
49	2.80	1.13	4.97	2.01	6.52	3.53	8.79	5.54
50	3.08	1.26	5.61	2.29	7.47	4.02	10.14	6.30
51	3.33	1.38	6.29	2.59	8.60	4.52	11.77	7.10
52	3.61	1.50	7.05	2.94	9.91	5.15	13.71	8.08
53	3.89	1.66	7.80	3.31	11.43	5.77	15.91	9.09
54	4.19	1.82	8.65	3.75	13.12	6.55	18.42	10.30
55	4.52	2.00	9.56	4.26	15.06	7.44	21.29	11.69
56	4.83	2.22	10.53	4.83	17.18	8.45	24.44	13.29
57	5.26	2.49	11.65	5.53	19.57	9.67	27.99	15.19
58	5.71	2.82	12.89	6.36	22.23	11.12	31.99	17.47
59	6.25	3.19	14.35	7.33	25.12	12.84	36.51	20.17
60	6.89	3.62	16.08	8.46	28.12	14.81	41.55	23.27
61	7.52	4.07	17.89	9.67	31.30	16.93	45.93	26.58
62	8.23	4.58	19.84	11.03	34.68	19.31	50.46	30.34
63	8.99	5.11	22.05	12.53	38.13	21.92	55.51	34.44
64	9.88	5.74	24.57	14.29	41.88	25.01	61.02	39.29
65	10.74	6.39	27.11	16.14	45.95	28.24	66.98	44.38
66	11.67	7.11	19.81	13.21	29.71	19.81	44.57	29.72
67	12.64	7.90	22.87	15.25	34.32	22.88	51.48	34.32
68	13.70	8.79	26.60	17.73	39.90	26.60	59.84	39.90
69	14.87	9.72	30.93	20.62	46.38	30.93	69.59	46.39
70	16.21	10.80	36.02	24.02	54.05	36.04	81.07	54.05

INSURANCE PREMIUM RATES

► Females (per month) rates – per \$10,000 sum insured

Age next birthday	DEATH ONLY		DEATH & TOTAL AND PERMANENT DISABLEMENT					
	All occupations		White collar		Blue collar		Heavy blue collar	
	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker	Smoker	Non smoker
18	0.35	0.22	0.35	0.22	0.62	0.39	0.98	0.60
19	0.39	0.25	0.39	0.25	0.67	0.42	1.06	0.66
20	0.39	0.25	0.39	0.25	0.67	0.42	1.06	0.66
21	0.35	0.22	0.36	0.22	0.64	0.40	1.01	0.62
22	0.34	0.21	0.35	0.22	0.62	0.39	0.98	0.60
23	0.33	0.20	0.32	0.20	0.56	0.35	0.87	0.55
24	0.31	0.18	0.32	0.19	0.54	0.35	0.85	0.54
25	0.29	0.16	0.32	0.18	0.54	0.33	0.85	0.51
26	0.28	0.16	0.31	0.17	0.54	0.32	0.83	0.49
27	0.26	0.15	0.29	0.16	0.49	0.30	0.78	0.45
28	0.26	0.15	0.29	0.16	0.49	0.30	0.78	0.45
29	0.29	0.16	0.32	0.17	0.56	0.32	0.87	0.49
30	0.30	0.16	0.35	0.19	0.59	0.35	0.95	0.54
31	0.34	0.17	0.39	0.21	0.67	0.36	1.06	0.57
32	0.35	0.18	0.45	0.22	0.78	0.40	1.20	0.62
33	0.41	0.21	0.49	0.26	0.87	0.44	1.31	0.68
34	0.49	0.24	0.58	0.29	1.02	0.49	1.43	0.78
35	0.54	0.26	0.70	0.34	1.22	0.58	1.54	0.91
36	0.62	0.29	0.81	0.37	1.39	0.64	1.71	1.02
37	0.71	0.33	0.93	0.42	1.52	0.74	1.88	1.15
38	0.78	0.35	1.06	0.49	1.67	0.84	2.08	1.32
39	0.88	0.39	1.25	0.55	1.83	0.97	2.30	1.50
40	0.98	0.43	1.44	0.62	2.03	1.08	2.57	1.71
41	1.07	0.46	1.65	0.72	2.29	1.25	2.91	1.95
42	1.21	0.51	1.89	0.81	2.59	1.39	3.32	2.19
43	1.30	0.54	2.13	0.89	2.92	1.54	3.79	2.43
44	1.39	0.57	2.31	0.96	3.33	1.67	4.35	2.63
45	1.46	0.59	2.52	1.03	3.79	1.80	5.00	2.83
46	1.50	0.60	2.74	1.11	4.32	1.94	5.73	3.04
47	1.59	0.64	3.00	1.21	4.97	2.12	6.61	3.32
48	1.70	0.68	3.37	1.34	5.68	2.35	7.62	3.70
49	1.83	0.74	3.77	1.51	6.52	2.66	8.79	4.17
50	1.98	0.81	4.29	1.74	7.47	3.04	10.14	4.77
51	2.15	0.87	4.88	1.97	8.52	3.46	11.77	5.44
52	2.33	0.95	5.50	2.24	9.63	3.92	13.71	6.16
53	2.47	1.01	6.10	2.49	10.68	4.36	15.91	6.86
54	2.61	1.06	6.78	2.80	11.86	4.89	18.42	7.68
55	2.73	1.13	7.44	3.11	13.03	5.44	20.47	8.53
56	2.85	1.22	8.20	3.46	14.33	6.07	22.52	9.56
57	3.09	1.34	9.02	3.90	15.78	6.84	24.81	10.74
58	3.31	1.47	9.87	4.38	17.27	7.68	27.14	12.06
59	3.51	1.61	10.68	4.91	18.68	8.58	29.35	13.48
60	3.73	1.77	11.52	5.46	20.16	9.56	31.67	15.01
61	3.89	1.91	12.24	6.03	21.43	10.55	33.68	16.58
62	4.08	2.08	13.10	6.70	22.93	11.69	36.03	18.38
63	4.35	2.29	14.25	7.50	24.93	13.12	39.18	20.62
64	4.77	2.58	15.82	8.55	27.69	14.97	43.51	23.51
65	5.19	2.89	17.49	9.72	30.62	17.01	48.11	26.73
66	5.67	3.22	23.24	15.49	34.86	23.24	52.30	34.86
67	6.20	3.61	28.30	18.87	42.47	28.31	63.71	42.47
68	6.85	4.08	34.82	23.22	52.24	34.82	78.35	52.24
69	7.58	4.63	41.88	27.93	62.83	41.88	94.20	62.81
70	8.51	5.31	52.44	34.96	78.68	52.45	117.95	78.63

YOUR QUESTIONS ANSWERED

► Is there any limit on the amount of cover?

Yes. The minimum insurance cover is \$50,000, the maximum Death cover under age 65 is \$10 million and the maximum Total and Permanent Disablement cover under age 65 is \$2 million. From age 65 the maximum Death cover is \$2 million and the maximum Total and Permanent Disablement cover is \$750,000.

► When will my cover commence?

Your application for insurance will be individually assessed by AIA. Depending on your situation, you may be accepted or, at the insurer's discretion, you may be asked for additional information and to undergo medical tests. We will notify you in writing to let you know if your application has been accepted or rejected by AIA. If your application is accepted at standard rates and terms, your cover will commence from the date of acceptance by AIA, provided you have a sufficient investment balance to cover the monthly premium. Depending on your circumstances, AIA may decline cover or impose special conditions or different rates than the standard. If special conditions or rates are imposed, cover will commence once AIA receives signed Special Acceptance Terms acceptable to them and confirms commencement of your cover.

► Am I covered whilst my application is being processed?

Investors in the Plan will be automatically covered (at no cost) against accidental, unintended death and, unless you apply for Death cover only, accidental, unintended Total and Permanent Disablement cover from the date AIA receives your completed application for insurance.

The automatic accidental cover is equal to the lesser of the amount of insurance you apply for or \$500,000. Cover will cease on the earlier of 180 days from the date of your application for insurance, or the acceptance or rejection of your application.

► When will my insurance premiums be deducted?

The insurance premiums will be deducted from your investment in the Plan on the last day of the month by the withdrawal of units from your investment account. Please note, an insurance fee of \$3.75¹ is also payable and is deducted each month from your investment by the withdrawal of units from your account.

► Will my premiums change over time?

The premiums you pay each month are determined according to the premium rate tables shown on pages 7 and 8 and are guaranteed by AIA until 31 December 2003. Your monthly premium will change on each anniversary of the commencement of your cover to take account of:

- the automatic indexation of your insurance cover to inflation, and
- your current age next birthday.

The monthly insurance fee of \$3.75 will also increase from year to year in line with inflation.

Note: The premium rates may be different depending on the insurer's assessment of your circumstances when you apply for insurance.

¹ 2001/02 rate shown. Indexed to CPI at 1 July each year.

► Can I increase my insurance cover?

Unless you indicate otherwise, your cover will be increased each year in line with inflation (as measured by the CPI, up to a maximum of 7.5% pa). You may also apply to increase your insurance cover at any time prior to age 70. To apply for an increase, please complete a new application. If your health, occupation, lifestyle or recreational pursuits have changed since your initial application, AIA may decline your request. Please note that this will not affect the continuity of your current insurance cover.

► What commission is payable?

An administration loading of 25.88% (27.93% from 1 September 2001) of your monthly premium will be paid by AIA to BT Funds Management Limited. From this amount, 17.93% of your monthly premium may be paid to your adviser.

► When will my cover stop?

Your Total and Permanent Disablement cover will automatically terminate on leaving the Plan, however, your Death cover will continue for 30 days after you leave the Plan (at no cost). Further, both your Death cover or Death and Total and Permanent Disablement cover will automatically terminate on the earliest of you:

- electing to terminate your cover
- turning 70
- receiving a benefit payment pursuant to your cover, or
- commencing active duty in the armed forces.

In addition, your Total and Permanent Disablement cover will cease after a period of 12 months after the cessation of active continuous employment (of more than 15 hours per week) or immediately on becoming a casual employee. You must advise BT upon ceasing active continuous employment so that your premiums and cover can be adjusted accordingly.

► How and when are insurance benefits paid?

Both Death and Total and Permanent Disablement benefits are paid as a lump sum. This benefit is paid in addition to the value of your superannuation investment in the Plan. You will be deemed to be totally and permanently disabled for insurance purposes if you either:

- have suffered the total and irrecoverable loss of use of:
 - both hands
 - both feet
 - the sight of both eyes
 - one hand and one foot
 - one hand and the sight of one eye, or
 - one foot and the sight of one eye, or
- meet the applicable age based conditions:

Prior to age 65

- you are unable to follow your usual occupation by reason of an illness, accident or injury for a period of 6 consecutive months after the occurrence of the illness, accident or injury and in the opinion of AIA (after consideration of medical and other evidence satisfactory to it) are unlikely ever to be able to follow your usual occupation and any other occupation for which you could be reasonably suited by education, training or experience

Age 65 and above

- you are continuously and totally unable to perform at least 2 of the following activities of daily living, as certified by a qualified medical practitioner appointed by AIA:
- bathing
- dressing
- eating
- toileting, and
- transferring.

The criteria for these activities are set by AIA. Please call BT Client Relations on I32 I35 for the requirements of each activity.

► Are there any exclusions?

Insurance benefits will not be payable if you die as a result of an intentional, self-inflicted act, whether sane or insane, within a period of 13 months from:

- the date you joined the Plan, or most recently rejoined the Plan, or
- the date any additional insurance cover commences (applies to the amount of the additional cover only).

As the benefit is totally insured through AIA, the payment of the insurance benefits are subject to the insurer accepting the claim and paying the benefit. AIA will pay any claim it admits under the insurance policy to the Trustee of the Plan. The Trustee will on pay the benefit to you, your dependant/s, or your estate, provided the conditions of the trust deed and superannuation law are met. As the insurance cover does not contain an investment element, it does not have a surrender value.

► Who receives the insurance benefit on my death?

In accordance with the rules of the Plan, you may nominate a dependant to receive your benefit in the event of your death i.e. your insured amount plus your investment balance. If you make a valid binding nomination your benefit will be paid to your nominated dependant. Binding nominations are only available for the BT Lifetime Super – Personal Plan. If you make a non binding nomination, the Trustee will consider this nomination in determining to whom the benefit will be paid and how it is paid, but is not bound by your nomination. If you choose not to nominate a beneficiary, your benefit will be paid to your Legal Personal Representative. A dependant for superannuation purposes will include your spouse, child (of any age) and financial dependants. Please note that some dependants for superannuation purposes do not qualify as dependants for tax purposes.

► How are death benefits taxed?¹

The benefit payable on your death (i.e. your insured amount plus your investment balance) is a death benefit Eligible Termination Payment (ETP). However, death benefit ETPs generally cannot be rolled over by the recipient (beneficiary).

In general, death benefit ETPs paid directly to your dependants are tax-free up to your pension Reasonable Benefit Limit (RBL). Death benefit ETPs paid to non dependants are taxed in a manner similar to other ETPs. Benefit payments above your pension RBL will be considered an excessive benefit and are taxed at the highest marginal tax rate plus the Medicare Levy. A dependant for tax purposes is defined as being a spouse or former spouse (including de facto spouse), child under 18 or financial dependant.

¹ The taxation information in this brochure is based on current laws and their interpretation. The levels of tax and basis of taxation laws may change. The application of taxation laws depends on your individual circumstances. Therefore, independent professional advice on taxation should be sought.

QUESTIONS



► Can I continue my cover if I withdraw my investment?

If you leave the Plan before age 60 for reasons other than ill-health or injury, you have the option of purchasing an individual policy with AIA for Death cover only. Please note that this option is not available if a disablement benefit is paid to you.

To take out this option, you must request from AIA a Continuation Option Form within 30 days of leaving the Plan and you must supply AIA with a completed AIDS declaration satisfactory to AIA and test negative for HIV (if required by AIA). AIA will cover you during this 30 day period at no cost to you.

Please note however, that the premium rates may be different and any special acceptance terms that applied to you under your current arrangement, will continue to apply under the individual policy.

► Can the insurer and conditions change?

As the benefit is totally insured through AIA, the terms and conditions outlined in this brochure are dependent on AIA continuing to provide the insurance cover. Should AIA cease to be the provider or the Trustee changes the insurer, we shall seek to obtain another insurer to provide these insurance benefits on equivalent terms and conditions. You will be notified of any significant changes in insurance conditions.

INFORM

ADDITIONAL INFORMATION

► Duties and obligations – Insurance Contracts Act 1984

Your duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer (American International Assurance Company (Australia) Limited) every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of insurance and if so, on what terms.

You have the same duty to disclose these matters to the insurer before you extend, vary or reinstate a contract of life insurance. However, your duty does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- that is common knowledge
- that your insurer knows, or ought to know, in the ordinary course of its business, or
- where your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

HOW ELSE CAN BT HELP YOU?

BT has a wide range of superannuation, retirement and general investment products to meet your needs, in addition to the BT Lifetime Super – Personal Plan and the BT Retirement Selection – Personal Super Plan.

SUPER AND RETIREMENT

► BT Lifetime Super – Allocated Pension Plan

A retirement solution that allows you to roll over your superannuation savings into a selection of entry or nil entry fee managed funds, and draw down a flexible income stream with concessional tax benefits.

► BT Complying Income Plan

A fixed-term annuity that allows you to turn your superannuation or non-superannuation savings into a regular income stream for your retirement with favourable social security treatment.

► BT Deeming Selection

A simple retirement solution that helps you control your regular payments to fund your living requirements, and also provides you with the potential for capital growth.

► BT Lifetime Super – Employer Plan

The complete corporate solution for employers and their employees, providing comprehensive and flexible service-orientated superannuation.

GENERAL INVESTMENT

► BT Investment Selection

18 actively managed investment options including diversified investments, and investments focusing on shares, property, fixed interest and cash, both Australian and global – it's investment made easy for you.

► BT Premier Funds

A select range of funds that provide a solution for you if you have \$100,000 or more to invest.

► BT Private Investment Division

A specialist funds management facility focusing on the needs of investors who have \$500,000 or more to invest.

► BT Margin Lending

BT Margin Lending allows you to borrow money to increase the amount you can invest. With loans from \$20,000, you can boost your potential returns by investing more in managed funds and shares.

The BT Deeming Selection Funds, BT Investment Selection Funds, BT Premier Funds and BT Private Investment Funds are offered in the BT Deeming Selection, BT Investment Selection, BT Premier Funds and BT Private Investment Funds prospectus respectively. To invest, complete the application form in the relevant prospectus.

BT Life Limited (ABN 29 003 773 680) of Level 15, The Chifley Tower, 2 Chifley Square, Sydney, NSW 2000 issues the BT Complying Income Plan. The current brochure is dated 8 December 2000 and expires on 7 December 2001, and investments may only be made on an application form attached to it.

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BT LIFE INSURANCE

Application Forms

APPLICATION FORM CHECKLIST

Completing the Application Form

- All investors must fully complete the Personal Statement – Part 1.
- Depending upon your age and how much cover you are seeking you may need to complete certain additional tests and forms. See the table below to find out which tests and forms you will need to complete:

Age next birthday	Personal Statement – Part 2	General Practitioner Medical Exam	HIV (AIDS) Antibody Test	Multiple Biochemical Analysis (MBA) 20 and Hep B & C	Electro Cardio Graph (ECG)
Where cover exceeds:					
Up to 35	\$400,000	\$850,000	\$400,000	\$400,000	Not required
36 to 40	\$400,000	\$750,000	\$400,000	\$400,000	Not required
41 to 50	\$400,000	\$600,000	\$400,000	\$400,000	\$1,000,000
51 to 55	\$400,000	\$400,000	\$400,000	\$400,000	\$500,000
56 to 60	All cases	\$200,000	\$400,000	\$400,000	\$500,000
61 and over	All cases	All cases	\$400,000	\$400,000	\$500,000

Have you:

- read the Additional Information section on page 13?
- fully completed the Personal Statement – Part 1?
- if necessary, fully completed the Personal Statement – Part 2, and medical reports (see table above)?
- signed and dated the Declarations on page 3 and page 5 (if applicable)?
- initialled and dated any corrections or changes?

Send your Application Form to:

Reply Paid 204
BT Funds Management Limited
The Medical Officer
PO Box 299
Melrose Park SA 5039

ADDITIONAL NOTES

1. The investor's own general practitioner can perform medical examinations.
2. A Personal Medical Attendant's Report (PMAR) will be obtained on a discretionary basis where any required medical exam has not been performed by the investor's usual general practitioner. PMARs may also be required, based on your Personal Statement history.
3. The medical examiner must not be a relative of the proposed insured, or the agent, broker or their families, nor a business associate of the proposed insured.
4. AIA can request additional tests and/or reports at its discretion to enable assessment of the application.
5. If you require cover in excess of \$2 million, AIA will require you to undergo further tests in order to assess your application.
6. Please ensure that you complete an Application Form from a current BT Life Insurance brochure. If a material alteration occurs in any of the information disclosed in this brochure resulting in it becoming misleading, it will be withdrawn immediately or amended to correct the information.

- Please complete the form using a BLACK PEN. Print well within the boxes in clear CAPITAL LETTERS. Mark answer boxes with a cross (X).
- Questions? Please call BT Client Relations on 132 135, from 8.00am to 6.30pm (Sydney time), Monday to Friday.

BT Client Relations

 **132 135**

JU55

PERSONAL STATEMENT – PART 1

All investors must complete this part.

1. BT INVESTOR DETAILS

BT investor number

C

Title

Mr Mrs Miss Ms Other

Surname

Given name(s)

Birth date

D D / M M / Y Y Y Y

Gender

Male Female

Investor's address

Street no. & name OR PO Box

Suburb

State

Country

Would you like us to contact you by phone to clarify information (if necessary)? No Yes

Phone number 1

Indicate type (H = Home, W = Work, M = Mobile, F = Facsimile)

H W M F

Phone number 2 (alternate contact)

H W M F

Occupational duties and industry (e.g. accountant, home duties)

Type of insurance being applied for:

Death only Death and Total and Permanent Disablement

Amount of cover (in whole dollars only)

\$

2. PERSONAL DETAILS

1. Have you smoked tobacco or any other substance in the last 12 months? No Yes

2. Are you currently, or do you intend to, reside overseas for a period of more than 3 months? No Yes

If yes, give name of country

At the date of this application:

3. Are you absent from work or unable to perform your usual duties? No Yes

4. Are you over age 55? No Yes

5. Are you contemplating medical treatment of any sort in the next 12 months? No Yes

6. Do you suffer from any condition that may require medical treatment or attention or which has resulted in you seeing a doctor in the past 3 months? No Yes

7. What is your current employment status? (please tick one)

Full time working

Self-employed

Permanent part time working

Casual employment

Not working

Hours worked per week

If you:

- have answered NO to all of questions 3 to 6 above, AND
- require insurance cover of \$400,000 or less, complete the AIDS Declaration and sign and date BOTH Declarations overleaf.

If you:

- have answered YES to ANY of questions 3 to 6 above, OR
- require insurance cover for more than \$400,000, complete the AIDS Declaration and sign and date BOTH Declarations overleaf, and fully complete the Personal Statement – Part 2 on pages 4 and 5.

3. DECLARATIONS

A. AIDS DECLARATION

The following five questions should be considered by you. Inability to answer **NO** to all of the questions will not necessarily mean that insurance is not available. However, in that case, a **HIV antibody test and other information may be required.**

1. Have you any reason to believe that you are suffering from Acquired Immune Deficiency Syndrome (AIDS) or that you are carrying the virus that causes AIDS, or antibodies to that virus?
2. Have you received a blood transfusion or been treated with any blood products between 1980 and 1990?
3. Since 1980, have you:
 - Engaged in anal sexual activity?
 - Injected yourself or been injected with any drug not prescribed by a medical practitioner?
4. In the last 12 months, have you:
 - Engaged in sexual activity with a prostitute?
 - Suffered from any sexually transmitted disease or Hepatitis B?
 - Engaged in sexual activity with a partner that you believe would answer **YES** to any of the above questions 1 to 4?
5. Have you requested a test for HIV antibodies or are you suffering from unintentional weight loss, persistent night sweats, persistent fever, persistent diarrhoea or persistent swollen glands?

Please tick the appropriate box:

NO - I declare that to the best of my knowledge my answer is **NO** to all of questions 1 to 5.

OR

YES - My answer is **YES** to at least one of the questions 1 to 5.

SIGNATURE

▶ Signature of person to be insured

X **Investor** DD / MM / YY

B. GENERAL DECLARATIONS

1. I hereby declare that to the best of my knowledge and belief all of the answers to questions on this Personal Statement are true.
2. I understand that Total and Permanent Disablement cover will cease if I am unemployed for more than 1 year or become a casual employee.
3. I understand that I must advise the insurer of any material change in my health during the period between the application date below and the cover commencement date. I understand that my failure to advise of such a change may make the contract of insurance voidable by the insurer.
4. I note that this application is subject to acceptance by the insurer and that the insurance cover does not commence until I have been advised by BT Funds Management Limited or the insurer about acceptance of my application.
5. I have read and acknowledge the statements as to my duty of disclosure in accordance with the Insurance Contracts Act 1984 on page 13 of this brochure.
6. I agree to be bound by the provisions of the policy document between American International Assurance Company (Australia) Limited and BT Funds Management Limited governing the terms of life insurance.
7. I acknowledge that the payment of insurance benefits from the Plan is subject to insurer accepting the claim.
8. I acknowledge that if I tick **YES** to the following question, and my adviser completes the 'Adviser use only' details below, you will keep my adviser informed of the progress of this application. I understand my health information will remain confidential as part of this process.

Do you want your adviser to be able to track the progress of this application?

YES **NO**

9. Where this application form has been downloaded from an electronic file:
 - I acknowledge that, prior to making this application, I personally received the electronic brochure, or a print out of it, attached to or accompanying this Application Form;
 - I understand that the law prohibits any person passing this Application Form to another person unless it is attached to, or accompanied by, the complete and unaltered electronic brochure; and
 - BT Financial Group Limited will send to me upon request, and free of charge, the paper version of the electronic brochure that accompanies this Application Form, during the life of the brochure.

SIGNATURE

▶ Signature of person to be insured

X **Investor** DD / MM / YY

ADVISER USE ONLY

BT Adviser number

A

Surname

Given name(s)

Phone number

Office postcode

Adviser's stamp (please use black ink only)

PERSONAL STATEMENT – PART 2

Please see table on page 1 to find out if you need to complete this part.

A. FURTHER MEDICAL DETAILS

Have you ever had, or been told you had, or received advice or treatment for:

- | | No | Yes |
|--|--------------------------|--------------------------|
| a high blood pressure or blood disorder
eg Leukemia or Haemophilia? | <input type="checkbox"/> | <input type="checkbox"/> |
| b heart, vein or circulatory disorder, including chest pain,
heart attack, raised cholesterol, Rheumatic Fever? | <input type="checkbox"/> | <input type="checkbox"/> |
| c mental or nervous disorder (eg stress, depression)
fainting, Epilepsy, paralysis, brain disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| d Gout, Arthritis, Rheumatism, cartilage or ligament
injury, bone fracture, Hernia? | <input type="checkbox"/> | <input type="checkbox"/> |
| e back pain, sciatic or other disorder of the back
or spine including the neck (whiplash injury)? | <input type="checkbox"/> | <input type="checkbox"/> |
| f Asthma, Bronchitis or other respiratory disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| g stomach, intestinal or rectal disorder, ulcer,
gall bladder or liver disorder, including Hepatitis? | <input type="checkbox"/> | <input type="checkbox"/> |
| h Diabetes, thyroid or prostate disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| i Cancer, tumour or any form of growth? | <input type="checkbox"/> | <input type="checkbox"/> |
| j loss or reduction of hearing or sight, or loss of any limb? | <input type="checkbox"/> | <input type="checkbox"/> |
| k Dermatitis, Psoriasis or other disorder of the skin? | <input type="checkbox"/> | <input type="checkbox"/> |
| l kidney or bladder disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| m sexually transmitted diseases? | <input type="checkbox"/> | <input type="checkbox"/> |
| n drug or alcohol dependency? | <input type="checkbox"/> | <input type="checkbox"/> |
| o any other medical condition not mentioned above? | <input type="checkbox"/> | <input type="checkbox"/> |

p Females only

- | | | |
|--------------------------------|--------------------------|--------------------------|
| i Female organ disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| ii Are you currently pregnant? | <input type="checkbox"/> | <input type="checkbox"/> |

If **yes**, date of expected delivery

/ /

B. MEDICAL HISTORY

During the last five (5) years have you:

- | | No | Yes |
|---|--------------------------|--------------------------|
| a had any examination, advice or treatment by a medical
practitioner, chiropractor or other health professional? | <input type="checkbox"/> | <input type="checkbox"/> |
| b been in a hospital, clinic or nursing home? | <input type="checkbox"/> | <input type="checkbox"/> |
| c been advised to have an operation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d had any tests, including blood tests, ECG, x-rays, etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| e occasionally or regularly taken any medication,
drugs, stimulants, sedatives or tranquillisers? | <input type="checkbox"/> | <input type="checkbox"/> |

C. OTHER DETAILS

- Height cm
or feet inches
- Weight kg
or stones pounds
- Do you smoke? No Yes
If **yes**, what do you smoke?
 cigarettes cigars pipe
 other

How much (daily)?
- Do you drink alcohol? No Yes
If **yes**, what type of alcohol?

How much (daily)?
- Has any company ever refused, or applied special or
modified conditions or cancelled any proposal to insure
you for life or disablement policy? No Yes
- Have you ever engaged, or are you ever likely to engage
in aviation other than as a fare paying passenger or
any hazardous occupation, pastime or pursuit? No Yes

D. ANSWERS IN DETAIL

If you answered **yes** to any question in sections A, B or C above, please provide details in the table below. If there is insufficient space, please provide a signed and dated supplementary statement.

Question reference (A, B or C)	Tests, or nature of condition or complaint	Date commenced	Duration	Time off work	Degree of recovery (%)	Full details of treatment and results (include type of operations)	Full name and address of doctor or hospital (if any)

E. FAMILY HISTORY

1. Has any near blood relative suffered from Diabetes, heart disease, mental disorder or breakdown, Haemophilia, Huntington's Chorea or any hereditary disease, or died before age 60? **If yes, please give details** **No** **Yes**

2. Please fill in the following schedule of family history:

	LIVING		DECEASED	
	Age	State of health (if not stated as good, include reason/s)	Age at death	Cause/s of death (to be stated fully and exactly)
Father				
Mother				
Brothers 1				
2				
3				
4				
Sisters 1				
2				
3				
4				

F. DOCTORS DETAILS

Name of current doctor

Doctor's address

Street no. & name OR PO Box									
Suburb									
State		Postcode							
Country									

Doctor's phone number

--	--	--	--	--	--	--	--	--	--

Doctor's fax number

--	--	--	--	--	--	--	--	--	--

- I hereby declare that the answers to the above questions are true and I have not deliberately withheld any information material to the proposed insurance.
- I consent to American International Assurance Company (Australia) Limited (AIA) and to BT Funds Management Limited on behalf of AIA, seeking medical information from any doctor who at any time I have consulted prior to the date below. While I am insured, I authorise the provision of such information to AIA.
- I acknowledge that I have read and understood my duty of disclosure in accordance with the Insurance Contracts Act 1984 as detailed on page 13 of this brochure.
- A photocopy of this Declaration shall be as valid as an authority as the original.

NAME AND SIGNATURE

▶ Full name of person to be insured

▶ Signature of person to be insured

X	Investor	DD / MM / YY
--	---	---

- Please complete this form if you require cover over \$400,000.
- Please read the following information before you complete, sign and date this form.

Background to the AIDS virus

Acquired Immune Deficiency Syndrome (AIDS) is a viral disease caused by the Human Immunodeficiency Virus (HIV), which destroys white blood cells that help protect us against infections and cancers. It was first reported in the United States in 1981, and the path of the disease has been well documented since through medical bodies and authorities, and the media.

The most recent evidence suggests that the virus will persist in the human body indefinitely and, as yet, there is still no prospect of a cure being available.

A person infected with HIV may experience mild flu-like symptoms or no symptoms at all. The body will usually manufacture antibodies to the virus within 8 to 12 weeks of infection, and the presence of these antibodies can be detected by a blood test.

The infected person may remain free of symptoms for many years, but during this time may pass the infection to others.

Why must I undertake the AIDS blood test?

It is essential that American International Assurance Company (Australia) Limited (AIA) protects the interests of its existing policyholders, and also ensures its long term viability for the benefit of current and future policyholders.

Therefore, AIA must test for the presence of the AIDS virus, and its test requirements are determined particularly by the amount of cover applied for.

Unfortunately, as there is currently no cure for AIDS, it is necessary for AIA to exclude those persons from insurance cover who are already infected with HIV.

How do I organise the AIDS blood test?

You may either arrange this through your usual doctor who will provide you with a referral to a Pathology Clinic, or you can make your own arrangements by contacting one of the Pathology Clinic phone numbers listed below. The Clinic will advise of their nearest location to you and contact phone number, and an appointment can be arranged. In either instance, please take the attached Pathology Request Form when you attend for your appointment.

Location	Pathology clinic	Phone no.
Sydney	Sydney Diagnostic Services	(02) 9941 6416
Penrith & West NSW	Barratt & Smith	(02) 4735 6166
Newcastle & North Coast	Hampson Pathology	(02) 4923 4234
Wollongong & South Coast	Southern Pathology	(02) 4224 7474
Albury	South West Pathology	(02) 6058 1600
Canberra	Capital Pathology	(02) 6248 7804
Melbourne	Gribbles Pathology	(03) 9828 7777
Geelong	Pathcare	(03) 5222 2488
Brisbane	Queensland Medical Labs	(07) 3840 4444
Townsville & Cairns	Townsville Pathology Lab	(07) 4779 3277
Rockhampton	Dr T B Lynch	(07) 4927 1666
Adelaide	Clinpath	(08) 8366 2000
Perth	Western Pathology	(08) 9317 1999
Geraldton	Western Pathology	(08) 9185 1140
Hobart	Hobart Pathology	(03) 6223 1955
Launceston	Launceston Pathology	(03) 6334 3636
Darwin	Western Pathology	(08) 8920 6033
Alice Springs	Western Pathology	(08) 8952 6633

The choice is up to you

You may, of course, choose not to have the blood test AIA requires, or you may like to have more information first. If so, it is recommended you discuss this with your own doctor.

If you do not have a regular doctor or would prefer advice from elsewhere, you could see a specialist counsellor on the subject. There are several Government or community organisations which provide AIDS counselling services.

Your privacy protected

We are very conscious of the need to protect your privacy. Therefore the instruction to the Pathology Clinic contained in the Consent Declaration is that only a **negative** HIV Test result is to be conveyed to AIA.

Should the result of this test be positive, we have instructed that the result be conveyed **only** to yourself.

If AIA does not receive notice from the Pathology Clinic of a negative result within 6 weeks of you attending for the test, we will assume that you do not wish to proceed with your application for insurance, and your file will be closed.

This Form should be completed by the pathologist performing your blood test and returned to American International Assurance Company (Australia) Limited.

To: The Medical Director
Pathology Clinic

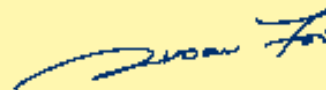
As part of our insurance assessment requirements, we require the client named on the Pathology Request Form to undergo the tests detailed on the next page.

If the HIV test is negative, copies of the result(s) and this Pathology Request Form are to be sent to the address listed below marked 'Confidential'.

If the HIV test is positive, do not send the test results to us. You should communicate the results directly to the client.

The cost of processing these tests will be met by American International Assurance Company (Australia) Limited.

Yours faithfully



Ms. Susan Foo
Portfolio Manager
Group Management Division
American International Assurance Company (Australia) Limited

Send report and a copy of this Pathology Request Form to:

Natasha Paris
Senior Account Management Executive
American International Assurance Company
(Australia) Limited
549 St Kilda Road
Melbourne VIC 3004

1. CLIENT DETAILS

Surname

Given name(s)

Residential address

Street no. &
name OR
PO Box

Suburb

State

Postcode

Country

Birth date

Gender

/ /

Male Female

Phone number 1

Indicate type (**H** = Home, **W** = Work, **M** = Mobile, **F** = Facsimile)

/

Phone number 2 (alternate contact)

/

2. PATHOLOGY CLINIC DETAILS

Name

Address

Street no. &
name OR
PO Box

Suburb

State

Postcode

Country

Phone number 1

Indicate type (**W** = Work, **F** = Facsimile)

/

Phone number 2 (alternate contact)

/

Appointment date

Time

/ / :

ABN

IMPORTANT NOTICE

Under the Pay-As-You-Go legislation effective 01/07/2000, please provide us with your ABN when returning this form. If you are registered for GST, we will also require your Tax Invoice.

If you require payment in advance for the report, please forward your Tax Invoice via fax on (03) 9522 4680 to the attention of the Group Life Department.

TESTS REQUIRED (CLINIC USE ONLY)

- HIV Antibodies
- Hepatitis B/C Serology
- MBA20 – Fasting Biochemistry (cholesterol, triglycerides, creatinine, glucose, uric acid, LFTs, HDL). Fasting means no food or alcohol is to be consumed for 10 hours prior to testing.

3. CLIENT CONSENT DECLARATION

- I have applied for an amount of insurance which requires the tests requested, and this includes a current negative HIV Antibody test as part of AIA underwriting requirements.
- It has been explained to me the need to determine whether I have been infected with HIV.
- I understand that AIA is responsible for the cost of the tests.
- I understand the information conveyed to me on page 6 and I consent to undergoing the tests.
- I authorise you to release the results of these tests, provided the HIV result is **negative**, to AIA. If the result is **positive**, the results are to be communicated only to me.

TO BE SIGNED BY THE APPLICANT AT THE PATHOLOGY CLINIC

Signature of applicant

X Applicant

DD/MM/YY

FOR AIA USE ONLY

Group number

M P 9 7 8 5

BT investor number

C

Please see table on page 1 to find out if you need to complete this part.

Name of person being examined

BT investor number

C

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

BT adviser number

A

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Birth date

D D / M M / Y Y Y Y

To the Medical Examiner:

Information regarding your findings should not be given to any other person. Exceptions may be made, subject to the examinee's consent, if in your opinion there is medical information which should be conveyed to his/her usual general practitioner.

The Insurer's decision concerning the proposal for insurance will be based on a careful consideration of the medical evidence and other factors, including the type of insurance sought. You are therefore requested not to express to the examinee, any opinion concerning the examinee's insurability.

This medical examination is a matter of importance to the person you have just examined and it would be appreciated if you would forward the report marked 'Confidential' without delay to:

BT Funds Management Limited
The Medical Officer
PO Box 299
Melrose Park SA 5039

A. INTRODUCTION

	No	Yes	If yes, please give details
1. Are you acquainted with the examinee:			
i professionally? If yes , how long?	<input type="checkbox"/>	<input type="checkbox"/>	
ii personally? If yes , how long?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there anything unfavourable in appearance, development or behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there any indication of past or present abuse of alcohol or misuse of drugs?	<input type="checkbox"/>	<input type="checkbox"/>	

B. MEASUREMENTS

Give the following measurements:	
1. Height (without shoes)	cm
2. Weight (clothed)	kg
3. Chest at umbilicus (next to skin)	cm Expiration cm Inspiration
4. Abdomen at umbilicus (next to skin)	cm
5. If chest expansion is less than 5cm, comment as to apparent cause or provide peak flow meter reading if available	

C. RESPIRATORY SYSTEM

	No	Yes	If yes, please give details including cause where appropriate
1. Is there any abnormality of the respiratory system to palpitation, percussion or auscultation?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there any sign of past or present respiratory disease?	<input type="checkbox"/>	<input type="checkbox"/>	

D. DIGESTIVE AND LYMPHATIC SYSTEMS

	No	Yes	If yes, please give details including cause where appropriate
1. Is there any abnormality of the tongue, mouth or throat?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there any abnormality or evidence of disease of any abdominal organ, including liver or spleen?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there any abnormality of lymph nodes in the neck, axilla or inguinal regions?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is a hernia present? If yes , describe fully	<input type="checkbox"/>	<input type="checkbox"/>	

E. CIRCULATORY SYSTEM

	No	Yes	If yes, please give details including cause where appropriate
1. What is the rate and character of the pulse?			rate per minute
2. What is the position of the apex beat of the heart?			Character
3. Is there any evidence of cardiac enlargement?	<input type="checkbox"/>	<input type="checkbox"/>	In the interspace cm
4. Is there any abnormality in the heart sounds or rhythm?	<input type="checkbox"/>	<input type="checkbox"/>	From the mid-sternal line
5. Is any murmur present? If yes , describe fully, including site, timing, intensity and transmission. Also indicate any effect of posture or respiration on the murmur.	<input type="checkbox"/>	<input type="checkbox"/>	
6. What is the blood pressure? (auscultatory method) The diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100 or the diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. Use the recumbent position where possible.			Systolic Diastolic mm Hg
			Systolic Diastolic mm Hg
			Systolic Diastolic mm Hg
7. Is there any abnormality of the peripheral artery or venous circulation?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you consider the heart and vascular system to be abnormal?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Is the examinee now on treatment for hypertension? If yes and if you have the required information, please state:	<input type="checkbox"/>	<input type="checkbox"/>	
a pre-treatment blood pressure level, including date(s)			a
b duration of treatment			b
c nature of treatment			c

F. GENITO-URINARY SYSTEM

	No	Yes	If yes, give expected date of confinement and details
1. Examination of the urine The urine should be passed at the time of the examination. If not, please state circumstances.			albumin glucose
2. Is there any abnormality of the genito-urinary system?	<input type="checkbox"/>	<input type="checkbox"/>	
3. For females, is the examinee pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	

G. NERVOUS SYSTEM

	No	Yes	If yes, please give details
1. Is there any defect of vision or abnormality of the eyes?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there any defect in hearing or speech? In cases of present or past ear discharge or deafness, state result of auriscope examination.	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there any evidence of:			
a mental abnormality?	<input type="checkbox"/>	<input type="checkbox"/>	
b any disorder of the central or peripheral nervous system?	<input type="checkbox"/>	<input type="checkbox"/>	

H. MUSCULO-SKELETAL SYSTEM AND SKIN

	No	Yes	If yes, please give details
1. Is there any abnormality of the form or function of:			
a the joints?	<input type="checkbox"/>	<input type="checkbox"/>	
b the muscles or connective tissue?	<input type="checkbox"/>	<input type="checkbox"/>	
c the back or neck including the cervical and lumbar spine?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there any evidence of any disorder of the skin?	<input type="checkbox"/>	<input type="checkbox"/>	

I. SUMMARY

	No	Yes	If yes, please give details:
1. Do you consider any medical practitioners' reports or special tests are required? No special tests are to be carried out in connection with the proposal for insurance without the Insurer's authority.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Do you consider the person examined to be likely to require any surgical operation?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Comment fully on any unfavourable features (either physical or mental) which could either reduce life expectancy or cause disablement: (a) in the personal or family medical history, or (b) disclosed by your medical examination.			

PAYMENT OF FEE

Print name and address to which cheque payment is to be sent:

Name

Address

Street no. & name OR PO Box																				
Suburb																				
State																				
Postcode																				

Phone number 1

Indicate type (W = Work, F = Facsimile)

W	<input type="checkbox"/>	F	<input type="checkbox"/>																	
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Phone number 2 (alternate contact)

W	<input type="checkbox"/>	F	<input type="checkbox"/>																	
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ABN

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IMPORTANT NOTICE

Under the Pay-As-You-Go legislation effective 01/07/2000, please provide us with your ABN when returning this form. If you are registered for GST, we will also require your Tax Invoice.

If you require payment in advance for the report, please forward your Tax Invoice via fax on (03) 9522 4680 to the attention of the Group Life Department.

SIGNATURE

Signature of medical examiner

X	Medical Examiner	DD / MM / YY
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Qualifications

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CONTACT BT

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Trustee

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