

Insurance cover reinstatement form



Save time, go online!

The quickest way to reinstate your insurance cover is via your online account. Log in at unisuper.com.au/login > navigate to *Your Insurance* > look for *Reinstate* under the *Manage your insurance* section.

Use this form to reinstate your insurance cover if it ceased because:

- you had insufficient funds to pay premiums when due
- your account became inactive for 16 consecutive months, or
- you were aged under 25 or had an account balance of less than \$6,000 when your account was transferred from the Defined Benefit Division (DBD) to an accumulation account.

IMPORTANT INFORMATION

To be eligible to reinstate your insurance cover, you must:

- complete all the questions in this application form and submit this form within 90 days of your cover ceasing
- be under the applicable cover cessation age for the type of cover you are applying to reinstate:
 - for Death cover, this is 75 years
 - for TPD cover, this is 70 years
 - for Income Protection cover, this is 67 years
- meet the eligibility criteria explained in sections 2 and 3 of this form.

If your application to reinstate cover is accepted, your cover will be reinstated from the date it ceased and treated like it had never been cancelled. Cover that's reinstated will be the same type and level that existed before cover was cancelled (including the benefit period and waiting period if you are reinstating Income Protection cover), with the same conditions, restrictions and/or loadings.

When you reinstate your insurance cover, we'll treat this as an election to keep your cover even if your account doesn't receive a contribution or rollover for 16 consecutive months.

You will need to ensure your accumulation account has sufficient funds to pay premiums owing from when your insurance was cancelled and to continue to pay premiums when due.

Before you complete this form, please read the *Insurance in your super* document at unisuper.com.au/pds to ensure you understand the full terms and conditions that apply to insurance provided through UniSuper and the details regarding the options available under this application.

You should consider seeking advice from a qualified financial adviser before making a decision on your insurance. Our insurance calculator, available at unisuper.com.au/insurance-calculator, can help you determine what the right level of cover may look like for you.

INFORMATION FROM THE INSURER (METLIFE) - THE DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

SECTION 1 MEMBER DETAILS

➤ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.

Member number

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Dr ☐ Professor ☐ Other

Surname

Given name(s)

This includes your first and middle name(s).

Daytime contact number

Email address



Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

Otherwise, you may not be able to rely on your insurance when it's needed the most.

THE DUTY TO TAKE REASONABLE CARE

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

CONSEQUENCES OF NOT COMPLYING WITH THE DUTY

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

POTENTIAL CONSEQUENCES	ADDITIONAL EXPLANATION	IMPACT ON CLAIMS
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

GUIDANCE FOR ANSWERING OUR QUESTIONS

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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

OTHER IMPORTANT INFORMATION

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

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 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.

It's important that you understand this information and the questions we ask, so if you have any queries please contact us on [1800 331 685](tel:1800331685).

SECTION 2 REINSTATING DEATH AND TPD COVER

Do you wish to reinstate your Death and/or TPD cover?

☐ Yes. Select the cover type(s) you wish to reinstate:

☐ Death ☐ TPD Continue below.

☐ No. Skip to SECTION 3.

To check if you're eligible to reinstate your Death and/or TPD cover, complete the following questions:

1. Are you:

- employed by an employer (or on employer approved leave for reasons other than illness or injury), or self-employed or unemployed, and actively performing or capable of actively performing all of the usual duties of your usual occupation free from any limitations due to illness or injury for at least 30 hours per week, OR
- engaged exclusively in unpaid domestic duties and actively performing or capable of performing all of your unpaid domestic duties free from any limitation due to illness or injury for at least 30 hours per week?

☐ Yes. Continue to Q2.

☐ No. You're not eligible to have Death and TPD cover reinstated.

2. Are you receiving, or are you entitled to receive income support benefits relating to illness or injury from any source including but not limited to workers' compensation benefits, statutory transport accident benefits, or disability income benefits?

☐ Yes. You're not eligible to have Death and TPD cover reinstated.

☐ No. Continue to Q3.

3. Have you applied for, are you entitled to, or have you been paid a total and permanent disablement or terminal illness type benefit from any super fund or life insurance policy?

☐ Yes. You're not eligible to have Death and TPD cover reinstated.

☐ No. Continue to SECTION 3.

SECTION 3 REINSTATING INCOME PROTECTION COVER

Do you wish to reinstate your Income Protection cover?

☐ Yes. Continue below.

☐ No. Skip to SECTION 4.

To check if you're eligible to reinstate your Income Protection cover, complete the following questions:

1. Are you employed by an employer (or on employer approved leave for reasons other than illness or injury) or self-employed, and actively performing or capable of actively performing all of the usual duties of your usual occupation free from any limitations due to illness or injury for at least 30 hours per week?

☐ Yes. Continue to Q2.

☐ No. You're not eligible to have Income Protection cover reinstated.

2. Are you receiving, or are you entitled to receive income support benefits relating to illness or injury from any source including but not limited to workers' compensation benefits, statutory transport accident benefits, or disability income benefits?

☐ Yes. You're not eligible to have Income Protection cover reinstated.

☐ No. Continue to Q3.

3. Have you applied for, are you entitled to, or have you been paid a total and permanent disablement or terminal illness type benefit from any super fund or life insurance policy?

☐ Yes. You're not eligible to have Income Protection cover reinstated.

☐ No. Continue to SECTION 4.

SECTION 4 MEMBER DECLARATION AND SIGNATURE

➤ Please read this declaration before you sign and date this form.

I declare that:

- the information I have given on this form and any accompanying pages that form part of my application is true, complete, and correct.
- I've read and understood the relevant UniSuper *Product Disclosure Statement and Insurance in your super* document available at unisuper.com.au/pds.
- I've read and understood the information provided about the duty to take reasonable care and understand my obligations under the *Insurance Contracts Act 1984* (Cth).
- I've read and understood the privacy information and consent to my personal information being used in accordance with UniSuper's *Privacy Policy* and the Insurer's *Privacy Policy*.

I acknowledge that:

- this application and any insurance cover that is subsequently provided will be determined in line with UniSuper's insurance policy terms and conditions.
- if my application is accepted, my cover will be reinstated from the day it ceased and any loadings, exclusions, limitations, or restrictions that applied to my cover immediately before it ceased will continue to apply upon being reinstated.
- if my application is accepted, any premiums owing from the date my cover was cancelled will be deducted from my UniSuper account balance.
- if my application is accepted, it will count as an election to keep my cover with UniSuper, even if my account doesn't receive a contribution or rollover for a continuous period of 16 months.
- my cover will be cancelled in the event there are insufficient funds in my UniSuper account balance to cover the premium.
- if I fail to provide all or part of the information required or consent to the Insurer to obtain such information as it requires this application will not be assessed and processed.
- if I choose not to reinstate a type of cover and later change my mind, I may need to reapply and provide health evidence that satisfies the insurer.
- UniSuper or the Insurer may contact me to request additional information and to verify my instructions on this form.

Signature

Date

DD	MM	YYYY

Returning your form

Mail to: UniSuper
Level 1, 385 Bourke Street
Melbourne Vic 3000

Email to: insurance@unisuper.com.au

Need help?

- Email insurance@unisuper.com.au
- Call 1800 331 685.

PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide to UniSuper on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, please call 1800 331 685.

YOUR PRIVACY WITH METLIFE INSURANCE LIMITED ABN 75 004 274 882 AFSL 238096 ('METLIFE' OR THE 'INSURER')

The personal information you provide in this form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the *Privacy Act 1988* and the principles laid out in its *Privacy Policy* which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's *Privacy Policy* is readily available and can be viewed at www.metlife.com.au/privacy.