

# Transfer of insurance cover application form

## ABOUT THIS FORM

Use this form to transfer existing insurance cover with a previous super fund across to your UniSuper membership.

Before completing this form, please read the PDS relevant to your membership category and the *Insurance in your super* document, available at [unisuper.com.au/pds](https://unisuper.com.au/pds).

## IMPORTANT INFORMATION

Where Death-only, Death and TPD or TPD-only cover is transferred, it will be provided as fixed cover and will constitute an election to transfer any existing unitised Death and TPD or Death-only or TPD-only insurance cover with UniSuper to fixed cover only. The amount of Death and/or TPD cover transferred will be rounded up to the nearest \$1,000. See the *Insurance in your super* document for more information about fixed cover, including premiums.

**To ensure that you're covered at all times, don't cancel your existing cover until you're notified in writing that your application has been accepted by TAL Life Limited (our Insurer), your account is active and there are sufficient funds to pay the required premiums.**

## TRANSFER LIMITS

Transferring cover is subject to the following maximum cover limits. You can transfer:

- a maximum of \$2 million of Death and TPD insurance cover
- the lesser of up to 85% of your salary or \$29,900 per month (69 units).

The maximum TPD cover you can have, including any existing TPD cover is \$3 million.

## CONDITIONS OF TRANSFER AND ELIGIBILITY CRITERIA

Eligible DBD, Accumulation 1, Accumulation 2 and Personal Account members can apply to transfer existing Death-only, TPD-only or Death and TPD cover to UniSuper without the need for full underwriting provided you satisfy the required criteria.

Eligible Accumulation 1, Accumulation 2 and Personal Account members can also apply to transfer Income Protection (IP) cover to UniSuper. Some restrictions apply to Personal Account members with a Heavy manual or Special risk occupation rating. See the *Insurance in your super* document for details.

## YOUR 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.

## IF YOU DON'T TELL THE INSURER SOMETHING

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the Insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the Insurer may only exercise this right within three years of entering the contract.

If the Insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time, vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the Insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

## YOUR CHECKLIST

- I am aged under 61.
- I have completed the short health questionnaire in this form.
- I have provided UniSuper with one of the following documents (no more than six months old): benefit statement (including screenshot from my other fund's online account if my benefit statement is less than six month's old); certificate of currency; or letter. Documents must show your name or member number, date, type and level of insurance cover currently held with your other fund or insurer.
- If my application is accepted, I must:
- transfer the whole account balance from my other fund (if applicable), and
  - cancel the insurance from my other fund or insurance policy, including any continuation or reinstatement options (either now or in the future), and must not transfer cover with the other fund or to another superannuation fund.
- My cover being transferred is not be subject to any loadings, exclusions or special medical or other conditions.
- I am gainfully employed at the date of the application.
- I have read the declaration in Section 8.

## SECTION 1 YOUR DETAILS

- Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.  
All fields in SECTION 1 are mandatory. Please ensure you complete all fields.

UniSuper member number

If you're unsure of your member number, refer to your most recent UniSuper correspondence or call us on **1800 331 685**.

Title

Mr  Mrs  Ms  Dr  Professor  Other

Surname

Given name(s)

Date of birth (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Daytime contact number

Email address

Residential address (not PO Box)

Suburb/Town

State

<input type="text"/>	Postcode	<input type="text"/>
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Country (if not Australia)

Is your postal address different from your residential address?

No. Go to SECTION 2.  Yes. Please provide your postal address below.

Postal address (PO Box if applicable)

Suburb/Town

State

<input type="text"/>	Postcode	<input type="text"/>
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Country (if not Australia)



## SECTION 2 OCCUPATION RATING, PERSONAL ACCOUNTS ONLY

Choose the occupation rating that best reflects your usual type of work (select one). It's important to make sure you select an occupation rating that reflects the duties of your usual/primary occupation. If it doesn't, our Insurer may update your occupation rating and/or refuse any future claim. For more information, read the *Insurance in your super* document at [unisuper.com.au/pds](http://unisuper.com.au/pds). Please call us on **1800 331 685** if you are unsure about which occupation rating applies to you.

If your occupation rating changes as a result of processing this form, this will change how much you pay for any existing insurance cover you have.

If we're unable to process this form, we will not update your record with any change in occupation rating.

If we do process your form and your selection is different from your current occupation rating, it will be updated effective from the date we receive a decision from our Insurer, even if your application is declined.

### Professional/office work

- Professional (your work requires a university qualification), administrative, managerial or clerical roles
- No regular manual work
- Your work doesn't fall into the "Special risk" classification (see right)

Example occupations: Professor/Lecturer, Lawyer/Solicitor, Administrator, Medical doctor, Book-keeper, IT systems operator, Classroom teacher.

### Light manual

- Regular light manual work (light weight lifting, carrying or stocking only)
- No regular use of heavy machinery or heavy equipment

Example occupations: Chef, Electrician, Field surveyor, Florist, Retail, Nurse, Physical education teacher, Plumber.

### Heavy manual\*

- Involves the regular use of heavy machinery or heavy equipment
- Manual labour, such as regularly bending, lifting or carrying heavy loads
- Driving a motor vehicle for most of the day over short distances

Example occupations: Labourer, Bricklayer, Cleaner, Short distance courier/Driver, Farmer, Gardener/Landscaper, Tailor, Wait staff.

### Special risk\*

- Duties are hazardous (risky or dangerous)
- Hazardous locations or working environments such as long distance driving, working at heights, underground, at sea, underwater or in an aircraft
- Work in industries that rapidly change or are unpredictable, for example professional sportspeople, entertainers, creative artists and media personalities

Example occupations: Crane operator, Diver, Shipyard worker, Long distance bus/Truck driver, Pilot, Actor, Model, Professional sportsperson, Radio/TV presenter, Underground/Offshore miner, Social media personality.sportsperson, Radio/TV presenter, Underground/Offshore miner, Social media personality.

\* If you're a Personal Account member with an occupation rating of Heavy manual or Special risk, you are only eligible for Income Protection cover with a two-year benefit period and, should your application for Income Protection cover be accepted, a two-year benefit period will apply to it.

## SECTION 3 PREVIOUS SUPER FUND OR LIFE INSURER

Full name of previous super fund or life insurer

Company/employer who contributed to the previous super fund

Is this company/employer still paying Superannuation Guarantee (SG) contributions into the previous super fund?

No  Yes

## SECTION 4 YOUR ELIGIBILITY

▶ Please answer all questions in this section. You must answer **No** to all questions to be eligible to transfer your existing insurance cover to UniSuper.

Are you, at the date of this application, due to injury or illness, off work or restricted or unable to fully perform without limitation, all of the duties of your current or usual occupation for at least 30 hours per week, even though your actual employment may be on a full-time, part-time or casual basis or you may be unemployed?

No  Yes

Have you, in the last 12 months, been absent from work or unable to fully perform due to illness or injury (other than cold or flu) for more than 10 days:

- the duties of your usual occupation (whether employed or unemployed); or
- your unpaid domestic duties, if you're unemployed and your sole occupation is the performance of unpaid domestic duties?

No  Yes

Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through a super fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?

No  Yes

Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 12 months from the date of this application?

No  Yes

Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions?

No  Yes

## SECTION 5 CONFIRMATION OF ELIGIBILITY

Did you answer **Yes** to any of the questions in SECTION 4?

**No.** You're eligible to transfer your existing cover to UniSuper. Go to SECTION 6.

**Yes.** You're **not eligible** to transfer your existing cover to UniSuper.

You may apply for insurance cover (subject to underwriting) at any time through your online account or by completing and returning the application form in the *Insurance in your super* document available at [unisuper.com.au/pds](https://unisuper.com.au/pds).

## SECTION 6 TYPE AND AMOUNT OF COVER

Please specify the type and level of cover you wish to transfer to UniSuper without underwriting. You must already hold this type and level of cover (or less) with your other super fund.

<input type="checkbox"/> Death-only cover	\$			
<input type="checkbox"/> TPD-only cover	\$			
<input type="checkbox"/> Death and Total & Permanent Disablement (TPD) cover	\$			
<input type="checkbox"/> Income Protection cover (for Accumulation 1, Accumulation 2 or Personal Account members only) (The total income protection cover you have under all policies must be less than 85% of your income.)	\$			

## SECTION 6 CONTINUED

Your transfer of cover will take effect on the date your application is accepted by our Insurer as long as you meet the eligibility criteria, conditions of transfer and health requirements.

If your application for transfer of cover is successful, we'll keep your insurance even if we're not receiving regular contributions into your account. You can cancel your cover online at any time by logging into your account.

Personal Account members with an occupation rating of Heavy manual or Special risk are have a two-year benefit period applied to any transferred Income Protection cover, regardless of the benefit period that applies to the cover with your current provider.

## SECTION 7 OTHER REQUIREMENTS

- ▶ To be eligible to transfer your cover from another super fund to UniSuper you must also meet the requirements listed below.
  - You must roll your whole super entitlement from your other fund into UniSuper, and
  - Your cover with your other fund must be cancelled and not continued, reinstated (either now or in the future), or be transferred to another division of your other fund.

## SECTION 8 MEMBER DECLARATION AND SIGNATURE

- ▶ Please read this declaration before you sign and date your form.
  - I declare that the information I have given on this form and any accompanying pages is true and correct.
  - I have received, read and understood the information in my UniSuper membership PDS and in the *Insurance in your super* document.
  - I understand that where Death-only or Death and TPD or TPD-only insurance cover is transferred, it will be provided as fixed cover and will constitute an election to transfer any existing unitised Death-only, TPD-only or Death and TPD insurance cover with UniSuper to fixed cover.
  - I understand that all insurance cover is subject to the terms and conditions of the policies.
  - If I fail to provide all or part of the information required or consent to the Insurer obtaining such information, as it requires, this application will not be assessed and processed.
  - I have read *your duty to take reasonable care* and understand my obligations under the *Insurance Contracts Act 1984* as explained on the earlier page.
  - I acknowledge that I have read and understood the privacy information in my member PDS and consent to my personal information being used in accordance with UniSuper's Privacy Policy.
  - I understand that insurance cover does not apply until my application has been approved by the Insurer and my existing cover has been cancelled.
  - I understand that if I am a Personal Account member with an occupation rating of Heavy manual or Special risk, I am only eligible for Income Protection cover with a two-year benefit period and, if my application for Income Protection cover is accepted, a two-year benefit period will apply to it.
  - I confirm that I am:
    - gainfully employed at the date of this application
    - transferring the total account balance from my previous fund to UniSuper, if applicable
    - cancelling my cover with my previous provider
    - not effecting or have not effected a continuation option
    - not reinstating my cover now or at any future date
    - not transferring cover to any other division of my previous fund or to another fund, and
    - aged under 61.
  - I acknowledge that by successfully transferring my cover this constitutes an election to keep my insurance, even if I'm not receiving regular contributions into my account.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

**Don't forget to provide a copy of the following documents (no more than six months old): benefit statement (including screenshot from your other fund's online account if your benefit statement is less than six month's old); certificate of currency; or letter. Documents must show your name or member number, date, type and level of insurance cover currently held with your other fund or insurer.**

**Return your form and any additional documentation to:**

Via email: [enquiry@unisuper.com.au](mailto:enquiry@unisuper.com.au)

Via Post: UniSuper  
Level 1, 385 Bourke Street  
Melbourne VIC 300

**Need help?**

For more information:

- email [enquiry@unisuper.com.au](mailto:enquiry@unisuper.com.au), or
- call **1800 331 685**.

**PRIVACY STATEMENT**

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