

# Transfer of insurance cover application form

Use this form to transfer existing insurance cover with a another super fund or provider to your UniSuper account.

To ensure that you're covered at all times, don't transfer your whole account balance from your other super fund or cancel your existing cover until you're notified in writing that your application has been accepted by our Insurer, your account is active and there are sufficient funds to pay the required premiums.

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).

Where Death-only, Death and Total and Permanent Disablement (TPD) or TPD-only cover is transferred, it will be provided as fixed cover and will constitute an election to also convert any existing unitised Death and TPD or Death-only or TPD-only insurance cover with UniSuper to fixed cover. Once your cover is fixed, you can't change it back to unitised cover.

The total amount of Death and/or TPD cover will be rounded up to the nearest \$1,000. If you're eligible for default cover but haven't yet received it because you're under age 25 or your account balance is below \$6,000, transferring cover does not affect your eligibility to later receive default cover. However, your default cover will be provided as fixed cover.

See the *Insurance in your super* document for more information about fixed cover, including premiums.

If your application to transfer cover is successful, it will constitute an election to keep your insurance cover, even if you're not receiving regular contributions into your account. You can cancel your cover online at any time by logging in to your account.

## TRANSFER LIMITS

Transferred cover is subject to the following maximum amounts:

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

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

## CONDITIONS OF TRANSFER AND ELIGIBILITY CRITERIA

Eligible Defined Benefit Division (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.

## 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](https://unisuper.com.au/privacy). If you have any privacy related questions, please call **1800 331 685**.

## THE DUTY TO TAKE REASONABLE CARE

When you apply for insurance, you're treated as if you're 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're intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

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

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

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

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

### Guidance for answering the questions in this form

You're responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you're unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

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

### Changes before your cover starts

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

### If you need help

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

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

## 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)

Daytime contact number

Email address

Residential address (not PO Box)

Suburb/Town

State

Postcode

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

Postcode

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.

\* 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 OTHER SUPER FUND OR LIFE INSURER

Full name of other super fund or life insurer

Company/employer who contributes to the other super fund

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

No  Yes

## SECTION 4 ELIGIBILITY

➤ Please answer all questions in this section. You must answer **Yes** to all questions to be eligible to transfer your existing insurance cover to UniSuper.

I am aged under 61.

No  Yes

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; screenshots of my online account showing evidence of insurance; or letter. Documents must show your name or member number, date, type and level of insurance cover (including Income Protection benefit payment and waiting periods) currently held with your other fund or insurer.

No  Yes

If my application is accepted, I will:

- transfer the whole account balance from my other fund within 90 days of my application being accepted (if applicable), and/or
- cancel the insurance from my other fund or insurance policy, including any continuation or reinstatement options (either now or in the future), and will not transfer cover with the other fund or to another superannuation fund.

No  Yes

My cover being transferred is not subject to any loadings, exclusions or special medical or other conditions.

No  Yes

I am gainfully employed at the date of the application.

No  Yes

## SECTION 5 HEALTH QUESTIONS

➤ 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 6 CONFIRMATION OF ELIGIBILITY

Did you answer **No** to any of the questions in SECTION 4 or **Yes** to any of the questions in SECTION 5?

**No.** You're eligible to transfer your existing cover to UniSuper. Go to SECTION 7.

**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).

To ensure that you're covered at all times, don't transfer your whole account balance from your other super fund or cancel your existing cover until you're notified in writing that your application has been accepted by the Insurer, your account is active, and there are sufficient funds to pay the required premiums.

## SECTION 7 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 or provider.

<input type="checkbox"/> Death-only cover	\$	<input type="text"/>
<input type="checkbox"/> TPD-only cover	\$	<input type="text"/>
<input type="checkbox"/> Death and TPD cover	\$	<input type="text"/>
<input type="checkbox"/> Income Protection cover (for Accumulation 1, Accumulation 2 or Personal Account members only)	\$	<input type="text"/>

(The total income protection cover you have under all policies must be less than 85% of your income.)

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 in to 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 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 convert 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 understand that, from time to time UniSuper or the Insurer may contact me to request additional information and to verify my instructions on this form.
- 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 (including Income Protection benefit payment and waiting periods) with your other fund or insurer.

### Returning your form and additional documentation

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

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

### Need help?

- Email [enquiry@unisuper.com.au](mailto:enquiry@unisuper.com.au)
- Call 1800 331 685.