

# Transfer of insurance cover application form



## Save time, go online!

Use this form to transfer existing insurance cover with another super fund or provider to UniSuper. If you already have a UniSuper account, the quickest way to transfer your existing insurance cover to UniSuper is by logging into your online account at [unisuper.com.au](https://unisuper.com.au).

You shouldn't cancel your existing cover until you're notified in writing that your application has been accepted by the Insurer. If your application is accepted, you will need to ensure your account has sufficient funds to pay the required premiums.

Before you complete this form, please read the *Insurance in your super* document at [unisuper.com.au/pds](https://unisuper.com.au/pds) to ensure that you understand the full terms and conditions that applies 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](https://unisuper.com.au/insurance-calculator), can help you determine what the right level of cover may look like for you.

## IMPORTANT INFORMATION

To be eligible to transfer your cover, you must be aged less than 65, complete all sections of this form and satisfy the eligibility check. 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.

## TYPES OF COVER YOU CAN TRANSFER TO UNISUPER

### Death and Total & Permanent Disablement (TPD)

- transfer up to \$2 million for Death cover and \$2 million for TPD cover
- if accepted, the transferred cover is provided in addition to any existing Death and/or TPD cover you have with us, subject to your total TPD cover not exceeding \$3 million
- 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 doesn't affect your eligibility to later receive default cover. However, your default cover will be provided as fixed cover
- transferred cover is available as fixed cover only. If you have existing unitised Death and/or TPD cover, your entire Death and/or TPD cover will automatically be converted to an equivalent amount of fixed cover after the transfer, rounded up to the nearest \$1,000
- you can convert your fixed cover to unitised cover after the transfer if you choose to.

### Income Protection

- transfer up to \$29,900 per month for Income Protection cover (equivalent to 69 units), provided it isn't greater than 85% of your monthly income
- if your benefit period with the other super fund or life insurer can't be matched with a benefit period available at UniSuper or the benefit period under your existing Income Protection cover with UniSuper (as applicable), the next shortest benefit period available will apply
- if your waiting period with the other super fund or life insurer can't be matched with a waiting period at UniSuper or the waiting period under your existing Income Protection cover with UniSuper (as applicable), the next longest waiting period available will apply
- if you're aged 63 or over, you're not eligible for a 'To Age 65' benefit period
- Personal Account members with an occupation classification rating of 'Heavy Manual' or 'Special Risk' are only eligible for a benefit period of two years
- Defined Benefit Division (DBD) members aren't eligible for Income Protection cover.

## SECTION 1

## MEMBER 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.

Member number

Title

 Mr  Mrs  Ms  Dr  Professor  Other 

Surname

Given name(s)

This includes your first and middle name(s).



## 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.

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.**

**SECTION 1****CONTINUED**

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****EXISTING INSURANCE DETAILS FOR TRANSFERRING COVER**

1. Please provide details of the other super fund or life insurer you're transferring cover from

Full name of other super fund or life insurer

Member/Policy number

2. Please specify the type and level of cover you wish to transfer to UniSuper

**Note:** You can only transfer the same type and amount of cover that you currently have with your other super fund or life insurer.

Death cover

\$

(maximum amount you can transfer is \$2,000,000)

TPD cover

\$

(maximum amount you can transfer is \$2,000,000)

Income Protection cover

\$

(maximum amount is \$29,900 per month, up to 85% of your monthly income)

Annual salary (before tax and excluding super contributions)

\$

**(Important:** Your salary affects the amount of Income Protection cover you can apply for.)

Benefit period under your existing cover

Waiting period under your existing cover

**SECTION 2****CONTINUED**

3. Is your cover with the other super fund or life insurer subject to any premium loadings, exclusions or any other special terms or conditions?

No  Yes. If so, please provide details of the premium loadings, exclusions or any other special terms or conditions:

4. Please provide one of the following documents from your other provider as evidence of existing cover with this application:

- your last member statement
- your insurance certificate of currency or other written confirmation of your insurance cover details
- a screenshot of your online account showing your insurance cover.

**Important:** Your evidence must be **no more than six months old**, and include your full name and member number, date of the evidence, type and amount of insurance cover (including the benefit period and waiting period if applying to transfer Income Protection cover), and any applicable loadings, exclusions, limitations or restrictions.

**SECTION 3****ELIGIBILITY CHECK**

► To determine your eligibility, complete the following questions:

1. Are you currently under age 65?

No  Yes

2. Are you currently employed (or self-employed) for gain or reward in any trade, profession, vocation, calling, occupation or employment?

No  Yes

3. Are you currently, due to injury or illness (other than cold or flu), 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?

No  Yes

4. 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

5. Have you ever been paid or are you eligible to be paid, or are you 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

6. 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

7. Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined?

No  Yes

**Complete Q8 if you're applying to transfer Income Protection cover:**

8. Is your usual occupation an 'Excluded Occupation'? Refer to the list of 'Excluded Occupations' in the *Insurance in your super* document to determine whether your usual occupation is an 'Excluded Occupation'.

No\*  Yes

\* By ticking this box, I confirm I have reviewed the list of 'Excluded Occupations' in the *Insurance in your super* document and confirm my usual occupation is not an 'Excluded Occupation'.

➤ Complete this section if you're a Personal Account member. Otherwise, skip to SECTION 5.

Your occupation classification affects your premium rates and eligibility for insurance cover.

You must choose the occupation classification that best reflects your usual type of work (only select one). If it's found that your occupation classification has been misstated, the Insurer may adjust your insurance cover and premium based on the correct occupation classification.

If the occupation classification you have selected in this form is different from what we have recorded for you, your occupation classification will be updated effective from the date we receive a decision on your application from our Insurer (even if your application is declined). This may change how much you pay for any new and existing insurance cover you have, and your eligibility for cover in the future.

If we're unable to process this application form, we won't update your record with the occupation classification you've selected.

For more information, read the relevant *Insurance in your super* document at [unisuper.com.au/pds](https://www.unisuper.com.au/pds). Please call us on **1800 331 685** if you're unsure about which occupation classification applies to you.

#### 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're 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 5****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](https://www.unisuper.com.au/pds).
- I've read and understood 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*.
- If my application is accepted, signing this form constitutes a valid election to maintain my cover with UniSuper, even in the event my account doesn't receive a contribution or rollover for a continuous period of 16 months.

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, any Death and/or TPD cover I have requested to be transferred will be provided as fixed cover and will constitute an election to convert any existing unitised Death and/or TPD cover I have with UniSuper to fixed cover (rounded up to the nearest \$1,000).
- If my application is accepted, I am required to rollover my entire superannuation account balance (if my previous policy is a superannuation policy) and cancel all cover under the previous policy within 90 days of my application being accepted.
- If my application is accepted, any loadings, exclusions, limitations, or restrictions that apply to my transferred cover will continue to apply on transfer to UniSuper.
- 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.
- UniSuper or the Insurer may contact me to request additional information and to verify my instructions on this form.

Signature

Date

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

### Returning your form

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

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

### Need help?

- Email [insurance@unisuper.com.au](mailto: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](https://www.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](https://www.metlife.com.au/privacy).