

transfer your insurance

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Please note: The amount of your cover with CareSuper plus the amount of transferred cover cannot exceed \$2 million in total for death and/or TPD cover without evidence of health.

For income protection, the maximum amount is \$20,000 per month.

You can apply to transfer insurance cover that you have outside of CareSuper if you:

- Are joining CareSuper or an existing member of CareSuper and
- Have superannuation with another fund where you are entitled to a death and/or total and permanent disablement (TPD) benefit and/or income protection benefit under that fund ('former fund') and/or
- Have an individual death and/or TPD and/or income protection insurance policy outside of superannuation from a life insurer (individual insurer).

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Note

Acceptance of your transfer request is subject to the insurer's acceptance and some limitations may apply.

- 1 Complete **Parts A, B and C** of this **Transfer your insurance** form (below), by providing all the required details and signing the form.
- 2 Attach an up-to-date statement from your former fund or written evidence from your individual insurer confirming the type and level of cover you have with the former fund or individual insurer (CareSuper must receive this evidence within **45 days** of it being issued).
- 3 Do not cancel your existing cover until you have received confirmation in writing that your transfer request has been accepted by CareSuper.

If CareSuper's insurer (CommInsure) accepts your application, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund or individual insurer. If this cover is for death only or death and TPD, it will apply **in addition** to any existing cover you hold under CareSuper (limits apply). Transferred income protection cover will be the higher of any cover held with CareSuper or the cover provided by your old insurer.

Part A – Personal details

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Surname											
Given names								Date of birth			
Address											
Suburb						State			Postcode		
CareSuper member number (if known)						Telephone					
Name of current employer											
Name of former fund or individual insurer											
Former fund member number or Life Policy Number						Former fund SPIN (if known, not applicable for individual policies)					

Part B – Personal statement and confirmation of requirements

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1. Please confirm (by ticking the box below right) that the following statements are true and correct:

- I will cancel all insurance cover with my former fund or individual insurer within 60 days of receiving confirmation from CareSuper of my successful transfer application;
- I will not be transferring the cover with my individual insurer or former fund to any other part (including division, section or category) of the former fund, or to any other superannuation fund, other than CareSuper;
- I will not effect a continuation option, or subsequently reinstate any cancelled cover with the individual insurer, or within the former fund or any other division, section, category of the former fund, or within any fund or insurance policy where such reinstatement of cover is available to me; and
- I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by CareSuper.

I confirm that the above statements are true and correct and I agree to abide by these requirements No Yes

If you have ticked 'No' you are not eligible for insurance transfer into CareSuper. This does not affect any default cover you are entitled to, or may have under CareSuper.

2. I confirm the details of my current cover with the former fund or individual insurer are as follows:

a) Death cover	Date cover started	b) TPD cover	Date cover started
\$	/ /	\$	/ /

Please select () the type of cover you would like: (if you do not make a selection you will be provided with CareSuper Fixed cover)

Sufficient units of CareSuper scale Fixed sum insured

I would like to index my fixed cover, if applicable, by 5% annually to account for inflation.

Please note that you must transfer the total current cover to CareSuper and you cannot transfer TPD cover without death cover, and if the insurer accepts your application, your amount of cover with the former fund or individual insurer will be matched by an equivalent level of fixed CareSuper insurance cover, rounded to the nearest \$1,000, or sufficient units of CareSuper scale.

c) Income protection	Date cover started	CareSuper provides monthly cover in units of \$425. If your transfer application is successful, you will be given the number of units closest to your current monthly cover (rounded to the nearest unit).
\$	/ /	

Income protection waiting period eg. 30 days, 60 days or 90 days (if your current waiting period is greater than 120 days you are not eligible to transfer your cover to CareSuper)

Income protection benefit period eg. two years, five years, to age 60, to age 65 (CareSuper has a two year benefit period. If your transfer application is successful, a two year benefit period will apply)

Income protection additional benefits eg. nursing care benefit, specific illness benefit (these benefits may not be available under CareSuper)

See over >

Part B continued – Personal statement and confirmation of requirements

- 3. Are you restricted, due to injury or illness, from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)? Full-time basis is considered to be at least 30 hours per week even though you may not actually be currently working that number of hours. No Yes
4. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Total and Permanent Disablement or disability benefit from CareSuper, another superannuation fund or under a life insurance policy? No Yes
5. Have you been diagnosed with an illness that reduces your life expectancy to less than twelve months from today? No Yes
- If you have ticked 'Yes' to question 3, 4 or 5 you are not eligible for insurance transfer into CareSuper. This does not affect any default cover you are entitled to, or may have under CareSuper.
6. Is your cover with the former fund or individual insurer subject to any premium loadings and/or exclusions, including but not limited to pre-existing condition exclusions, or restrictions in regard to medical or other conditions? No Yes
- If 'Yes' please provide details of the premium loading, exclusion or restriction, including a copy of the advice you received from the former fund or individual insurer advising you of the acceptance of that cover subject to these additional terms.

Part C – Acknowledgements

I acknowledge that:

- If I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to CareSuper; and
- CareSuper and the insurer may undertake appropriate enquiry and investigation to verify the answers I have provided on this form; and
- I agree to provide CareSuper or the insurer with any authority that may be necessary to access the health evidence I provided to my former fund, the former fund's insurer or my individual insurer for the purposes of assessing any application for that cover, and I agree that any failure to abide by my duty of disclosure to the former fund, former fund's insurer or individual insurer may be acted upon by CareSuper or its insurer in respect of cover transferred on the basis of this application; and
- Should it become apparent to CareSuper or its insurer that I have not undertaken the requirements that I confirmed in PART B above, then any insured benefit that may be payable to me or my estate or my beneficiaries from CareSuper may be reduced in whole or in part as a consequence of my failure to abide by these conditions. This reduction in benefit will, however, be limited to the extent that my benefit from CareSuper is no less than I would have been eligible to receive under the terms of the policy between CareSuper and the insurer had I not applied for a transfer of cover.

My transferred cover will commence in CareSuper on the date the following are satisfied:

- The date the insurer accepts my application; and
- I cancel my existing insurance cover under my former fund; and
- The whole account balance from my former fund has been transferred to CareSuper (for super transfers).

If the insurer accepts my application, my existing amount of death/TPD cover as at the transfer date under my former fund/policy will be added to any existing death/TPD cover held with CareSuper by allocation to my CareSuper account, of sufficient units rounded up to the next whole unit or sufficient fixed cover rounded up to the nearest \$1,000. Insurance transfer limits apply. The total amount of existing cover plus transferred cover without additional health assessment is subject to a maximum of \$2,000,000 death and TPD and \$20,000 per month for income protection.

Full name



Member's signature

Date (DD/MM/YYYY)

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Your Duty of Disclosure

Before you enter into or become insured under a contract of life insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the insurer 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 the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate your insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of its business, ought to know; or
- as to which compliance with 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 covered you on any terms if the failure had not occurred, the insurer may void your cover within three years of issuing it. If your non-disclosure is fraudulent, the insurer may void your cover at any time. An insurer who has not voided your cover may, within three years of issuing it, elect 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.

Privacy

CareSuper collects your personal information to establish and administer your superannuation account. If you choose not to provide your personal information we may not be able to process your membership application or administer your account. By signing this form, I confirm:

- I have read CareSuper's Privacy Statement as outlined in the **Member Guide PDS**. I understand how CareSuper intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified.
- I consent to the collection and use of my personal information by the Trustee to establish and administer my superannuation account.

If you have any questions about your rights under the privacy legislation, please call CareSuper on **1300 360 149**.



Please return the completed form, with attachments to:

CareSuper
Locked Bag 5087
Parramatta NSW 2124

For more information
call the CareSuperLine

1300 360 149

You must sign and date this form.