

Transfer your insurance form



IMPORTANT

- A** Complete **Parts A, B and C** of this **Transfer your insurance form**, by providing all the required details and signing the form.
 - B** Attach an up-to-date statement or certificate of currency as evidence of cover held from your former fund, confirming the type and level of cover you have with them. (CareSuper must receive this evidence within **6 months** of it being issued.)
- Complete this form in blue or black pen using BLOCK LETTERS and tick where applicable.

If CareSuper’s insurer accepts your application, you will receive an amount of cover equivalent to the level of cover you currently have with your former fund (other conditions apply). If this cover is for death only or death and total & permanent disablement (TPD), it will apply **in addition** to any existing cover you hold under CareSuper (limits apply). Transferred income protection cover will replace any existing cover held with CareSuper where the amount of transferred cover is greater than existing cover.

Please see the information box on page 3 for further important information on transferring your insurance cover.

PART A. YOUR PERSONAL DETAILS

Member account number _____ Date of birth (DD/MM/YYYY) _____ Title _____

Surname _____

Given names _____

Residential address (must be advised) _____

Suburb _____ State/territory _____ Postcode _____

Postal address (if different from above) _____

Suburb _____ State/territory _____ Postcode _____

Mobile _____ Preferred contact number _____

Preferred contact time Morning (9am–12pm) Afternoon (12pm–5pm)

Gender Male Female A gender not listed here

Email _____

Name of current employer _____

Please select (✓) one:

I’m transferring my insurance from another fund into CareSuper (complete details below)

Name of former fund _____

Former super fund member number _____ Former fund USI (if known) _____

OR

I’m transferring my insurance within CareSuper (your insurance with CareSuper will be consolidated into the Member account number you’ve listed above).

NOTE

You must be under age 60 to be eligible to transfer cover into CareSuper. The maximum total amount of cover you can have following a transfer without evidence of health is \$2,000,000 death and TPD and \$10,000 per month for income protection.

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

- Are joining CareSuper or are an existing member of CareSuper and
- Have superannuation with another fund where you are entitled to insurance under that fund ('former fund') or an individual insurance policy linked to superannuation.

You cannot apply to transfer to CareSuper for:

- Any ancillary benefits with your former fund. Ancillary benefits will cease at the closure of your former fund membership
- A retail policy not linked to superannuation.



Transferring insurance within CareSuper is when you’re transferring between the Employee Plan and Personal Plan or vice versa.

PART B. PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS

1. Please confirm (by ticking (✓) the box below) that the following statements are true and correct:
- a) I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by CareSuper
 - b) I will not effect a continuation option, or subsequently reinstate any cancelled cover 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
 - c) I am aged under 60 at the date of applying for this insurance transfer
and, if I'm transferring insurance from a different fund:
 - d) I will cancel all insurance cover with my former fund within 60 days of receiving confirmation from CareSuper of my successful transfer application, and
 - e) I will not be transferring the cover with my former fund to any other part (including division, section or category) of the former fund, or to any other superannuation fund, other than CareSuper (the insurer reserves the right to confirm this in the event of a claim).

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

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 are as follows:

a) Death cover
\$ _____, _____, _____ . _____ _____ / _____ / _____
Date cover started

b) TPD cover
\$ _____, _____, _____ . _____ _____ / _____ / _____
Date cover started

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

c) Income protection
\$ _____, _____, _____ . _____ _____ / _____ / _____
Date cover started


If your transfer application is successful, you will be given the same amount of income protection cover you had with your previous fund.

Income protection waiting period e.g. 30 days, 60 days or 90 days (if your current waiting period is greater than 90 days you'll be eligible for 90 days waiting period with CareSuper). _____

Income protection benefit period e.g. 2 years, 5 years, to age 60, to age 65 (CareSuper has a 2- or 5-year benefit period; if your current benefit period is 5 years or greater, a 5-year benefit period will apply). _____

I acknowledge that additional income protection benefits (e.g. nursing care benefit, specific illness benefit) are not available under CareSuper (please tick ✓).

3. Have you been paid, or are you eligible to be paid, or have you lodged or are you going to lodge a claim for terminal illness or disability from a superannuation fund, life insurance company or any State or Federal Government body, such as workers' compensation, social security, Veterans' affairs or a motor accident scheme? Yes No

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

The amount of cover on this form must exactly match the amount of cover on your up-to-date statement or certificate of currency.

NOTE
You must transfer the total current cover to CareSuper. You cannot transfer TPD cover without death cover. If the insurer accepts your application, your amount of cover with the former fund will be matched by an equivalent level of fixed cover with CareSuper, rounded up to the nearest \$1,000.

4. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today? Yes No
- If you have ticked 'Yes' to questions 3 or 4 you are not eligible for insurance transfer into CareSuper. While you are not eligible to transfer insurance cover to CareSuper, you will retain the default level of cover.
5. Is your cover with the former fund subject to any fee loadings and/or exclusions, including but not limited to pre-existing condition exclusions or restrictions in regard to medical or other conditions? Yes No

If 'Yes' please provide details of the fee loading, exclusion or restriction, including a copy of the advice you received from the former fund advising you of the acceptance of that cover subject to these additional terms.

When transferring cover into CareSuper, you will need to be in active employment for all of the first 30 days from the date your cover is transferred. If you are not, you will receive 'limited cover' on the transferred cover until you return to active employment for 2 consecutive months. For the definitions of active employment and limited cover, please refer to the **Insurance Guide** available at caresuper.com.au/pds.

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 or the former fund's 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 or former fund's 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, 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 insurer accepts my application, and
- I transfer my account balance to CareSuper and I cancel my existing insurance cover under my former fund.

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 as a fixed dollar amount, rounded up to the nearest \$1,000. For income protection cover, the cover transferred will replace any existing income protection cover you may have with CareSuper. However, if the amount of your existing income protection cover with CareSuper exceeds the amount of your transferred cover, your existing cover will continue and the transferred cover will be invalid. Insurance transfer limits apply. The maximum total amount of cover following a transfer without additional health assessment is \$2,000,000 death and TPD and \$10,000 per month for income protection.

NOTE

Do not cancel your existing cover until you have received confirmation in writing that your insurance transfer request has been accepted by CareSuper. Make sure you apply to transfer your insurance before transferring the total balance of your super account to CareSuper. Once your total account balance has been transferred to CareSuper your cover may cease under your previous fund.

To transfer your account balance to CareSuper, please go to caresuper.com.au/combine. Before you leave your other fund, you should check if it is the right decision for you (including any changes to insurance) and whether your other fund will charge you any fees.

DUTY OF DISCLOSURE

Before CareSuper enters into an insurance contract in respect of a member, it has a duty to tell the insurer anything it knows or could reasonably be expected to know that may affect the insurer's decision to provide the insurance and on what terms.

CareSuper has this duty of disclosure until the insurance is provided. CareSuper has the same duty before it extends, varies or reinstates the contract.

CareSuper does not need to tell the insurer anything that:

- Reduces the risk of the insurance
- Is common knowledge
- The insurer knows or should know as an insurer, or
- The insurer waives the duty to tell the insurer about.

If you as a member of CareSuper do not tell the insurer something

If you, as the person whose life is to be insured as a member of CareSuper, do not tell the insurer something you know or could reasonably be expected to know that may affect the insurer's decision to cover you and on what terms, this may be treated as a failure by CareSuper.

If CareSuper does not tell the insurer something about you

- If CareSuper does not tell the insurer something it is required to and the insurer would not have provided you with the insurance if it had been told, the insurer may void the contract within three years of entering into it.
- If the insurer chooses not to void the contract, it may at any time reduce the amount of insurance provided to you. This would be worked out using a formula that takes into account the fee that would have been payable if CareSuper had told the insurer everything it 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 into the contract.
- If the insurer chooses not to void the contract or reduce the amount of insurance provided, it may at any time vary the contract in a way that places the insurer in the same position it would have been in if CareSuper had told the insurer everything it should have. However, this right does not apply if the contract has a surrender value or provides cover on death.
- If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

In exercising its rights, the insurer may consider whether different types of cover can constitute separate contracts of insurance, and may apply its rights separately to each type of cover.

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 insurance transfer or administer your account. By signing this form, I confirm:

- I have read CareSuper's Privacy Policy as outlined at caresuper.com.au/privacypolicy.
- 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 transfer my insurance and administer my account.

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

DECLARATION AND REQUEST FOR COVER

By completing this form I understand I'm making a choice about my current and/or future insurance cover. I elect to have or maintain cover even if my account is or becomes inactive (including where it has not received contributions or rollovers for 16 months) and understand fees will continue to be deducted from my superannuation account.

I understand I may choose to cease my cover at any time.

Member's signature

____/____/_____
Date (DD/MM/YYYY)

Print name in full



YOU MUST SIGN AND DATE THIS FORM

The form won't be valid if you don't sign it.

ONCE YOU'RE DONE

Send your completed form and up-to-date statement or certificate of currency to:

CareSuper
Locked Bag 20019
Melbourne VIC 3001

For more information call **1300 360 149**