

# Transfer your insurance form



## IMPORTANT

Our insurer MetLife will be treating this contract as a 'consumer insurance contract'. The person to be insured must complete this application and initial any changes. MetLife will contact you if we require further information.

Please answer all the questions accurately and provide additional information wherever requested.

- A** Complete all parts of this **Transfer your insurance form**, providing all the required details and then sign 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 and permanent disablement (TPD), it will apply **in addition** to any existing cover you may hold with 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.

If you're an Employee Plan member that has not previously held standard age-based cover with us you can apply to have standard cover commence on your account without providing medical evidence as soon as you're eligible (subject to terms and conditions). Complete and return the form at [caresuper.com.au/insuranceelectionform](https://caresuper.com.au/insuranceelectionform)

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

## PRIVACY – USE AND DISCLOSURE OF PERSONAL INFORMATION

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the 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).

## DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION – IMPORTANT INFORMATION BEFORE COMMENCING THIS APPLICATION

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on page 5 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

## PART A. YOUR PERSONAL DETAILS

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

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Residential address (required) \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

Postal address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Preferred contact time  Morning (9am-12pm)  Afternoon (12pm-6pm)  Anytime

Email \_\_\_\_\_

Gender  Male  Female  A gender not listed here

Employer name \_\_\_\_\_

What is your current occupation? \_\_\_\_\_

What industry do you work in? *e.g. finance, agriculture, education* \_\_\_\_\_

What is your annual income before tax?\* \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

\*including overtime, commission, bonuses and shift allowances and excluding mandated employer super contributions.

Note: If you are self-employed this means income after business expenses but before tax.

How many hours on average do you work per week? \_\_\_\_\_

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. Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker’s compensation, or any other benefits for illness or injury?  Yes  No
- 2. Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months?  Yes  No

If you have ticked ‘Yes’ to questions 1 or 2 you are not eligible for insurance transfer into CareSuper. While you are not eligible to transfer insurance cover to CareSuper, you will retain the standard level of cover.

3. Please confirm (by ticking (✓) the box below) that ALL of the following statements are true and correct:

- a) I understand that my cover, if 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 to have your existing insurance cover transferred into CareSuper. This does not affect any standard cover you may be entitled to, or may have, under CareSuper.

4. 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 insurance you had with your previous fund.

**Current income protection waiting period:**

Choose (✓) either  30 days  60 days  90 days

(If your current waiting period is greater than 90 days you’ll be eligible for 90 days waiting period with CareSuper).

**Current income protection benefit period:**

Choose (✓) either  2 years  5 years

(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 ✓).

**!** 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.

**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](http://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.

5. Was your previous cover accepted with any premium loadings, exclusions or any other special terms or 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 your **Insurance Guide**.

### PART C. OCCUPATIONAL CATEGORIES

CareSuper offers three different occupational categories, each reflecting the level of risk associated with different roles, health and occupations. Please complete (✓) the following questions to determine whether you can change your occupational category.

1. Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)?  Yes  No
2. In the last 12 months have you had any illness or injury that:
  - a. caused you to take time off work for more than 10 consecutive working days, or  Yes  No
  - b. required modification to your normal working hours or duties?  Yes  No

If you answer 'yes' to any of the above questions, you are not eligible to change your occupational category.

If you answer 'no' to all of the above questions, please complete (✓) the following questions to determine the category that applies to you.

1. Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work and are undertaken entirely within an office environment (excluding travel time from one office environment to another)?  Yes  No
2. Are you earning in **excess** of \$100,000 per year from your profession? (Please see the **Insurance Guide** for a definition of 'total income')  Yes  No
3. a) Do you hold a tertiary qualification or are you a member of a professional institute or registered as a practising member of your profession by a government body?  Yes  No

OR

- b) Are you in a management role?  Yes  No

If you answered no to Q1, you qualify for the **General** occupational category.  
If you answered yes to Q1, you qualify for the **Office** occupational category.  
If you answered yes to Q1 and Q2, and to either Q3a or Q3b, you qualify for the **Professional** occupational category.

- Your occupational category will be reviewed each time you complete a new application form or apply to vary your insurance cover.
- If you do not complete this section and you have not changed your cover, your current occupational category will continue to apply to your cover.



Check the occupational category that applies to you. This will determine your insurance fees or the cover amount that will apply to you.

#### IMPORTANT

If you currently work part-time and your full-time equivalent salary is more than \$100,000 p.a. you're eligible to answer 'yes' to question 2.

## PART D. 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.

### 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 CareSuper on **1300 360 149**.



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.

Please ensure you initial any errors and amendments made on this form

## PART E. DECLARATION AND CONFIRMATION OF YOUR REQUEST

- I have read and understand the Duty to take reasonable care on page 5 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- My answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy – Use and disclosure of personal information' on page 1 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I acknowledge that if MetLife accepts the transfer of my existing insurance cover, it is doing so on the basis that I complied with the duty of disclosure or the duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I understand that the transferred cover may be treated as having not commenced with MetLife if I did not comply with the duty of disclosure or duty to take reasonable care not to make a misrepresentation (as applicable) when applying for the existing cover.
- I have read the insurance section of the current Product Disclosure Statement and my relevant **Insurance Guide** and **Target Market Determination**.

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 insurance, the cover transferred will replace any existing income protection insurance I may have with CareSuper. However, if the amount of my existing income protection insurance with CareSuper exceeds the amount of my transferred cover, my 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.

### 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](https://caresuper.com.au/privacypolicy) and the insurer's Privacy Policy, available at [metlife.com.au/privacy](https://metlife.com.au/privacy)
- 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**.



Member's signature

Date (DD/MM/YYYY)

Full name



### YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it. (We cannot accept digital signatures.)

### ONCE YOU'RE DONE

Return this completed form and any supporting documents by:

1. Attaching and submitting it online at: [caresuper.com.au/getintouch](https://caresuper.com.au/getintouch)
2. Posting it to:  
**CareSuper**  
**Locked Bag 20019**  
**Melbourne VIC 3001**

For more information call **1300 360 149**