

# Transfer your insurance form



## IMPORTANT

Use this form if you're an Employee Plan member, Personal Plan member and 125% and 150% standard cover member.

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 sections of this **Transfer your insurance** form, providing all the required details and then sign the form.
- B** Provide an up-to-date statement or certificate of currency as evidence of insurance cover held from your former fund, confirming the type and level of insurance cover you have with them. (CareSuper must receive this evidence within **six months** of it being issued.)

If you're part of a corporate insurance arrangement (CIA), use the **Corporate transfer your insurance** form. Complete this form in blue or black pen using BLOCK LETTERS and tick  where applicable.

If CareSuper's insurer accepts your application, you'll receive an amount of insurance cover equivalent to the level of insurance cover you currently have with your former fund (other conditions apply).

Any transferred death and TPD cover is considered tailored cover. Tailored cover is fixed cover, with fixed cover, the amount of death and TPD cover generally stays the same. Any death and TPD cover you transfer plus any additional fixed dollar amount you apply for will be your total fixed cover. The total cover will be rounded up to the next \$1,000. A minimum of \$10,000 applies and your fixed cover must be in multiples of \$1,000 (limits apply). It will apply in addition to any existing insurance cover you may hold with CareSuper (limits apply).

Transferred income protection cover **will replace** any existing insurance cover held with CareSuper where the amount of transferred cover is greater than the existing insurance cover.

If you're an Employee Plan member that hasn't previously held standard age-based insurance 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 boxes 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.

## 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's your current occupation? \_\_\_\_\_

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

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

\*including overtime, commission, bonuses and shift allowances and excluding mandated employer super contributions.  
Note: If you're 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 insurance cover into CareSuper. The maximum total amount of insurance 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 you have outside of CareSuper if you:**

- Are joining CareSuper or are an existing member of CareSuper, and
- Have superannuation with another fund, including self-managed super funds (SMSF), where you're 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.

## 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've ticked 'Yes' to questions 1 or 2 you're not eligible for insurance transfer into CareSuper. While you're not eligible to transfer insurance cover to CareSuper, you'll retain the standard level of insurance cover.

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

- a) I understand that my insurance cover, if accepted, will be subject to the terms and conditions relating to insurance cover provided by CareSuper
- b) I will not effect a continuation option, or subsequently reinstate any cancelled insurance 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 insurance cover is available to me
- c) I'm under age 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 insurance 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 the above statements are true and correct and I agree to abide by these requirements.

Yes  No

If you have ticked 'No' you're not eligible to have your existing insurance cover transferred into CareSuper. This does not affect any standard insurance cover you may be entitled to, or may have, under CareSuper.

4. I confirm the details of my current insurance cover with the former fund are as follows:

- a) Death cover

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date death cover started

- b) TPD cover

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date TPD cover started

- c) Income protection

\$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ . \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date income protection cover started

If your transfer application is successful, you'll 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  To age 65

- 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 insurance 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 can't transfer TPD cover without death cover. If the insurer accepts your application, your amount of insurance 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 insurance cover until you have received confirmation in writing that CareSuper has accepted your insurance transfer request. 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 insurance 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 insurance cover accepted with any premium loadings, exclusions or any other special terms or conditions?  Yes  No

If 'Yes' please attach 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 insurance cover subject to these additional terms.

When transferring insurance cover into CareSuper, you'll need to be in active employment for all of the first 30 days from the date your cover is transferred. If you aren't, you'll receive 'limited cover' on the transferred cover until you return to active employment for two consecutive months. For the definitions of active employment and limited cover, please refer to the **Insurance Guide**.

### C. OCCUPATIONAL CATEGORIES

CareSuper offers two different occupational categories, both 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're 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're 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 solely limited to professional, managerial, administrative, or similar duties, which do not involve manual work?  Yes  No
- AND**
2. Are you earning **in excess** of \$125,000 p.a. from your profession?  Yes  No
- AND**
3. a) Do you hold a tertiary qualification or are you a member of a professional institute or registered as a practicing member of your profession by a government body?  Yes  No
- OR**
- b) Are you in a management or leadership role?  Yes  No

If you answered 'No' to Q1, you qualify for the **General** 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, we'll continue to apply your current occupational category to your insurance cover.



Check the occupational category that applies to you. Occupational categories may 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 \$125,000 p.a. you're eligible to answer 'yes' to question 2.

## 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**.



Take care 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 make sure you initial any errors and amendments you make on this form.

## 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 insurance 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 insurance 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 current **PDS, Insurance Guide, Fact sheet** (if applicable to you) and **Target Market Determination**.

My transferred insurance 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

Upload this completed form and any supporting documents to the 'Contact us' section of your MemberOnline account or at [caresuper.com.au/getintouch](https://caresuper.com.au/getintouch)

OR

Return this completed form to:

**CareSuper  
Locked Bag 20019  
Melbourne VIC 3001**

For more information call **1300 360 149**.