

Insurance Transfer Form

TWUSUPER and Divisions



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

- are joining TWUSUPER for the first time or an existing member of TWUSUPER; and
- you 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"); or
- you have an individual death and/or TPD and/or income protection insurance policy outside of superannuation from a life insurer ("individual insurer"); by

- 1 completing **PART A, B and C** of this Insurance Transfer Form (below), providing all the required details and signing the form; and
- 2 attaching 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 (TWUSUPER must receive this evidence within **45** days of it being issued).

Please note that acceptance of your transfer request is subject to the Insurer's acceptance and some limitations apply. Do not cancel your existing cover until you have received confirmation in writing that your transfer request has been accepted by TWUSUPER.

If TWUSUPER's Insurer (Commlnsure) 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 and/or TPD, it will apply **in addition** to any basic cover you may be automatically entitled to under TWUSUPER. Transferred income protection cover will **replace** any income protection cover you may have under TWUSUPER.

Part A — Personal details

Surname	Given name/s	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address		
<input type="text"/>		State <input type="text"/> Postcode <input type="text"/>
TWUSUPER member number (if known)	Phone number	
<input type="text"/>	<input type="text"/> (<input type="text"/>) <input type="text"/>	
Name of current employer		
<input type="text"/>		
Name of former fund or individual insurer		
<input type="text"/>		
Former fund member number or Life Policy Number	Former fund SPIN (if known, not applicable for individual policies)	
<input type="text"/>	<input type="text"/>	

Part B — Personal statement and confirmation of requirements

1 Please confirm (by ticking the box to the right) that the following statements are true and correct: Tick (✓) yes or no

a I will cancel all insurance cover with my former fund or individual insurer within 60 days of receiving confirmation from TWUSUPER of my successful transfer application;

b 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 TWUSUPER; and

c 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;

d I understand that my cover, once accepted, will be subject to the terms and conditions relating to insurance cover provided by TWUSUPER.

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 TWUSUPER. This does not affect any basic cover you are entitled to, or may have under TWUSUPER.

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 Total and Permanent Disablement (TPD) cover	Date cover started
\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Please note that you must transfer the total current cover to TWUSUPER, 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 TWUSUPER insurance cover, rounded up to the next \$1,000.

Part B continued — Personal statement and confirmation of requirements

c Income protection cover
\$

Date cover started
 / /

TWUSUPER provides monthly cover in units of \$100. 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 or 90 days (if your current waiting period is greater than 90 days you are not eligible to transfer your cover to TWUSUPER)

Income protection benefit period eg. two years, five years, to age 60, to age 65 (TWUSUPER have 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 TWUSUPER)

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 TWUSUPER, 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 TWUSUPER. This does not affect any basic cover you are entitled to, or may have under TWUSUPER.

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 regards 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 — Acknowledgments

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 TWUSUPER; and
- if the Insurer has accepted my application, my cover will commence in TWUSUPER on the date this application is completed subject to cancellation of my existing cover as outlined in Part B; and
- TWUSUPER and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided on this form; and
- I agree to provide TWUSUPER or the Insurer with any authority that may be necessary to access to 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 TWUSUPER or its Insurer in respect of cover transferred on the basis of this application; and
- should it become apparent to TWUSUPER 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 TWUSUPER 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 TWUSUPER is no less than I would have been eligible to receive under the terms of the policy between TWUSUPER and the Insurer had I not applied for a transfer of cover.

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.

Full name

Member's signature

Date
 / /

Please return the completed form, with attachments, to TWUSUPER, Locked Bag 5094, Parramatta NSW 2124.