

# Application to Transfer Insurance Cover Form



Please complete this Form using **CAPITAL** letters with a blue or black pen.

You may be able to transfer your existing insurance cover, which you currently hold with another superannuation fund or insurance policy to First Super by completing this Form and providing evidence of your previous existing cover.



Member

Scan for  
First Super's  
Product  
Disclosure  
Statements



Retirement

- TAL will be treating this Form as a 'consumer insurance contract'
- Please answer all the questions truthfully, accurately and completely, and provide additional information wherever requested.
- The member to be insured must complete and sign this application and initial any changes.
- As part of the overall assessment process TAL will contact you if further information is required.

## Privacy – Use and disclosure of personal information

### Your privacy with TAL Life Limited ABN 70 050 109 450 AFSL 237848 ('TAL' or the 'Insurer')

The personal information you provide in the Form is necessary for TAL to provide you with the products and services you have requested from TAL. You do not have to provide TAL with your personal information, but if you do not do so TAL may not be able to provide you with the products or services. TAL complies with the *Privacy Act 1988* and the principles laid out in its Privacy Policy which details information about the entities that TAL 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.

The way in which TAL collects, uses, secures and discloses your information is set out in the TAL Privacy Policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or free of charge on request to TAL by telephoning **1800 666 136**.

## 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, TAL may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount TAL pay may be reduced.

### Section 1 | Your personal details

Title  Member number  Account number (if known)  Date of birth (DD/MM/YYYY)  /  /

Surname

Given name(s)  Gender\*  Male  Female \*This refers to your sex assigned at birth, unless you have legally affirmed your gender.

Residential address

Town/Suburb/City  State  Postcode

Postal address  (Tick box if same as above)

Town/Suburb/City  State  Postcode

Telephone (home)  Telephone (work)  Mobile

Email address

## Section 2 | Statement and confirmation of requirements

In order for First Super and its Insurer to consider your application to transfer your insurance cover you must answer each of the questions below.

1. Please confirm (by ticking the box below) that all of the following statements are true, accurate and correct:
- > The existing insurance cover under my current Fund/Policy **will be** cancelled;
  - > **I will not** be transferring the cover under my current Fund/Policy to any other division or section of the Fund/Policy or to any other fund; and
  - > **I will not** either effect a continuation option or subsequently reinstate cover within the current Fund/Policy or any other division or associated fund.

I confirm that all three statements are true, accurate and correct and agree to abide by these requirements:

Yes  No

If your answer is 'No' you will not be eligible to transfer your insurance cover via this Form and you will need to complete an Application for Insurance Cover and be accepted by the Insurer.

**Current insurance details** (the fund/policy from which cover is to be transferred)

Name of fund/policy

Member number

2. I confirm that my current level and type of cover is as follows:

> Death cover:

> Total and Permanent Disablement cover (TPD):

> Income Protection cover:

per month

Waiting period:

days

Benefit period:

years

What is your annual income before tax?

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

**Please attach Evidence of Previous Cover (this term is defined in the Policy).**

**Upon acceptance, this cover will be added to any cover you currently hold with First Super.**

**Please indicate below if you wish to hold all your Death and TPD cover with First Super on a Fixed or Unitised basis.**

Fixed OR  Unitised (cover will be rounded up to nearest unit)

Continued over the page

## Section 2 | Statement and confirmation of requirements (continued)

If you are engaged in a 'White Collar/non-manual' or 'Professional' occupation, you may be eligible for lower insurance premiums by answering the following questions.

### Occupational Title

#### WHITE COLLAR/NON-MANUAL

- > Are you solely engaged in a professional, managerial, marketing, accounting or clerical occupation on a permanent full-time or part-time basis?  Yes  No
- > Do you spend at least 80% of your working time in an office environment?  Yes  No
- > Are you actively working and able to perform your usual duties and are not undergoing any rehabilitation program?  Yes  No

If you have answered 'Yes' to all the above questions you are eligible for White Collar/non-manual premium rates.

#### PROFESSIONAL

In addition to the requirements set out for 'White Collar/non-manual' premium rates, please answer the following to apply for professional:

- > Are your duties entirely undertaken within an office environment?  Yes  No
- > Do you earn more than \$125,000 per annum from your occupation?  Yes  No
- > Do you hold a senior management role **OR** hold tertiary qualifications relevant to your profession **OR** are you a member of a professional institute or registered government body related to your profession?  Yes  No

If you have answered 'Yes' to all the questions in both White Collar/non-manual and Professional Section you are eligible for Professional premium rates.

## Section 3 | Health questions

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. 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
3. 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  
b. required modification to your normal working hours or duties?  Yes  No
4. 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
5. Are you considering seeking any medical advice or treatment for any illness or injury that:  
a. you have not already consulted a medical professional for, or  
b. appears to be getting worse?  Yes  No
6. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined or deferred?  Yes  No

If you answered 'Yes' to questions 1 to 6 you are not eligible to transfer your insurance cover.

7. Was your previous cover accepted with any premium loadings, exclusions or any other special terms or conditions? If Yes, please provide details  Yes  No

If you answered 'Yes' to question 7 please provide details below and provide a copy of the advice you received from the insurer or current fund confirming your acceptance of cover subject to these additional terms. You will be advised in writing if your transfer of cover is accepted or not.

### **The duty to take reasonable care**

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

### **If you do not meet your duty**

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the *Insurance Contracts Act 1984 (Cth)* there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- > avoid the cover (treat it as if it never existed);
- > vary the amount of the cover; or
- > vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- > whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- > what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms
- > whether the misrepresentation was fraudulent; and
- > in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

### **Guidance for answering the questions in this Form**

You are responsible for the information provided to the Insurer. When answering 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.
- > Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- > Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

### **Changes before your cover starts**

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

### **If you need help**

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

## Section 5 | Declaration

- > I have read and understand the Duty to take reasonable care not to make a misrepresentation on page 5 and understand that this duty applies any time I answer TAL's questions as part of an application for insurance.
- > My answers to the questions are true, accurate and correct.
- > I agree to be bound by the terms and conditions set out in the TAL 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 and provided my member account has adequate funds to meet the premium payable. I understand that increases or changes to insurance premiums may apply.
- > I acknowledge that TAL is accepting the transfer of my insurance cover 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 acknowledge that in accepting the transfer of my insurance cover, if the waiting period I have under my existing cover does not match my new cover, TAL will apply the next longest waiting period.
- > I acknowledge that in accepting the transfer of my insurance cover, if the benefit period I have under my existing cover does not match my new cover, TAL will apply a 2 year benefit period.
- > I understand that the transferred cover may be treated as not having commenced with TAL if I did not comply with the duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- > I have read the insurance section of the current Product Disclosure Statement relevant to my Division, including the Member Guide Supplement: Insurance Guide.
- > I understand that if my First Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit First Super from providing me with insurance cover unless I make an appropriate election (opt-in).
- > I understand First Super will not be permitted to provide insurance cover from 1 April 2020, if my superannuation account has not had a minimum balance of at least \$6,000 (low balance) and/or I am under 25 years of age, unless I make an appropriate election (opt-in).
- > I direct First Super to accept this application as an election to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- > I understand this election will apply to all insurance cover through my account, including any cover for death, total and permanent disablement and income protection that I already hold in my account and that I am applying for by this application.
- > I understand this election will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my election at any time.
- > I also understand that I can, at any future time, decrease or cancel my insurance cover.

Please sign here



Date (DD/MM/YYYY)

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This application MUST be received within 30 days of the date you sign it.

Please attach Evidence of Previous Cover (this term is defined in the Policy).

### Please return this completed form by:


 First Super, PO Box 666, Carlton South, VIC 3053

 [claims@firstsuper.com.au](mailto:claims@firstsuper.com.au)

### Want to know more? We're here to help.

 1300 360 988

 [mail@firstsuper.com.au](mailto:mail@firstsuper.com.au)

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