

Insurance transfer application form and declaration

Use this form if you are an existing Health Super member or if you are joining as a new member with a Health Super registered employer and you wish to transfer to Health Super your current insurance cover with another retail insurer or superannuation fund. The current provider of insurance to Health Super members is AIA Australia Limited (ABN 79 004 837 861) trading as AIA Australia (the 'Insurer' or AIA Australia).

For further information about the insurance conditions and additional insurance options available, refer to the Health Super Member Guide (Product Disclosure Statement).

Important information – Please read before completing this form

The Insurer agrees to provide individual transfer terms for Death/Total and Permanent Disablement cover (TPD) and Income Protection (IP) cover on the following basis:

- The cover in the 'former' fund ('former' fund refers to the superannuation fund which you intend leaving) or 'insurance policy' ('insurance policy' refers to any external retail insurance arrangement you are considering transferring from) ceases on acceptance of cover with Health Super ('the Plan').
- You are under the age of 60 at the date of application.
- You meet the eligibility criteria for insurance cover as set out in the Health Super Member Guide.
- You discontinue the cover under another insurance arrangement upon acceptance of cover with Health Super.
- You provide a copy of an up-to-date statement, letter or email produced by the former fund/insurer that is dated within the last 30 days, as evidence of cover currently held with the former fund/insurance policy.
- You complete this application and declaration to the Insurer's satisfaction.

On what basis will you not be eligible to transfer your existing insurance cover to Health Super?

- If any of your benefits from your existing fund or insurer, had more than two exclusions, or had a premium loading of more than +100% extra mortality.
- You are currently claiming a TPD or IP benefit or have received or are eligible for a TPD or IP benefit from another fund or insurance arrangement.
- You are currently absent from work or unable to carry out all of the duties of your current or usual occupation on a full-time basis, due to an injury or illness (even if you are not currently working on a full-time basis).
- You are terminally ill with a life expectancy of less than 12 months.

What is the maximum amount of cover that can be transferred via this form?

- \$1 million each for Death and TPD.
- \$20,000 per month for IP.

Your IP cover will be converted into units. Each unit is worth \$500 of cover per month. If your current level of IP cover does not convert into an equal number of units your level of cover will be rounded down to the nearest equivalent unit. The waiting period (WP) and benefit period (BP) will be matched to the Health Super insurance offer. If the current WP is different, your WP will be converted to the next longest WP offered by Health Super, ie a 45 day WP will be converted to a 60 day WP in the Plan. For BP, you will receive a two year BP, as per the current Health Super insurance arrangements. If you had a BP that was less than two years, you are not eligible to transfer your existing IP insurance cover.

The following will occur with your insurance cover once it is transferred:

- If the Insurer accepts your application, you will be allocated units of Health Super cover or fixed cover to replace the level of cover you currently have under your former fund. Ratings and premiums will change to adapt to the Plan's ratings and premiums:
 - If you elect fixed cover, your level of Death and TPD cover will be fixed and rounded down to the nearest \$1,000. Your level of cover will not change as you age, however, the premium you pay will be reviewed and may increase on 1 July each year depending on your age.
 - If you elect unitised cover, your level of Death and TPD cover will be rounded down to the nearest equivalent unit. Your level of cover will change as you age, however your premium will not change.
 - Your level of IP cover will be converted into units. The premium you pay will be charged according to how many units of cover you obtain.
- Your replacement cover will not commence with Health Super until:
 - The Insurer accepts your application; and
 - Your existing insurance cover with your former fund/insurance policy is cancelled.

Instructions

To apply to transfer your existing insurance cover to Health Super you need to:

- Complete all Sections of the application form and provide the required details; and
- Acknowledge the Duty of Disclosure section of this form; and
- Sign and return this completed Insurance transfer application form and declaration.

If the insurer accepts your application you will be allocated the same level of cover provided to you by your former fund subject to the underwriting terms provided by the previous insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on the previous cover. Acceptance of cover is based on your disclosure, declaration and evidence of previous cover.

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Insurance transfer application form and declaration



Your details

Your 7 or 8 digit Health Super Member Number	Mr	Ms	Mrs	Miss	Dr	Other (please specify)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Given name(s)	Surname				Date of birth	
<input type="text"/>	<input type="text"/>				D D M M Y Y Y Y	
Full Residential address (PO Box not acceptable)						
<input type="text"/>						
Suburb/Town	Country			State	Postcode	
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	
Postal address if different from residential address						
<input type="text"/>						
Suburb/Town	Country			State	Postcode	
<input type="text"/>	<input type="text"/>			<input type="text"/>	<input type="text"/>	
Email						
<input type="text"/>						
Occupation/Industry						
<input type="text"/>						
Name of Health Super Registered Employer						
<input type="text"/>						

Your former fund or insurance company's details

You should check with your former super fund or insurance company for information about the terms of your existing insurance cover, including information on exit, transfer, withdrawal and other fees, and the availability of investment options. You should do this so that you fully understand the effects of transferring your insurance cover.

Please tick the appropriate option below to indicate if you are transferring your insurance cover from a super fund or an insurance company.

I am transferring my insurance cover from: a super fund an insurance company

Your account/policy number	Fund/Insurer company name	
<input type="text"/>	<input type="text"/>	
Fund/Insurance company's postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Fund/Insurance company's telephone		
<input type="text"/>		

Details of insurance being transferred

I confirm that my current level of cover under the former fund/insurance policy is as follows:

- (a) Death cover (maximum amount of cover you can transfer is \$1 million)
- (b) TPD cover (maximum amount of cover you can transfer is \$1 million)

Please select the type of cover you would like: Unitised cover OR Fixed cover

Please select the TPD definition that you had in your former fund/insurance policy:

Own Occupation* TPD definition Any occupation TPD definition

* Own Occupation TPD is only available for some occupations. Refer to the Health Super Member Guide for further information on eligible occupations. An additional premium will be applied to your TPD cover. Own Occupation will only be available to members if the TPD Own Occupation definition held with the previous fund/insurer meets the definition within Health Super.

- (c) Income Protection (IP) per month (maximum amount of cover you can transfer is \$20,000 per month)
- Current IP waiting period Current IP benefit period
- (ie 30 days, 60 days, 90 days) (ie 2 years, 5 years, to age 65)

Please note that the transfer of your current Death, TPD and IP cover once accepted by the Insurer, will be subject to the terms and conditions of Health Super's insurance arrangements with the Insurer and that your IP Insurance benefit period and waiting period (if applicable) will be matched to the Health Super offer where possible.

Please attach an up-to-date statement (such as an acceptance certificate, letter or email) from your former fund/insurer confirming the type and level of cover, waiting and benefit periods (if applicable) and any loadings or exclusions currently held with the former fund/insurance policy. All written evidence must be produced and dated within the last 30 days.



Your general health

Are you currently absent from work or unable to carry out all of the duties of your current or usual occupation on a full-time basis, due to an injury or illness (even if you are not currently working on a full-time basis)?

Yes No

Have you been paid, or are you eligible to be paid, or have you lodged a claim for a TPD benefit or IP benefit with Health Super, another superannuation fund or life insurance policy?

Yes No

Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today?

Yes No

If you answered 'Yes' to any of the above, you will not be eligible to transfer your existing insurance cover from your former super fund/ insurance policy to Health Super. You do not need to complete the remaining sections of this form.

Loadings and exclusions

Is your cover under the former fund/insurance policy subject to any premium loadings and/or exclusions including but not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions?

Yes No

If you answered 'Yes' please provide details of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the insurer or former fund advising you of the acceptance of your cover subject to these additional terms.

Note: If any of your benefits from your existing fund or insurer, had more than two exclusions, or a premium loading of more than +100% extra mortality, then cover for that benefit cannot be transferred to Health Super.

Your personal statement and confirmation of requirements

Please confirm (by ticking the box below) that all of the following statements are true and correct:

- (a) I will cancel my existing insurance cover under my former fund/insurance policy upon acceptance of my application;
- (b) I will not be transferring the cover under my former fund/insurance policy to any other division or section of the former fund or to any other fund, other than Health Super;
- (c) I will not effect a continuation option, or subsequently reinstate cover within the former fund or with the former insurer or any other divisions or associated fund of the former fund or any other retail insurance arrangement.

If you answered 'No' you will not be eligible to transfer your existing insurance cover from your former fund to Health Super. You do not need to complete the remaining sections of the form.

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

Yes No

Declaration and agreement

By signing this form I acknowledge that:

- If I do not fully complete, sign and date this Insurance transfer application form and declaration, I will not be eligible to transfer my current cover to the Health Super Fund;
- If the Insurer accepts my application, my current amount of cover as at the transfer date under my former fund will be transferred into Health Super but subject to a maximum of \$1 million each for Death and TPD cover and \$20,000 per month for IP Insurance cover;
- My replacement cover will not commence with Health Super until:
 - The insurer accepts my application; and
 - Cancellation of my current insurance cover under my former fund/ insurance policy;
- Health Super and the Insurer may undertake appropriate enquiries and investigations to verify the answers I have provided;
- Health Super and the Insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the former fund/ insurance policy;
- Following the transfer, my total insurance cover (ie transferred amount **plus** my insurance currently held with Health Super) cannot exceed the maximum cover amounts provided by Health Super for each benefit, otherwise my transferred cover may be restricted to the maximum cover amount;
- I agree to provide Health Super or the Insurer with access to the health and/or financial evidence I provided to any former fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to a former fund or insurer may be acted upon by Health Super or their Insurer;
- Should it become apparent to Health Super or the Insurer that I have not responded truthfully or satisfied the requirements that I confirmed above, then any insured benefit that may be payable to me, my beneficiaries or my estate by Health Super may be reduced by the insured amount paid or payable by my former fund; an associated section or division of the former fund; or any other fund or retail insurance arrangement; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions;
- I hereby declare that the information contained in this Insurance transfer application form and declaration (whether written in my hand or not) is true and correct and that no information material to this application for transfer has been withheld;
- If the Insurer accepts my application, the terms and conditions as outlined in the Insurer's policy document will apply, and the terms and conditions of my former super fund and/or former insurer will cease to apply;
- I have read the Duty of Disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until the Insurer has accepted the risk.

Duty of Disclosure

Before you enter into 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 insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary, reinstate or transfer a contract of insurance. Any disclosure that you may have made or ought to have made at the inception of a contract of life insurance being extended, varied, reinstated or transferred must be made as part of your application for the insurer to accept your application for cover. A transfer of existing insurance cover does not release an applicant from the duty of disclosure under the Insurance Contracts Act 1984.

Non-disclosure and misrepresentation

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy

By completion of this form you consent to any personal information, including information that may be of a sensitive nature we or the insurer may collect about you in the normal course of our and the Insurer's business, being used as outlined in our and the Insurer's respective Privacy Policies. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of the Insurer's privacy policy is available overleaf or from aia.com.au



Please return this original form to:
Health Super Pty Ltd, Locked bag 2900, Collins St West VIC 8007

Your signature

Date

D	D	M	M	Y	Y	Y	Y
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Privacy Statement

AIA Australia Limited ABN 79 004 837 861 trading as AIA Australia follows the National Privacy Principles developed under the Privacy Act 1988 (Cth) including the Privacy Amendment (Private Sector) Act 2000. The following is to inform you of AIA Australia's privacy procedures and your rights. AIA Australia's privacy policies and procedures may be found at aia.com.au

Purpose of collection

AIA Australia collects personal information about you to:

- a) Process your application(s) for insurance cover;
- b) Administer and manage your insurance cover under the policy including claims; and
- c) Facilitate AIA Australia's business operations.

If you do not wish to provide AIA Australia with all or part of the personal information it requests from you, AIA Australia may not be able to provide you with insurance cover or assess and manage your claim.

Access to your information

You are entitled at any time to request access to your personal information held by AIA Australia. All requests to access your personal information should be made in writing to: GIS Administration Manager, AIA Australia PO Box 6111 St Kilda Road Central VIC 8008.

You can ask AIA Australia to update your personal information at any time if it is inaccurate, incomplete or out of date.

In some circumstances, AIA Australia may not permit access to your personal information. Circumstances where access may be denied include where access would be unlawful or denying access is authorised by law.

In these cases, AIA Australia will provide you with written reasons for denial of access or a refusal to correct personal information.

Disclosure of your information

AIA Australia may disclose your personal information to:

- a) Another member of the AIA or AIG group of companies (whether in Australia or overseas);
- b) Your adviser;
- c) AIA Australia's contractors and third party service providers, eg. medical practitioners and reinsurers;
- d) Your employer (for employee superannuation products);
- e) Financial institutions you nominate;
- f) Mail houses (only for the purposes of sending AIA Australia mail) and archive companies;
- g) The Policy Owner (including superannuation fund trustee or employer);
- h) Administrator of the policy.

AIA Australia will only disclose your personal information to these parties for the primary purpose for which it was collected. In some circumstances, AIA Australia is entitled to disclose your personal information to third parties without your authorisation, such as law enforcement agencies and government authorities where disclosure is required by legislation, or to report illegal activities.

Any questions or concerns

If you have any questions or concerns about your personal information, please write to:
Compliance, AIA Australia PO Box 6111 St Kilda Road Central VIC 8008.

AIA Australia has established an internal dispute resolution process for handling customer complaints about AIA Australia's compliance with the National Privacy Principles. This dispute resolution mechanism is designed to be fair and timely to all parties and is free of charge. If you have a complaint about AIA Australia's handling of your personal information, you should submit it in writing to the Compliance Manager. You will receive a letter from AIA Australia within five working days which documents AIA Australia's complaints handling process. Your complaint will be referred to AIA Australia's Internal Disputes Resolution Committee which will resolve your complaint within 45 days of receipt.

Should your complaint not be resolved to your satisfaction by AIA Australia's internal dispute resolution process, you may take your complaint to the Privacy Commissioner. The Privacy Commissioner's contact details are: Office of the Federal Privacy Commissioner, GPO Box 5218, Sydney, NSW 2001 or call the Privacy Hotline on 1300 363 992.

Your acknowledgment and consent

Your signature below indicates your consent to such use and disclosures of your personal information as outlined above.

Your signature

Date

D	D	M	M	Y	Y	Y	Y
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