

When to use this form



You can apply to transfer insurance cover that you have outside of Club Plus Super (“Previous Cover”) to Club Plus Super (“Transferred Cover”) if:

- You are joining the Industry or Personal Division of Club Plus Super or are an existing member of Club Plus Super in one of these divisions and you can answer ‘No’ to all of the questions in section A of this form;
- You are an Australian or New Zealand citizen or you hold a visa that entitles you to reside permanently in Australia;
- You have insurance with another superannuation fund (“Other Fund”) or a life insurer (“Individual Insurer”) where you are covered for Death only or Death and Total and Permanent Disablement and/or Income Protection under that Other Fund or life insurance policy;
- You are transferring up to \$2,000,000 of Death only or Death & TPD cover;
- You are transferring up to \$30,000 per month of Income Protection cover which has a benefit period of 2 years or to age 65 and a Waiting Period which is 90 days or shorter (note Income Protection cover is only available if you are currently working);
- Your Previous Cover is not held under a non-superannuation policy or through a self-managed super fund;
- Your Previous Cover is not subject to a premium loading;
- Your Previous Cover is valid and has not been cancelled; and
- You have not made, or are not entitled to make a claim, and are not eligible to be paid a benefit in relation to your Previous Cover.

Please return this completed form along with any requested documents (see Section D) to: Club Plus Super Administration, Locked Bag 5007 Parramatta NSW 2124.

Binding Death Nomination

To ensure your Death Benefit is paid to the people you want and as soon as possible after your death, you should advise the Trustee of your wishes. You can make your wishes clear by completing a *Binding Death Benefit Nomination form* available at clubplussuper.com.au/tools-forms.

About the insurer

Insurance cover is provided by OnePath Life Limited ABN 33 009 657 176 AFSL 238 341 (the Insurer) and subject to the terms and conditions of the insurance policy issued to Club Plus Super by OnePath Life Limited (the Policy). You should read Club Plus Super’s PDS and Insurance Booklet applicable to your membership category (ie either Industry Division or Personal Division) for a summary of the terms and conditions of the Policy. You can download the applicable PDS and Insurance Booklet from clubplussuper.com.au/pds or contact Club Plus Super on **1800 680 627** if you would like a copy of the Policy.

Your application will be assessed by the Insurer and Club Plus Super will notify you of the outcome in writing.

The Insurer requires this form, and may require other health information, to determine your application for cover. This form is confidential. Please refer to the OnePath Life’s Privacy Statement at Section G of this form for more information about confidentiality.

Before you complete this form, please ensure you read the “Your duty of disclosure” information on page 4.

Cancelling your Previous Cover

You must cancel your Previous Cover once you are informed that your application has been accepted by the Insurer. If you do not cancel your Previous Cover, and in the event the Insurer accepts a claim for a Death, Terminal Illness, Total and Permanent Disablement or Income Protection benefit – the Insurer will reduce any benefit payable under the Policy by the benefit payable under the Previous Cover.

You are responsible for making enquiries regarding any fees that will be triggered by cancelling your Previous Cover. You should do this so that you completely understand the effects of transferring your insurance cover to Club Plus Super.

To ensure you are covered at all times, do not cancel your Previous Cover until you are notified in writing that your application has been accepted by the Insurer.

Contact us

member hotline: 1800 680 627
email: member@clubplussuper.com.au
website: clubplussuper.com.au

Insurance Transfer (cont.)

Section A: Personal Health Statement

1. Are you, due to injury or illness, off work or restricted from performing any of the usual duties of your current occupation(s) on a full time basis of at least 35 hours per week (even if you are not currently working on a full-time basis)? Yes No
2. Are you entitled to claim, in the process of claiming, in a waiting period for (if a waiting period applies), been paid, or entitled to be paid a benefit for any type of sickness, accident or disability (including TPD, terminal illness or income protection) benefit(s) from any source, including but not limited to, another life insurer, Workers' Compensation insurer, Motor Vehicle Accident insurer or Centrelink? Yes No
3. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today? Yes No
4. In the last 12 months, have you been advised to commence or change any form of treatment or medication for any ongoing or new medical condition(s) requiring follow-ups with a health professional (other than for cold or flu)? Yes No
5. Have you ever suffered from a cancer/tumour of any type, back or musculoskeletal injury/disorder, or mental/nervous disorder including stress, anxiety or depression? Yes No
6. Have you taken more than a total of 7 consecutive days off work over the past 12 months due to illness or injury (other than for cold or flu)? Yes No

If you answered YES to any of the above statements, you cannot proceed with this application. You will need to apply for cover by completing the Personal Statement available on our website at clubplussuper.com.au/tools-forms

Section B: Your details

Member number:	Title: Mr/Mrs/Ms/Miss/Other	
<input type="text"/>	<input type="text"/>	
Surname:	Given name(s):	
<input type="text"/>	<input type="text"/>	
Address:		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home number:	Work number:	Mobile number:
(<input type="text"/>)	(<input type="text"/>)	(<input type="text"/>)
Email:	Date of birth (DD/MM/YYYY):	
<input type="text"/>	<input type="text"/>	
Name of other fund or individual insurer:	Other fund member number or Life Policy Number:	
<input type="text"/>	<input type="text"/>	

Please insert a ✓ in the relevant box

Are you an Australian or New Zealand citizen or do you hold a visa that entitles you to reside permanently in Australia? Yes No

If no, you cannot transfer your Previous Cover to Club Plus Super.

May one of our underwriting staff or OnePath authorised service providers contact you by phone if we require more information? Yes No

If yes, when is the most convenient day(s) and time and on which phone number?

Days:	Time:	Phone:
<input type="text"/>	From <input type="text"/> to <input type="text"/>	H <input type="checkbox"/> W <input type="checkbox"/> M <input type="checkbox"/>

Insurance Transfer (cont.)

Section C: Details of Previous Cover that you wish to transfer to Club Plus Super

Please provide the details of your Previous Cover that you wish to transfer to Club Plus Super on the terms set out in the Policy.

1. Type of insurance cover (Please insert a ✓ in the relevant box) Death only Death & TPD Income Protection

2. Is your Previous Cover subject to a special condition or exclusion which prevents you from claiming a benefit for a specific medical condition or for pre-existing medical conditions? Yes No

If YES, please attach a copy of the correspondence you received from your Other Fund or Individual Insurer advising you of the acceptance of cover subject to that special condition or exclusion.

3. Is your Previous Cover subject to a premium loading? Yes No

If YES, you cannot transfer your Previous Cover to Club Plus Super.

In assessing your application, the Insurer may contact your Other Fund or Individual Insurer to confirm whether any premium loadings or exclusions apply to your Previous Cover.

Death and TPD cover

If the Insurer accepts your application, the amount of your Previous Cover will be added to any existing Death only or Death & TPD cover you may have with Club Plus Super, subject to the maximum benefit level. Please refer to the Club Plus Super Insurance Booklet applicable to your membership category, for the maximum benefit level that applies to your cover under the Policy.

I confirm the details of my current cover with the other fund or individual insurer are as follows:

Death cover

\$

Total & Permanent Disability (TPD) cover


\$

Please note that you must transfer the total current cover to Club Plus Super and you cannot transfer TPD cover without Death Cover.

Please select one of the following:

Convert your cover to the equivalent number of units **OR** Maintain your cover as a fixed dollar value

Income Protection cover

 To be eligible to hold income protection cover, you must currently be working. In addition, if you are an Industry Division member, your employer must be paying SG contributions to your account for you to hold Short Term Income Protection.

Name of current employer:

Current income per month

\$

If the Insurer accepts your application, you will receive an amount of cover accepted by the Insurer, up to the level of your Previous Cover. This amount will replace any existing amount of Income Protection cover you may have with Club Plus Super.

Previous Cover Amount \$ per month

Benefit period (Please insert a ✓ in the relevant box)

2 years to age 65 other*

You can only transfer your Income Protection Cover if the same benefit period is available with Club Plus Super. If you have indicated that your current benefit period is "other", you are unable to transfer your Income Protection cover.

Waiting period* days

You can only transfer your Income Protection cover if your Previous Cover is subject to a Waiting Period which is 90 days or shorter.

The waiting period that will apply to your Transferred Cover will be:

- 30 days, if the waiting period under your Previous Cover is 30 days or less;
- 45 days, if the waiting period under your Previous Cover is greater than 30 days but less than or equal to 45 days;
- 90 days, if the waiting period under your Previous Cover is greater than 45 days but less than or equal to 90 days.

Insurance Transfer (cont.)

Section D: Proof of Previous Cover

Please attach proof of your insurance cover* confirming the type and amount of your Previous Cover at the time of completing this application. Your cover must be valid and current at the date of this application and must not have changed since the date the attached proof was issued.

The Insurer will not accept documentation that is older than 60 days than today's date.

Have you attached to this form proof of your insurance cover described above?

(Please insert a ✓ in the relevant box) Yes No

If you ticked NO, you cannot submit this application form without the proof of insurance cover.

* Acceptable forms of proof include:

- An up-to-date member statement;
- Written evidence from your Individual Insurer confirming the type and level of your Previous Cover at the time of completing this application; or
- A Certificate of Currency – this document provides proof of your insurance coverage on the date that the certificate is requested. It is only valid on the day in which it is issued and represents information current at the time of the request.

A Record of Contributions (ROCs) is not an acceptable form of proof of insurance cover.

Duty of disclosure

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell OnePath Life Limited (the Insurer) anything that they know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms.

The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before it extends, varies or reinstates the contract.

The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for; or
- is of common knowledge; or
- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us (the Trustee and the Insurer), anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

If you do not tell the Trustee and Insurer something that you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that we must tell the Insurer.

If you do not tell the Insurer something

In exercising the following rights, the Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the Insurer may apply the following rights separately to each type of cover.

If you do not tell the Insurer and the Trustee anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer and the Trustee, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told the Insurer and the Trustee everything you should have. However, if the contract provides cover on death, the Insurer may only exercise this right within 3 years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have. However this right does not apply if the contract provides cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

Insurance Transfer (cont.)

Section E: Declaration

- I have obtained, read and understood the insurance information in the current Club Plus Super PDS and Insurance Booklet applicable to my membership category (ie either Industry Division or Personal Division).
- I have read and understood the questions in this Insurance Transfer Form.
- The answers I have provided to the questions in this Insurance Transfer Form signed by me are true and correct.
- I have read the Privacy Statement at Section G of this form (The Insurer's Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling 133 667 or may be downloaded from onepath.com.au/insurance/privacy-policy).
- I consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statements on this form (see Sections F and G).
- I understand my duty of disclosure and the remedies available to the Insurer if I fail to comply with my duty of disclosure under the Insurance Contracts Act 1984. I understand that my duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I authorise any medical practitioner, other professional or any person named in this Insurance Transfer Form to verify any aspect of it, and disclose any information that they may possess about me to the Insurer in relation to insurance issued under the Policy. I further acknowledge that this authorisation enables the Insurer to obtain from the Previous Fund or Individual Insurer my application for cover. I further authorise the Insurer to investigate whether any premium loading(s), special condition(s) and/or exclusion(s) may have applied to my Previous Cover, and any other information that may be relevant to the Insurer's consideration and assessment of this application.
- I agree to provide the Insurer with access to the health and/or financial evidence I provided to my Previous Fund or Individual Insurer in an application for cover. By signing this Declaration, I acknowledge and declare to the Insurer that the disclosures and representations made in that application for cover to the Previous Fund or Individual Insurer are true and correct. I acknowledge that in making this declaration, any non-disclosure or misrepresentation to the Previous Fund or Individual Insurer may be acted upon by the Insurer.
- I understand that if my application is accepted by the Insurer:
 - the cover I have applied to transfer to Club Plus Super will not commence under the Policy until my application is accepted by the Insurer in writing;
 - any limitation or restriction that applies to my Previous Cover will continue to apply to my Transferred Cover; and
 - insurance cover will be provided to me on the terms contained in the Policy as changed from time to time.
- I understand any existing cover will not be affected should my application be declined by the Insurer.
- Upon being notified that the Insurer has accepted my application to transfer my insurance, I will:
 - immediately cancel all my Previous Cover;
 - not be transferring the Previous Cover to any other division or section of the Other Fund or to any other fund or policy, other than Club Plus Super; and
 - not exercise a continuation option, or subsequently reinstate any cancelled cover within the Previous Fund or any other division, section, category of the Previous Fund or life insurance policy where such reinstatement of cover is available to me.
- I acknowledge and understand that in the event that I do not validly cancel my Previous Cover, then the Insurer will reduce the insurance benefit provided to me under the Policy as explained under "Cancelling your Previous Cover".
- I acknowledge that if I do not complete this form correctly or I do not sign and date this Declaration, my application will not be considered by the Insurer.

Member's signature

Date (DD/MM/YY)

Section F - Privacy Statement - Club Plus Super

The personal information provided on this form is collected by and held for Club Plus Super by the fund administrator Australian Administration Services (AAS) in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering accounts and providing services associated with your membership of the Fund.

You should read the *Privacy Policy* at clubplussuper.com.au/privacy-policy before completing the form. Call us on **1800 680 627** for a hard copy of the Policy. The Policy contains information about how personal information is collected, used and disclosed, how you can correct your personal information, make a complaint about a privacy breach and other important information about safeguards in place to protect your personal information.

By providing your information, you acknowledge that you have read and understood the *Privacy Policy*.

Insurance Transfer (cont.)

Section G - Privacy Statement - OnePath Life Limited

In this section 'we', 'us' and 'our' refers to OnePath Life Limited. 'You' and 'your' refers to policy owners and life insureds.

Any reference to your personal information includes any health or other sensitive information we may hold about you. We collect your personal information from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information. Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from onepath.com.au/insurance/privacy-policy.

We may disclose your personal information to certain third parties as outlined below. Unless you consent to such disclosure we will not be able to consider the information you have provided.

Providing your information to others

The parties to whom we may routinely disclose your personal information include:

- an organisation that assists us to detect and protect against consumer fraud
- organisations performing administration and/or compliance functions in relation to the products and services we provide
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers)
- our solicitors or legal representatives
- organisations maintaining our information technology systems
- organisations providing mailing and printing services
- persons who act on your behalf (such as your agent or financial adviser)
- the policy owner (or parties acting on behalf of the policy owner)
- regulatory bodies, government agencies, law enforcement bodies and courts
- our related companies (members of Zurich Insurance Group Ltd group), including for carrying out any group business functions
- organisations, including those in an alliance with us or our related companies, to distribute, manage and administer our products and services, carry our business functions, enhance customer service and undertake analytics activities.

We will also disclose your personal information in circumstances where we are required by law to do so.

Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- there are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Information required by law

We may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Privacy consent

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions, please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at onepath.com.au/insurance/privacy-policy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

Privacy Policy

Our Privacy Policy contains information about:

- when we may collect information from a third party
- how you may access and seek correction of the personal information we hold about you and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: GPO Box 75

Sydney NSW 2001

Email: insuranceprivacy@onepath.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 13 36 67.

More information can be found in our Privacy Policy at onepath.com.au/insurance/privacy-policy

Overseas recipients

We may disclose your personal information to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in OnePath Life's Privacy Policy at onepath.com.au/insurance/privacy-policy