

# Individual Insurance Transfer Form - Employee Section

## When to use this form

You can apply to transfer insurance cover that you have outside of the ANZ Australian Staff Superannuation Scheme (the “Scheme”) to the Scheme (“**Transferred Cover**”) if:

- you are a member of Employee Section of the Scheme;
- you are aged less than 65 years;
- you have death only or death and Total and Permanent Disablement (TPD) insurance with another superannuation fund (“**Other Fund**”);
- you are transferring up to \$1,000,000 of death only or death and TPD cover (“**Previous Cover**”);
- your Previous Cover is not held under a non-superannuation policy or through a self-managed superannuation 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 your completed form along with any requested documents to:

**ANZ Staff Super**  
**GPO Box 4303**  
**Melbourne VIC 3001**

## 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 ANZ Staff Superannuation (Australia) Pty Limited ABN 92 006 680 664 AFSL 238268 RSEL L0000543 (the Trustee of the Scheme) by the Insurer (the “**Policy**”). You should read the Product Disclosure Statement (PDS) for Employee Section members for a summary of the terms and conditions of the Policy. You can download the PDS from [www.anzstaffsuper.com](http://www.anzstaffsuper.com) or contact ANZ Staff Super on **1800 000 086** if you would like a copy of the Policy.

Your application will be assessed by the Insurer and ANZ Staff Super will notify you of the outcome in writing. If accepted, additional premiums will apply for this cover.

The Insurer requires this form, and may require other health information, to determine your application for cover. This form is confidential. Please refer to “Protecting members’ privacy” at the end of this form for more information about confidentiality.

## 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, in the event the Insurer accepts a claim for death, Terminal Illness or Total and Permanent Disablement, 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 exit, transfer or other 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 the Scheme.

**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.**

## 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 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 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.

*Continued over*

## 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 or 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 three 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 three 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.



ANZ Australian Staff Superannuation Scheme

# Individual Insurance Transfer Form – Employee Section

If you need help

For assistance call ANZ Staff Super on **1800 000 086** or refer to **www.anzstaffsuper.com**.

## Step 1 – Complete your personal details

Please print in black or blue pen,  
in uppercase, one character per box.



Title Mr  Mrs  Ms  Miss  Other

Date of birth  /  /

Given names

Surname

Current occupation

Address (this cannot be a PO Box)

Suburb

State

Postcode

Work telephone

Home telephone

Mobile

E-mail

Member number

Gender

 Male  Female

I authorise one of the Insurer's underwriting service representatives to contact me by phone if further information is required.

I can be contacted during the following times:

Monday  Tuesday  Wednesday  Thursday  Friday  Any business day

Between  AM/PM and  AM/PM

Please tick your preferred contact phone number:  Home  Work  Mobile

Are you an Australian citizen or permanent resident of Australia?  Yes  No

If "no", do you have a working visa?  Yes  No

If you have a working visa, please identify the type of visa:



## Step 2 – Provide details of Previous Cover that you wish to transfer to the Scheme

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

Membership number/Policy number (if known)

Name of superannuation fund

Name of insurer

1. Type of insurance cover

Death only  Death & TPD

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 its 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 the Scheme.

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

4. Have you made, or are you entitled to make a claim, or are you eligible to be paid a benefit in relation to your Previous Cover?

Yes  No

If "yes", you cannot transfer your Previous Cover to the Scheme.

If the Insurer accepts your application, the amount of your Previous Cover will be added as a fixed dollar amount to any existing death and TPD cover you may have with the Scheme, subject to the maximum benefit level of \$5,000,000 for death cover and \$3,000,000 for TPD cover. Your Previous Cover must not be more than \$1,000,000.

I confirm the details of my Previous Cover are as follows:

| Death cover             | Date cover started   | Total and Permanent<br>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 amount of your Previous Cover and you cannot transfer TPD cover without death cover.

## Step 3 – 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. You must submit proof of your insurance cover with your application. If you don't provide proof of your insurance cover with your application, your application cannot be processed.

Your insurance 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 was issued more than 60 days before the date of this application.

I have attached proof of my insurance cover confirming the type and amount of my Previous Cover.

\* Acceptable forms of proof include:

- An up-to-date member statement;
- Written evidence from your Other Fund (or their 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 cover 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.



## Step 4 – Complete your personal health statement

### Personal health statement

As at the date of signing this application, I declare that:

1. Other than for colds, flus, minor upper respiratory tract infections or minor headaches:
  - a) I am not off work due to illness or injury  True  False
  - b) I have not been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury  True  False
2. I am not currently prevented from performing all the usual duties of my occupation on a full-time basis of at least 30 hours per week due to illness or injury (even if I am currently working part-time or for less than 30 hours per week for non-medical reasons)  True  False
3. I have not ever made, and am not entitled to make a claim for any type of sickness, accident or disability benefit(s), Workers' Compensation or any other form of compensation (including Centrelink payments) due to illness or injury  True  False
4. I have not been diagnosed with a medical condition that is expected to reduce my life expectancy to less than 12 months from today  True  False
5. I have never had an application for life, trauma or disability insurance on my life declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion  True  False
6. a) Other than for colds, flus, minor upper respiratory tract infections or minor headaches, I do not have a medical condition for which I take or have been advised to take medication or undergo any other form of medical treatment  True  False  
b) I am not currently under investigation and I have not been advised to undergo investigations for any medical condition or symptom  True  False

**If you cannot answer 'True' to every part of every statement in Step 4, you cannot proceed with this application. You will need to apply for cover by completing the *Application to change death and Total and Permanent Disablement insurance cover – Employee Section form* available on the Scheme's website [www.anzstaffsuper.com](http://www.anzstaffsuper.com).**

## Step 5 – Sign the declaration

- I have obtained, read and understand the insurance information in the current PDS for Employee Section members.
- I have read and understand the questions in this Individual Insurance Transfer Form.
- The answers I have provided to the questions in this Individual Insurance Transfer Form signed by me are true and correct.
- I have read the "Protecting members' privacy" statement on this form (see over).
- I consent to the collection, use, storage and disclosure of my personal information (including health information) as described in the "Protecting members' privacy" statement on this form.
- I have read the "Duty of disclosure" and understand the consequences available to the Insurer if I fail to tell the Insurer any matter relevant to its decision to provide insurance. I understand that the 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 Individual 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 Other Fund (or its 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 Other Fund (or its 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 Other Fund (or its insurer) are true and correct. I acknowledge that in making this Declaration, any non-disclosure or misrepresentation to the Other Fund (or its 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 the Scheme will not commence under the Policy until my application is accepted by the Insurer in writing;
  - any existing cover will not be affected should my application be declined by the Insurer; and
  - insurance cover will be provided to me on the terms contained in the Policy as changed from time to time.

**Continued over**



## Step 5 – Sign the declaration (continued)

- 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 the Scheme; and
  - not exercise a continuation option, or subsequently reinstate any cancelled cover with the Other Fund or any other division, section, category of the Other 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” on this form.
- 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.

Signature

X

Date

/   /

**Please return your completed form along with any requested documents to:**

**ANZ Staff Super**

**GPO Box 4303**

**Melbourne VIC 3001**

## Protecting members' privacy

The Trustee, ANZ Staff Superannuation (Australia) Pty Limited, seeks to take all reasonable steps to protect members' privacy and the confidentiality of members' personal information.

The Scheme Administrator, Mercer, collects (on behalf of the Trustee) personal information directly from members and their employers. Sometimes information about you may be collected from other third parties such as a previous superannuation fund, your financial adviser or publicly available sources. We collect, use and disclose personal information about you to provide and manage your account in the Scheme and give you information about your super, or as required by super and tax laws.

If you do not provide the personal information requested or it is incomplete or inaccurate, we may not be able to manage your account properly and processing of transactions to, from or in relation to your account may be delayed.

Members' personal information is kept confidential, but may be disclosed by the Trustee or Scheme Administrator to third parties, such as the Scheme's actuary, Insurer, medical consultants, underwriter, legal adviser and auditor and other external service providers who are contracted to assist with administering members' benefits. It may also be disclosed where expressly authorised or required by law, for example to government agencies such as the Australian Taxation Office and Superannuation Complaints Tribunal. Members' personal information may also be disclosed to the Group Superannuation Department of ANZ for the purposes of administering members' benefits or resolving members' inquiries or complaints.

Members' personal information may be disclosed to related entities of the Scheme Administrator located overseas (in particular, its wholly owned Global Operations Shared Services function in India) as part of the day-to-day provision of administration services.

The Trustee's Privacy Policy Statement contains more detail about how we deal with your personal information and information about how you can access and seek correction of information we hold about you. It also includes information about how you can lodge a complaint about how we've dealt with your personal information and how that complaint will be handled.

If you have any queries in relation to privacy issues, please contact:

ANZ Staff Super

GPO Box 4303

Melbourne VIC 3001

Telephone: 1800 000 086

Facsimile: 03 9245 5827

Email: [anzstaffsuper@superfacts.com](mailto:anzstaffsuper@superfacts.com)

The Trustee's Privacy Policy Statement is available on the Scheme's website [www.anzstaffsuper.com](http://www.anzstaffsuper.com) or from ANZ Staff Super by calling **1800 000 086**. You can also access the Scheme Administrator's privacy policy on the Scheme's website.

The Insurer's Privacy Policy details how the Insurer manages personal information. It is available free of charge by calling OnePath Customer Services on 133 667 or may be downloaded from [onepath.com.au/privacy-policy](http://onepath.com.au/privacy-policy).

