



## Step 2 – Eligibility statements

**You can apply to transfer insurance from another superannuation plan or individual insurance policy by answering the eight questions below.**

At the date of this application:

1. Are you, at the date of this application, due to injury or illness, off work or restricted or unable to fully perform without limitation all of the duties of your current or usual occupation for at least 30 hours per week, even though your actual employment may be on a full-time, part-time or casual basis or you may be unemployed?  Yes  No
2. Have you, in the last 12 months been absent from work or unable to fully perform:
  - i) the duties of your usual occupation (whether employed or unemployed); or
  - ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties;due to illness or injury (other than cold or flu) for more than six days?  Yes  No
3. Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through a superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?  Yes  No
4. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than 24 months from the date of this application?  Yes  No
5. Have you ever had an insurance application for death, total and permanent disablement, or income protection cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions?  Yes  No
6. Have you ever had, been told you had, or received advice or treatment for any of the following:

Any heart condition, heart murmur, stroke, or embolism?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hepatitis B or C, or any liver disease or blood disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Epilepsy, Paralysis, multiple sclerosis or other brain or neurological condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Schizophrenia, psychosis or post-traumatic stress disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes or raised blood sugar levels?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any form of malignant cancer, including melanoma and leukaemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impairment of sight, hearing or speech (other than sight problems corrected by glasses, contact lenses or laser eye surgery)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
HIV or AIDS or are you awaiting results of a HIV test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Within the last 12 months have you:

Consulted, been examined, treated by or received advice from any Specialist Medical Practitioner, psychologist or psychiatrist; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been admitted to hospital or been advised to have an operation; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had medication prescribed by a medical practitioner that is intended to be used for three months or longer (other than preventative asthma medication or contraceptives)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Had back or neck pain or a mental health condition requiring time off work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Other than what you've already answered, do you intend seeking or have you been advised to seek medical advice or treatment for any current medical concern or are you awaiting the results of any medical tests or investigations?  Yes  No

If you answered 'No' to all questions, you are eligible to apply for this cover.

If you answered 'Yes' to any of the above questions in Step 2, you are not eligible to transfer cover using this application. You may still apply to increase your cover by completing the *Adjusting your Insurance Cover* form and the *Member Personal Statement* which are both available on our website [mylifemyinsurance.com.au/forms-publications](http://mylifemyinsurance.com.au/forms-publications) or call **1300 963 720**.



## Step 3 – Existing Insurance details

Name of existing fund or insurer

Member or Policy number

Level of Death cover

\$ , ,

Level of TPD cover

\$ , ,

Income Protection Benefit

\$ ,   Per Month  Per Year

Income Protection Waiting period\*

days  months

Benefit period (e.g. 2 years, 5 years, to age 65 etc)^

\* The Fund offers waiting periods of 30 days or 60 days. Where your existing period is not offered, the next shortest available period will apply e.g. a 90 day wait would be transferred to the Fund with a 60 day waiting period.

^ The Fund offers benefit periods of 5 years, to age 65 and to age 70. Where your existing benefit period is not offered, the next longest available period will apply e.g. a 2 year benefit would be transferred to the Fund with a 5 year benefit period.

## Your Privacy

The Fund is administered by us along with our service provider, Mercer Outsourcing (Australia) Pty Ltd. We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information and marketing material about the other products and services offered by us and our related bodies corporate.

If you do not wish to receive marketing material, please contact us on **1300 963 720**.

Our Privacy Policy is available to view at [csf.com.au/privacy](http://csf.com.au/privacy) or you can obtain a copy by contacting us on **1300 963 720**.

When you become a member, we assume that you consent to this handling of your personal information. If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policy lists all other relevant offshore locations.

Our Privacy Policy sets out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1300 963 720** or write to the Privacy Officer, MyLife MyInsurance, GPO BOX 4303, Melbourne, VIC 3001.

## Disclosure

### Your Duty of Disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, which may affect their decision to insure you and on what terms. You have this duty until the insurer agrees to insure you. You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

### 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, they may apply the following rights separately to each type of cover.

*Continued*



## Disclosure (continued)

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or 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 you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

## Step 4 – Declarations and signature

I understand and agree that:

- I will cancel all insurance cover with my former fund or insurer within 60 days of receiving confirmation of my successful transfer application.
- I will not be transferring the cover under my former fund to any other division or section of the former fund, or any other fund.
- I will not effect a continuation option or subsequently reinstate any cancelled cover 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.
- I have read the duty of disclosure and am aware of the consequences of non-disclosure.
- I have read and understood the information in the current Product Disclosure Document and the Insurance Guide
- The duty of disclosure continues after I have completed this statement until my request has been accepted in writing by the insurer.
- I consent to my information being collected, disclosed and used in the manner set out in this form.
- I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL Life Limited or its external service providers/contractors, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information TAL Life Limited collects on this form or future forms in relation to this insurance.

I declare that:

- The answers to all questions and the declarations on this form are true and correct (including those not in my own handwriting).
- I have not withheld any information which may affect any decision to provide insurance.

I acknowledge that:

- If I do not complete this application correctly, or I do not sign and date this form, the application to increase cover will not be accepted.
- Insurance cover will only be provided on the terms and conditions set out in the trustee's contract of insurance with the insurer and as agreed between the trustee and the insurer from time to time.
- Any change in cover I make using this form will only start from the date this form is accepted by the insurer.

Member full name

Member Signature

Date

**Please return your completed form to MyLife MyInsurance, GPO Box 4303, Melbourne, VIC 3001.**

