

# Transfer External Insurance Application



## How to use this form

Complete this form if:

- you have either Death only or Death & Total and Permanent Disablement (TPD) insurance cover through a super fund or eligible life insurer (subject to eligibility conditions) and wish to apply to transfer the cover into TelstraSuper, and
- you are a current member of TelstraSuper or eligible to apply for membership.

## Important information

- **You cannot transfer Income Protection insurance cover.** However, you can apply for cover and be assessed by our insurer, TAL. To do so, complete the **Insurance Telephone Application Request** form available at [telstrasuper.com.au](http://telstrasuper.com.au)
- You must be aged under 75 to transfer your Death cover and under 65 to transfer your TPD cover into TelstraSuper.
- You must attach a photocopy of an up-to-date statement from your super fund or written evidence from your life insurer confirming the type and level of cover you have with that fund or insurer. TelstraSuper must receive this evidence within 45 days of it being issued.
- The maximum amount of cover that can apply as a result of all applications for insurance transfer by a member or insured member is \$2,000,000 for Death only or Death & TPD cover. This External Transfer Limit (ETL) does not include base cover or any existing top-up cover provided through TelstraSuper but the total Death & TPD cover in TelstraSuper must not exceed \$5 million.

**If you're considering cancelling or replacing your existing insurance cover, please be aware there are risks in doing so. You should consider the terms and conditions of each insurance cover before deciding to make a change. Do not cancel your existing insurance cover until you receive written confirmation that your transfer application has been accepted. Acceptance of your transfer application is subject to acceptance by the Insurer, TAL Life Limited (TAL) and some limitations may apply.**

A

## Your details

Member number

Title  Mr  Mrs  Miss  Ms  Other

Surname

Given name(s)

Date of birth

Postal address

Gender  Female  Male Preferred contact number (business hours)\*

\* To save unnecessary delays, TelstraSuper or TAL may contact you by telephone to clarify any answers you have provided.

B

## Your occupation details

Name of current employer (if applicable)

Main occupation/industry

1.  Self employed  Employee full-time  Employee part-time  
 Not working  Domestic duties  Casual

2. Your occupation

3. Outline the duties of your main occupation

Duty	% of time
Administrative/clerical <input type="text"/>	<input type="text"/> %
Light manual work* <input type="text"/>	<input type="text"/> %
Supervisor of manual work <input type="text"/>	<input type="text"/> %
Manual work <input type="text"/>	<input type="text"/> %

\* (e.g. certain qualified trades people engaged in light manual work such as electricians; business owners who undertake light manual work in non-hazardous industries; and occupations where travel is an essential part of the job, such as field surveyor etc).

**C****Transfer cover details**

Please provide details of the Death only or Death & TPD cover you are applying to transfer. Your Death cover in TelstraSuper must be equal to or higher than your TPD cover.

Name: Super Fund/Insurer

Membership no. (if applicable)

Death only amount (maximum \$2,000,000)

Death & TPD amount (maximum \$2,000,000)

Date existing cover commenced

**D****Eligibility questions**

At the date of this application:

- a) Are you currently, due to an illness or injury, restricted or unable to carry out all the duties of your usual occupation for at least 30 hours per week, even if you are not employed to work 30 hours per week?  Yes  No  
**If 'Yes' please read note 1 below**
- b) Have you been diagnosed with an illness or injury that is likely to reduce your life expectancy to less than 12 months?  Yes  No  
**If 'Yes' please read note 1 below**
- c) Have you ever made a claim and are you currently intending to make a claim for an illness or injury from the following: Workers' Compensation; Government benefits (such as sickness benefit, invalid pension); Motor accident scheme; Superannuation fund; or life insurance policies?  Yes  No  
**If 'Yes' please read note 1 below**
- d) Have you been absent from your usual occupation (employed or unemployed) for more than four weeks in the last 12 months due to an illness or injury?  Yes  No  
**If 'Yes' please read note 1 below**
- e) Is any cover that you would like to transfer subject to any premium loadings and/or exclusions or restrictions including, but not limited to, pre-existing conditions, specific medical conditions or any other conditions?  Yes  No  
**If 'Yes' please read note 2 below**

**Note 1**

You are not eligible to transfer your insurance cover using this application form. For further information contact TelstraSuper on **1300 033 166**.

**Note 2**

Please provide details of the premium loading(s), exclusion(s) or restriction(s), including a copy of the advice you received from the super fund or life insurer advising you of the acceptance of your cover subject to these additional terms.

**E****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, that 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
- is common knowledge
- they know or should know as an insurer
- 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.

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 three 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 three 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.

If you have applied for cover via a financial adviser it is also your responsibility to ensure that the information provided to your adviser is accurate and complete and that the correct information is entered into the application form.

**F****Privacy statement**

The privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal 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 upon request to TAL using the contact details below.

GPO Box 5380  
 Sydney NSW 2001  
 Telephone: 1300 209 088  
 Fax: 1800 300 072  
 Email: [customerservice@tal.com.au](mailto:customerservice@tal.com.au)

**Collection and use of personal information**

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

**Disclosure of personal information**

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- claims assessors and investigators, claims managers and reinsurers
- medical practitioners (to verify or clarify, if necessary, any health information you may provide)
- any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney
- other insurers
- for members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund
- other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Tax Office), and
- authorised by law (e.g. under Court Orders or Statutory Notices).

**G****Your consent and confirmation**

Please read each statement below and then tick the box that you agree and accept. If you do not tick the box you will not be eligible to apply for an Insurance Transfer.

1. I will cancel my existing insurance within 60 days of receiving written confirmation from TelstraSuper that my application has been accepted.
2. I will not be transferring my existing insurance into any other superannuation fund or any other division of TelstraSuper.
3. I will not apply for a continuation option, or reinstate my existing cover with my other superannuation fund or insurer.
4. I authorise and consent TelstraSuper to contact my current superannuation fund or life insurer to undertake appropriate enquiry and investigation to verify the answers and information I have provided in this application. I also authorise and consent TelstraSuper to obtain copies from the superannuation fund or life insurer of any health, medical or any other relevant documentation regarding my application. Any non-disclosure to a former superannuation fund or insurer may be acted and relied upon by TelstraSuper or its insurer. A photocopy of this authority is as valid as the original.
5. I authorise and direct any medical or other practitioner to divulge at any time to TAL Life Limited or to any lawfully constituted tribunal or Court any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation for the purposes of assessing this application. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.
6. I confirm that when applying to my other superannuation fund or life insurer for the cover I am now applying to transfer, I answered all personal, health, medical, lifestyle and other questions asked truthfully and in accordance with my duty of disclosure (see Section E).
7. I understand that if my application to transfer my insurance to TelstraSuper is successful, I may lose some additional benefits, product features or accrued rights provided by my current superannuation fund or life insurer. This may include the ability to nominate certain beneficiaries and the taxation of benefits. I understand that all transferred cover is subject to the provisions of the TelstraSuper Trust Deed and the terms and conditions of TelstraSuper's insurance arrangements. I understand that if my application is successful, the TelstraSuper TPD definition will apply (as well as all other applicable terms and conditions). I confirm that I have obtained all necessary taxation, legal and other relevant advice regarding my application.

**Please tick box that you agree and accept**

- I confirm that the above statements are true and correct and I agree to abide by the above requirements.

# H

## Your declaration and signature

- I have read and understand the Important Information section at the start of this form.
- I acknowledge that I have read and understand my duty of disclosure obligations in Section E. I confirm that I have complied with this duty and that it applies until formal written notification of acceptance.
- I consent to my private information being collected, used and disclosed according to the Privacy Statement.
- I confirm that the statements in Section G are true and correct and I agree to abide by these requirements.

I understand that if I have applied to transfer Death only or Death & TPD cover, and if my application is successful:

1. I will receive in addition to any existing cover I may have with TelstraSuper, an amount of cover that is no less than my current cover, rounded up to the nearest available \$1,000.
2. If I do not cancel my existing insurance cover in accordance with my declaration in Section G, my TelstraSuper insurance benefit will be reduced by the amount not cancelled. I agree to produce written evidence of cancellation upon request.

I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary information attached which relate to me are true and correct. I have not withheld any information relevant or material to the assessment of this application.

Signature X

Date

### Please return completed form to:

**Email:** [underwriting@telstrasuper.com.au](mailto:underwriting@telstrasuper.com.au)

**Post:** Telstra Super Pty Ltd, PO Box 14309, Melbourne VIC 8001

Telstra Super Pty Ltd complies with the Privacy Act 1988 (Cth). For further information on privacy visit our website at [telstrasuper.com.au](http://telstrasuper.com.au) to download a copy of our Privacy Policy and Privacy Collection Statement.

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Telstra Super Pty Ltd, ABN 86 007 422 522, AFSL 236709, is the trustee of the Telstra Superannuation Scheme ABN 85 502 108 833 (TelstraSuper).

The insurer is TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL).

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