

# TRANSFER IN YOUR OTHER INSURANCE

Use this form to transfer insurance cover from another life insurance policy or fund.

## IMPORTANT INFORMATION

This form is for members who hold insurance in the MINING DIVISION. Generally, you're in the MINING Division if you joined the Fund before 20 May 2024, are eligible for insurance and/or have opted in to the MINING DIVISION.

If you hold insurance in the DEFAULT DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at [teamsuper.com/login](https://teamsuper.com/login) or by calling us on 13 64 63.

## Before you start...

Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

- If your employer doesn't make employer super contributions into your Team Super account, you must have at least \$5,000 in your account to transfer in your other insurance.
- Make sure you're aware of any fees that may apply by transferring your cover.
- You should review your current policy terms so you understand the effects of transferring your cover.
- You must return this form within 45 days of signing and dating the declaration in Section 5.

Your transfer request isn't automatic. It's subject to our insurer's acceptance and some limitations apply. To ensure you're covered at all times, don't cancel your other cover until you've received written confirmation that your transfer request was accepted. If you're not sure, contact us before cancelling your other cover.

There are risks you should consider when transferring your existing cover, such as the loss of any accrued benefits, any new health issues you may not be covered for under your new cover, the possibility of waiting periods having to start again and the implications if you don't disclose all relevant information on an application form (even if unintentional). You shouldn't cancel any existing cover until your application is accepted by our insurer. Once your cover has been transferred, you must cancel your other policy.

You need to attach an up-to-date statement or any other written evidence from your other fund or insurer confirming the type and level of cover you have with them. This document must be received by Team Super within 60 days of it being issued.

### What limits apply to transferring your insurance to Team Super?

The total amount of your cover with Team Super can't exceed the maximum benefit allowed under our policies. Additional limits apply to transferred cover. Please refer to section 3 of this application for further information.

The following age rules also apply to transferring insurance:

- Income Protection insurance - you must be under 65 years of age.
- Death and Terminal Illness (DTI) - you must be under 60 years of age.
- Total and Permanent Disablement (TPD) - you must be under 60 years of age.

### On what terms will the transfer be made?

If your application is accepted, your transferred cover will be subject to Team Super's insurance policy terms. We'll notify you of your cover amount and the date your cover commences. The premium rates stated in Team Super's policies will apply to your transferred cover.

For Income Protection insurance, your current waiting and benefit periods will be matched as closely as possible within Team Super's insurance terms to the next lowest benefit period and next highest waiting period. For instance, if your existing cover has a 45 day waiting period, your transferred cover will have a 60 day waiting period. If your existing benefit payment period is to age 65, you'll receive a five year benefit period with Team Super, as five years is the maximum available benefit period.

## Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | [teamsuper.com](https://teamsuper.com)  
Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to Team Super Pty Ltd ABN 70 003 566 989 AFS licence 246864 as trustee of Team Superannuation Fund ABN 16 457 520 308 MySuper authorisation number 16457520308485.



## Personal statement - check if you're eligible to transfer your insurance

1. Do you have any injury or illness which restricts you, or is likely to restrict you in the future from carrying out the identifiable duties of your current employment and normal occupation on a full-time basis, even if you're not currently working on a full-time basis?  Yes  No

Full-time basis is considered to be at least 30 hours per week, even though you may not actually be currently working that number of hours.

2. Due to illness or injury, are you claiming or have you ever claimed a benefit from any source, such as superannuation, workers' compensation, a disability pension, Veterans' Affairs or any other insurance providing accident or illness benefits?  Yes  No

3. Have you been diagnosed with an illness that reduces your life expectancy to less than twelve months from today?  Yes  No

4. Is your cover with the other fund or insurer subject to any premium loadings and / or exclusions, including, but not limited to, pre-existing condition exclusions or restrictions in regards to medical or other conditions?  Yes  No

If you answered 'yes' to question 4, attach a copy of the advice you received from your other fund or insurer advising of your acceptance of that cover and outlining the terms under which your cover was accepted.

### For Income Protection insurance only:

5. Do you have, or have you ever had, any disease, illness or injury or other conditions (other than colds, flu or mild asthma) that:  Yes  No

- required more than a total of two consecutive weeks off work during the last 12 months, or
- has recurred more than twice in the last two years, and / or is currently causing you symptoms or requiring treatment?

If you answered 'yes' to any of the questions 1 to 3 and / or 5 for Income Protection insurance, you're not eligible to transfer Death, Total and Permanent Disablement (TPD) and / or Income Protection insurance into Team Super. Any current cover in Team Super will be unaffected and you don't need to complete the rest of this form.

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## 1. Your personal details

Mr Ms Mrs Miss Dr Other

Male Female

Member number

Given names

Surname

Date of birth (DD-MM-YYYY)

  -   -    

Residential address

Suburb

State

  

Postcode

   

Postal address. If the same as your residential address, mark 'X' in this box

Suburb

State

  

Postcode

   

Mobile phone

Home phone

Work phone

Email

Yes  No

**Are you a permanent resident of Australia?** If 'no', please provide details and dates below.

Yes  No

**Have you smoked tobacco or any other substance in any form in the past 12 months?**

If you answered 'yes', an additional premium loading will apply to the cost of your insurance.

To find out more about our insurance, see our **Product Disclosure Statement (PDS)** and **Insurance Guide - Mining Division** at [teamsuper.com/pds](https://teamsuper.com/pds)

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## 2. Tell us your Occupation Group

- Read the below descriptions of the five Occupation Groups carefully, as they're used to work out how much your insurance costs.
- If you're retired or not working, select 'light manual'. Open cut miners are classified as Heavy Manual, not Mining.
- Your selected Occupation Group will apply to all your insurance with us. Any new insurance premiums will apply to your total insurance cover, including existing Basic Cover, Voluntary Cover and / or Income Protection insurance, from the date we receive this form and your application is accepted by our insurer.
- If you don't select a Occupation Group you could pay more for your insurance than you have to. Refer to the **PDS and Insurance Guide - Mining Division** for more information about occupation groups and how it may impact your insurance.

Mark 'X' in one box

- Professional:** You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn more than \$80,000 pa, excluding employer super contributions, so long as you're not defined as 'mining'.
- White collar:** You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn \$80,000 pa or less, excluding employer super contributions, so long as you're not defined as 'mining'.

For the **professional** and **white collar** Occupation Groups, it's important to select the Occupation Group that reflects your circumstances. We'll record your Occupation Group according to what you tell us. Refer to the **PDS and Insurance Guide - Mining Division** for more information about Occupation Groups and salary, and how it may impact your insurance.

- Light manual:** You perform light manual work for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'heavy manual' or 'mining'. This category includes duties such as carpenter, electrician, plumber and factory production manager.
- Heavy manual:** You perform heavy manual work or work in an **open-cut mine** for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'mining'. This category includes duties such as bricklayer, roof carpenter and truck, forklift or bulldozer driver.
- Mining:** You perform light or heavy manual work in an **underground mine** for more than 5% of your total work time or work in any other high risk occupation agreed between Team Super and the insurer.

### 1. What is your usual occupation?

### 2. Describe all present duties in the table below. Complete both the percentage of time and specific duties in all cases.

Type of work	% time	Describe specific duties and where they're performed
Sedentary / administration: e.g. filing, computer work, answering telephone, reception duties etc.		
Light manual work: e.g. driving, warehousing, surveying, lifting under 5kg etc.		
Heavy manual work: e.g. bricklaying, lifting over 5kg, painting, carpentry, mechanic etc.		

### 3. How many hours, on average, do you work per week? hours per week

### 4. What's your current annual income earned through personal exertion, before-tax and including super contributions, but after deduction of business expenses? \$ , . pa

### 5. Do you have more than one occupation? Yes No

If 'yes', please specify the occupation, your normal duties and the average hours you work per week in each of your other occupations.



Turn over to finish filling out this form...

### 3. What insurance do you want to transfer and how much?

- You must transfer the total current cover amount up to the following limits:
  - Death and Terminal Illness (DTI) only: up to a maximum of \$1 million in addition to any existing Team Super cover.
  - DTI and Total and Permanent Disablement (TPD): up to a maximum of \$1 million, in addition to any existing Team Super cover.
  - Income Protection insurance: your benefit will be the lesser of 84.5% of your insured salary or actual salary you earned over the 12 months immediately prior to the date you became disabled. If you've worked for an Industry Employer for less than 12 months, your salary will be based on your average salary taken from the commencement of employment to the date you became disabled. This includes a super contribution paid to your Team Super account (calculated using the compulsory super contribution rate current at the date of your disablement), with the remaining amount paid to you directly. The maximum total benefit is \$6,923.08 per fortnight.
- You can't transfer TPD Cover without Death insurance.
- If the insurer accepts your application, the amount of your other insurance will be matched by an equivalent level of Voluntary DTI Cover or Voluntary TPD Cover, rounded up to the next \$10,000, if it isn't already a multiple of \$10,000.
- For Income Protection insurance transfers, Team Super offers waiting periods of 14, 30, 60, 90, 120 days or up to two years and a two or five year benefit period (a five year benefit period isn't available with a waiting period of 14 days or two years). If the insurer accepts your application, the waiting and benefit periods under your current cover will be matched as closely as possible to Team Super's insurance waiting and benefit periods to the next lowest benefit period and next highest waiting period.

Tick the insurance you want to transfer and provide details of this insurance:

<input type="checkbox"/>	<b>Death insurance</b>	Amount of cover with other fund or insurer \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Date insurance started (DD-MM-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<b>Death and TPD Cover</b>	Amount of Death cover with other fund or insurer \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Date insurance started (DD-MM-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Amount of TPD Cover \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/>	Date insurance started (DD-MM-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	<b>Income Protection insurance</b>	Monthly Income Protection insurance benefit \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> per month	Date insurance started (DD-MM-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Current Income Protection insurance waiting period: <input type="text"/> <input type="text"/> <input type="text"/> days	Current Income Protection insurance benefit period: <input type="text"/> <input type="text"/> years or to age <input type="text"/> <input type="text"/>

### 4. Confirmation of requirements

In assessing your application, the insurer may contact your other fund or insurer to confirm whether any premium loadings or limitations apply. Exclusions or limitations that apply will be retained on the transferring cover under Team Super.

Please read the following statements and indicate your acceptance:

- I confirm my other cover is current and valid at the time of completing this application.
- I'll cancel all insurance cover with my other fund or insurer within 60 days of receiving confirmation from Team Super of my successful transfer application.
- If my cover is held under a joint policy with another person, such as my spouse, I'll need to cancel my portion of the cover.
- I won't transfer the cover with my other insurer or fund to any other part (including division, section or category) of the other fund, or to any other super fund.
- I won't effect a continuation option, or subsequently reinstate any cancelled cover with the other insurer, or within the other fund or any other division, section, category of the other fund, or within any fund or insurance policy where such reinstatement of cover is available to me.
- I understand my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by Team Super.

I confirm the above statements are true and correct and I agree to abide by these requirements.  Yes  No

If you answered 'no', you're not eligible to transfer your insurance. This doesn't affect any insurance cover you currently have with Team Super.

Turn over to finish filling out this form...

## 5. Declaration if the insurance policy being transferred is owned by someone else

This section needs to be completed by the person who owns the retail insurance policy jointly with you or in which you're named.

Mark 'X' in one box

I, the retail insurance policy owner, declare that:

I'm not the applicant in respect to this insurance transfer form;

the applicant's cover is held under a policy that I jointly own together with the applicant or that I solely own. As policy owner, I consent to the transfer of the applicant's other cover to Team Super; and

I've read this form and understand that if this application is accepted by Team Super's insurers, the applicant or I must cancel the applicant's other cover.

Policy owner's full name

Policy owner's signature

Date (DD-MM-YYYY)

## 6. Keep your insurance cover

Your insurance will be cancelled if your account becomes inactive (that is, a contribution hasn't been credited to your account for 16 months or more). If you don't want your insurance cover to stop due to inactivity, you need to let us know in writing that you'd like to keep it. You can do this by simply ticking the box below.

By ticking this box, I confirm that I:

- wish to add and keep the insurance on my Team Super account.
- understand that my insurance benefits, including any future changes, will remain on my account, even if there's not been a contribution or transfer received in my account for 16 months or more.
- understand I can still cancel my insurance at any time by calling 13 64 63.
- understand that my insurance can be cancelled or changed in the future in line with the normal terms and conditions of Team Super's insurance.
- have read and understood the **PDS** and **Insurance Guide** at [teamsuper.com/pds](https://teamsuper.com/pds)

Turn over to finish filling out this form...

## 7. Duty of reasonable care

### The duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance.

The information you provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances.
- what the Insurer would have done if the duty had been met - for example, whether it would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

### Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

### Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

### If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

Turn over to finish filling out this form...

## 8. Your declaration

### I declare that:

- I've read the duty to take reasonable care and my legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into. I understand that in connection with my insurance application, I must advise TAL Life Limited of any changes in my health from now until I'm notified in writing that my application has been accepted.
- The answers I've provided to all questions and the declarations are true and correct and aren't misleading.
- I understand that my insurance cover won't become effective until my application has been accepted in writing by the relevant insurer and provided my member account has adequate funds to meet the premium payable.
- I acknowledge that if I don't complete this form correctly or I don't sign and date this declaration and return within 45 days of signing, my transfer application won't be considered and any insurance cover I currently have with Team Super won't be affected.
- I have read and understood the Team Super PDS, including the **Insurance Guide - Mining Division** and associated reference material.
- I consent to the collection, use and disclosure of my personal information in accordance with the Team Super Privacy Policy outlined in the Team Superannuation Fund PDS, including the **Insurance Guide - Mining Division** and our insurer's privacy policy at [tal.com.au/privacy-policy](http://tal.com.au/privacy-policy) or available on request.
- I understand that if my application is accepted, Death and Terminal Illness (DTI) and Total and Permanent Disablement (TPD) Cover transferred will be in addition to any existing cover held with Team Super. Death and Terminal Illness (DTI), Total and Permanent Disablement (TPD) and Income Protection insurance will be provided to me on the terms and conditions contained in Team Super's insurance arrangements. Any occupational loadings and any individual conditions, exclusions or restrictions that currently apply to my existing cover with Team Super will also apply to my transferred cover.
- Exclusions or limitations on the transferring cover will be retained on the cover under Team Super.
- I authorise the relevant insurer and any person appointed by the insurer to undertake appropriate enquiries and investigations to verify the answers I've provided. I further acknowledge that this authorisation enables the insurer to obtain from the other fund or insurer my application for cover. I further authorise the relevant insurer to investigate whether any premium loading/s, restriction/s and exclusion/s may have applied to my other cover, and any other information that may be relevant to the insurer's consideration and assessment of this application.
- I acknowledge and understand that if I don't validly cancel my other cover as required under the terms of this application, the insurer will reduce any benefit payable under the policy by the benefit payable under the other cover to the extent that the other cover should have been cancelled but wasn't.
- I agree to provide the insurer/s with access to the health and / or financial evidence I provided to my other fund or insurer in an application for cover.
- By signing this declaration, I acknowledge and declare to the insurer that the disclosures and representations made in the application for cover to the other fund or insurer are true and correct. I acknowledge that in making this declaration, the insurer will rely on that information and any non-disclosure or misrepresentation to the other fund or insurer may be acted upon by the insurer underwriting Team Super's policies.
- Legislation requires all members, except those in the Group 1 - High Risk or Group 1- High Risk (Undeclared) Occupation Groups, to elect for insurance cover when their account balance is below \$6,000 and/or they are aged under 25. By choosing to proceed with this application, you are electing to:
  - retain your existing insurance cover (if you already have cover); or
  - be provided the insurance cover specified in this application (if you don't already have cover), where your account balance is below \$6,000 and/or you are aged under 25.

Your signature



Date (DD-MM-YYYY)

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Print name

When complete return this form to us by:

**Post** Team Super  
Locked Bag 2020 Newcastle NSW 2300  
**Email** [help@admin.teamsuper.com](mailto:help@admin.teamsuper.com)

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | [teamsuper.com](http://teamsuper.com)

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