

Group Risk Insurance – For BUSS(Q) Premium Choice Members Insurance Transfer Form

INSTRUCTIONS FOR COMPLETING THIS FORM

- All sections must be completed in black or blue ink and in BLOCK CAPITAL letters.
- Please attach to this form proof of your insurance cover (See Section 2b for details).
- Please return the completed form along with the attachments to: BUSS(Q), GPO Box 2775, BRISBANE QLD 4001

When to use this form

Please complete this form if you:

- are a member of the BUSS(Q) Premium Choice Division (you cannot transfer your insurance cover if you are an employer-sponsored member of BUSS(Q)); and
- wish to apply to transfer your current insurance cover under another life insurance policy ('Previous Cover'), as a member of a superannuation fund ('Previous Fund'), to BUSS(Q) ('Transferred Cover'); and
- are transferring up to \$1 million of Death or Death and Total and Permanent Disability (TPD) Cover, in addition to any cover already held by you with BUSS(Q); and/or
- are transferring a monthly benefit of up to \$10,000 of Income Protection cover.

You can apply to transfer your insurance cover to BUSS(Q) if:

- your Previous Cover is held through a superannuation fund (you cannot transfer cover from an individual policy (super or non-super), non-superannuation group policy or with a self managed superannuation fund)
- your Previous Cover is valid and current at the time you submit this Insurance Transfer Form
- you are aged less than 69 years, if you are applying to transfer your Death cover and/or TPD cover
- you are aged less than 64 years, if you are applying to transfer your Income Protection cover
- you have not made, nor are entitled to make a claim, in relation to your Previous Cover
- you are working at least 15 hours per week (on average), if you are applying to transfer your Income Protection cover.

Note: All Transferred Cover will be fixed-dollar cover. Fixed-dollar cover will be rounded to the next highest multiple of \$1,000 subject to the limits set out in Section 7.

Important notice

It is important that you have read and understood the most recent version of the BUSS(Q) Premium Choice Division Product Disclosure Statement (PDS), available online from bussq.com.au

This Insurance Transfer Form is confidential – please refer to the Privacy Statement at Section 6.

For further information, please refer to Section 7 at the end of this form.

Occupational categories

Please note that there are three occupation-based categories (White Collar, Light Blue and Heavy Blue) used to assess the amount of premium you will pay for your Transferred Cover. Answering the questions in Section 3 will allow the insurer to determine which scale is applicable to you and therefore, the cost of the cover you will be transferring.

Cancelling your Previous Cover

Your application to transfer cover will be assessed by BUSS(Q)'s insurer – Zurich, and BUSS(Q) will notify you of the outcome in writing. Zurich may need to contact your Previous Fund or the insurer of your previous policy to complete the assessment of your application.

If Zurich accepts your application for Transferred Cover, you must cancel your Previous Cover upon notification of Zurich's decision. If you do not cancel your Previous Cover, and in the event Zurich accepts a claim for Death, Terminal Illness, Total and Permanent Disablement or Income Protection, Zurich will reduce any benefit payable under this policy, by the amount of any benefit payable under the Previous Cover.

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

Duty to take reasonable care not to make a misrepresentation

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer. To meet this duty, you must also take reasonable care not to make such a misrepresentation.

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 duty

Not meeting your legal duty 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.

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

About this application

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can provide cover, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information given to us in response to our questions is vital to our decision.

When you apply for insurance benefits through a superannuation fund or ask to extend or make changes to existing insurance benefits, the fund trustee may pass on to us personal information you provide to them. You also therefore need to take reasonable care not to make a misrepresentation when providing this information to the fund trustee.

Guidance for answering our questions

You are responsible for the information you provide to us. When answering our questions, you should:

- think carefully about each question before answering. 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. Please don't assume we will ask others such as your doctor.
- review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections).

Changes before your cover starts

Before your cover starts, please tell us about any changes that mean you would now answer our questions differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please tell us immediately and we'll let you know whether it has any impact on the cover.

Telephone contact

After you submit your application, we may contact you by phone to collect any information missing from your application. The information you provide will be recorded and used in the assessment of your application for insurance cover. The need for you to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into also applies during any phone contact with us.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty answering our questions or understanding the application process.

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 for anyone who might need it. You can have a support person you trust with you.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). They are intended to put us in the position we would have been in if the duty had been met.

For example, we may do one of the following:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including all of the following:

- whether you took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, and what you can do if you disagree.

1. Member details

BUSS(Q) membership number

Title Mr Mrs Ms Miss Doctor Other

Surname

Given names(s)

Date of birth (dd/mm/yyyy) / / Male Female

Residential address (this cannot be a PO Box)

Street

Suburb

State

Postcode

Work phone

Mobile phone

Home phone

Email

I authorise Zurich's underwriting service representative to contact me by phone if further information is required.

I can be contacted during the following times:

Mondays Tuesdays Wednesdays Thursdays Fridays Any business day

Between am/pm and am/pm

Please tick your preferred contact method:

home phones business phones mobile phone email

Are you an Australian citizen or permanent resident of Australia?

Yes No

If no, do you have a working visa?

Yes No

If yes, please identify the type of working visa

Occupation

Current employment status (please tick the appropriate box)

Employed

Self-employed

Unemployed

How many hours (on average) do you work a week?

If you work less than 15 hours per week, you are not eligible to roll-in your Income Protection cover into BUSS(Q).

2. Details of Previous Cover that you wish to transfer into BUSS(Q)

Membership number (if known)

Name of superannuation fund

Name of insurer

A. TYPE OF INSURANCE COVER

Please complete the below table with respect to the Previous Cover that you wish to transfer into BUSS(Q) on the terms as set out in BUSS(Q)'s group life insurance contract(s) with Zurich ('The Policy').

Details of cover	Type of cover		
	Death only	Death & TPD	Income Protection (Monthly benefit)
Amount of cover (\$)			
Date cover started (dd/mm/yyyy)	/ /	/ /	/ /
Waiting period	Not applicable	Not applicable	days
Benefit period	Not applicable	Not applicable	To age or years

You are responsible for making enquiries regarding any exit, transfer or other fees that will be triggered by transferring your Previous Cover out of the Previous Fund. You should do this so that you completely understand the effects of transferring your insurance cover to BUSS(Q).

B. PROOF OF INSURANCE 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 statement or Certificate of Currency* was issued.

Zurich will not accept documentation that is older than six months than the date you signed this form.

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

Yes No

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

*Please refer to Section 6 – 'Frequently asked questions' for acceptable forms of proof of cover.

C. COVER LIMITATIONS

Is your Previous Cover subject to any of the following limitations:

	Death only	Death & TPD	Income Protection
a premium loading?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
an exclusion?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
a restriction?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
a pre-existing condition restriction/exclusion?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
any other limitation of any sort?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA

If you answered 'Yes' to any of the above, please attach a copy of the correspondence you received from your Previous Fund or insurer which sets out the special terms which apply to your Previous Cover. In assessing your application, Zurich may contact your Previous Fund or its insurer to confirm whether any premium loadings or limitations apply.

3. Occupational categories

a. Please identify the income producing duties of your current occupation and the approximate percentage of time spent on each duty per week. The list below represents the physical nature of duties only.

Type of work	% of time	Please describe your specific duties and where they are performed. Please note that the examples are a guide only.
Sedentary		(e.g. filing, computer work, answering telephone, reception duties)
Manual work – light		(e.g. driving with deliveries, lifting under 5kg etc)
Manual work – heavy		(e.g. bricklaying, lifting over 5kg, painting, carpentry, mechanic etc)

- b. Do you spend at least 80% of your working time in an office environment? Yes No
- c. Are you solely engaged in sedentary duties? Yes No
- d. Does your occupation involve manual work? Yes No
- e. Are you engaged in any other occupation(s)? Yes No
- f. If yes to question e. in this section, please specify all other occupations:
-

4. Personal Statement

Due to injury or illness, are you off work or restricted from performing any of the usual duties of your occupation on a full-time basis of at least 30 hours per week (even if not currently working on a full-time basis for non-medical reasons)? Yes No

Due to injury or illness, have you had your duties or workplace modified in the last 2 years? Yes No

Have you been paid, are eligible to be paid or have lodged a claim for any type of sickness, accident or disability (including total and permanent disability or terminal illness) benefit(s) from any source such as a life insurer or WorkCover authority? Yes No

Have you been diagnosed with any illness that reduces your life expectancy to less than 24 months? Yes No

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

In the last 12 months, have you received an abnormal medical test result (i.e. x-ray, MRI, ultrasound, swab, etc) or are awaiting on the results of any medical test? Yes No

Have you taken more than 7 consecutive days off work over the past 12 months due to illness? Yes No

If you answered 'No' to any of the statements in Section 4, you cannot proceed with this application. You will need to apply for cover by completing the Insurance Application, available online from bussq.com.au

5. Declaration

- I have read and carefully considered all the information in this Insurance Transfer Form, and all the answers provided in this form are true and complete (including those not in my own handwriting).
- I have read and understood the most recent version of BUSS(Q)'s Premium Choice Product Disclosure Statement(s) (available online at www.bussq.com.au or by calling 1300 773 776).
- Upon being notified that Zurich has accepted my application to transfer my insurance, I will:
 - immediately cancel all my Previous Cover with my Previous Fund;
 - not be transferring my Previous Cover to any other division or section of the Previous Fund or to any other fund or policy, other than BUSS(Q); 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 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, and in the event Zurich accepts a claim for Death, Terminal Illness, Total and Permanent Disablement or Income Protection, Zurich will reduce any benefits payable under The Policy to me by the amount of any benefit payable under the 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 Zurich.
- I have read and understood my duty to take reasonable care not to make a misrepresentation and the consequences of not meeting the legal duty and answering all questions truthfully and completely.

- I understand that if Zurich accepts my application, the terms and conditions outlined in The Policy issued by Zurich will apply to the Transferred Cover and the terms and conditions of my Previous Fund and/or its insurer will cease to apply.
- I authorise Zurich and any person appointed by Zurich to undertake appropriate enquiries and investigations to verify the answers I have provided. I acknowledge that this authorisation enables Zurich to obtain from the Previous Fund and/or its insurer my application for cover. I further authorise Zurich to investigate whether any premium loading(s), restriction(s) and exclusion(s) may have applied to my Previous Cover, and any other information that may be relevant to Zurich's consideration and assessment of this application.
- I agree to provide Zurich with access to the health and/or financial evidence I provided to my Previous Fund and its insurer in an application for cover. By signing this declaration, I acknowledge and declare to Zurich that the disclosures and representations made in that application for cover to the Previous Fund and its insurer are true and correct. I acknowledge that in making this declaration, any non-disclosure or misrepresentation I may have made to the Previous Fund and/or its insurer may be acted upon by Zurich.
- I have read and understood the Privacy Statements of BUSS(Q) (available online at bussq.com.au or by calling 1300 773 776) and Zurich (set out at Section 6) and consent to my personal information being collected and used in accordance with these statements. I understand that Zurich may not be able to process my application without this consent.

Signature of member

X

Date / /

6. Privacy Statement

In this section, 'we', 'us' and 'our' refers to Zurich Australia Limited. 'You' and 'your' refers to policyowners and life insureds.

We are bound by the *Privacy Act 1988* (Cth). Before providing us with any personal or sensitive information, read this outline to understand what we'll do with your information. If you're not the only person providing information, then the other people providing information need to know this too.

We collect and use personal information to manage your insurance. We collect, use, process, and store personal information and, in some cases, sensitive information about you for several purposes. Purposes include complying with our legal obligations, assessing your application for insurance, managing the insurance, improving customer service or products, managing claims and dealing with potential misrepresentation. If you don't agree to provide us with the information, we may not be able to process your application, manage your cover or assess your claims. Other than from you, we may also collect information from government offices and third parties to assess an application or a claim.

By providing us or your intermediary with your information, you consent to our use of this information which includes us sharing your information with other parties where relevant for the purposes. Other parties can include the policy owner, your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our banking gateway providers and credit card transaction processors, and our business partners. It also includes other organisations in an alliance with us to co-issue, distribute, improve, manager and administer our products and services (including health services), carry out business functions and undertake analytic activities. We may also use or disclose your information as authorised or required by law within Australia or overseas.

These are the relevant Australian laws that may apply:

- *Australian Securities and Investment Commissions Act 2001*
- *Corporations Act 2001*
- *Insurance Contracts Act 1984*
- *Life Insurance Act 1995*
- *Superannuation Industry (Supervision) Act 1993*
- *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*
- *Anti-Money Laundering and Counter-Terrorism Financing Rules Instrument 2007 (No. 1)*
- *Income Tax Assessment Act 1936*
- *Income Tax Assessment Act 1997*
- *Taxation Administration Act 1953*
- *Superannuation Guarantee (Administration) Act 1992*
- *Small Superannuation Accounts Act 1995*
- *Superannuation (Unclaimed Money and Lost Members) Act 1999*
- *Superannuation (Resolution of Complaints) Act 1993*
- *Superannuation (Government Co-contribution for Low Income Earners) Act 2003*
- *Family Law Act 1975* (Part VIII B).

We must also comply with updates to these laws and any associated regulations. In addition to these, other acts may require or authorise us to collect your personal information.

We may use personal information (but not sensitive information) collected about you to tell you about other products and services we offer, including health services and reward programs. If you don't want your personal information to be used in this way, please contact us on 1800 199 414.

If you want to know more

We can provide:

- a list of service providers and business partners that we typically may share your information with
- a list of countries in which recipients of your information are likely to be located
- details of how you can access or correct the information we hold about you
- information about how to make a complaint.

For further information about our Privacy Policy please refer to the Privacy link on our homepage – zurich.com.au contact us by phone on 1800 199 414 or email us at privacy.officer@zurich.com.au.

Our data commitment

We understand that data security is an important concern. You can rest assured that we'll:

- keep your data safe
- never sell personal data
- not share personal data without being transparent about it
- put data to work so we can better protect you.

7. Frequently asked questions

WHAT ARE ACCEPTABLE FORMS OF PROOF OF INSURANCE COVER REFERRED TO IN SECTION 2B?

Acceptable forms of proof include:

- a recent member statement from your Previous Fund (or its insurer); 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. You can ask your Previous Fund to obtain a Certificate of Currency directly from its insurer.

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

If your insurance cover has changed since the date your statement or Certificate of Currency was issued, you need to provide evidence of your current type and level of insurance in the Previous Fund.

CAN I TRANSFER PART OF MY COVER?

No. Partial transfers of cover are not allowed. For example, if you hold \$500,000 of Death cover in the Previous Fund, you must transfer the entire \$500,000 into BUSS(Q). If you attempt to transfer a lesser amount, your application will not be approved. However, you may transfer the full amount of cover and then reduce your cover through BUSS(Q) at any time.

CAN I ONLY TRANSFER MY COVER TO BUSS(Q) IF I WAS PREVIOUSLY UNDERWRITTEN (I.E. IF I PROVIDED MEDICAL EVIDENCE)?

No. You can transfer cover into BUSS(Q) even if you obtained it automatically, through another superannuation fund.

WHAT HAPPENS TO MY EXISTING COVER WITH BUSS(Q)?

Your transferred Death and/or TPD cover will be added to any existing Death and/or TPD cover (including automatic and voluntary cover) held with BUSS(Q), subject to our maximum levels of cover. For transferring Income Protection cover, you will be insured for the greater of the monthly benefit held with the Previous Fund and the existing monthly benefit held with BUSS(Q), subject to the maximum level of cover. Premiums may vary – please refer to the most recent BUSS(Q) Premium Choice Division PDS (available online from bussq.com.au) for maximum levels of cover and premium rates.

WHAT IF SPECIAL CONDITIONS APPLY TO MY PREVIOUS COVER?

Any limitation, restriction or loading that applied to your Previous Cover will continue to apply to your cover in BUSS(Q). For example, if your Previous Cover had a back exclusion, that back exclusion will apply to your Transferred Cover.

HOW WILL MY TRANSFERRED COVER BE CALCULATED?

All Transferred Cover will be fixed-dollar cover. This means the amount of cover remains the same irrespective of changes in your age, but the premium will increase on each birthday. Transferred Cover will be rounded up to the next highest multiple of \$1,000. For example, if you hold two units of cover or fixed-dollar cover equal to \$150,200 your Transferred Cover will be rounded up to \$151,000.

WHAT WAITING PERIOD WILL APPLY TO MY TRANSFERRED INCOME PROTECTION COVER?

The waiting period will be matched to the same waiting period applicable to your Previous Cover as follows:

- 30 days, if it was 30 days or less with the Previous Fund.
- 60 days, if it was between 31 and 90 days (both inclusive) with the Previous Fund.

If the waiting period applicable to your Previous Cover is more than 90 days, you cannot transfer your Income Protection cover into BUSS(Q).

WHAT BENEFIT PERIOD WILL APPLY TO MY TRANSFERRED INCOME PROTECTION COVER?

The benefit period will be based on the benefit period applicable to your Previous Cover, as follows:

- To age 65, if your benefit period was to age 65 or greater; or
- Two years, if your benefit period was at least two years, or equal to or less than 'to age 60'.

WHAT ARE THE MAXIMUM AMOUNTS OF COVER I CAN TRANSFER USING THIS FORM?

The maximum amount of Death or Death and TPD Cover that can be transferred is \$1 million, in addition to any cover already held with BUSS(Q) at the time of transfer.

For Income Protection cover, the total level of cover (inclusive of any Income Protection cover already held with BUSS(Q)) will be capped at the lesser of:

- 85% of Salary (of which a maximum of 75% is payable to you and the balance paid as a super contribution to BUSS(Q)); and
- \$10,000 per month (which is the maximum level of cover).

WHAT IF I WANT TO TRANSFER MORE THAN THE ABOVE MAXIMUM AMOUNT OF COVER?

It is recommended that you contact BUSS(Q) prior to submitting your application form because your application may be given individual consideration.

HOW CAN I TRANSFER MY SUPERANNUATION BALANCE TO BUSS(Q)?

You cannot transfer your superannuation to BUSS(Q) using this form. To rollover your super into BUSS(Q), please use the Application to Rollover into BUSS(Q) form, available online from bussq.com.au

WHEN WILL MY TRANSFERRED COVER COMMENCE?

From the date your insurance application is accepted by Zurich and BUSS(Q) advises you in writing, subject to there being sufficient monies in your BUSS(Q) account to cover premiums.

If you are transferring cover at the time of joining BUSS(Q), Transferred Cover will not become effective until the rollover is received and processed. This is because your account balance would be nil until the rollover is processed.

WILL MY TRANSFERRED COVER BE ON THE SAME TERMS AS THE PREVIOUS COVER?

No. If your application to transfer insurance cover into BUSS(Q) is approved, the insurance cover will be subject to the terms and conditions of the BUSS(Q) insurance policy. If you are unsure about what this means to your cover, it is recommended that you obtain financial advice before applying to transfer your insurance cover.

BUSSQ
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