

Insurance transfer form



June 2014

When to use this form:

OFFICE USE ONLY

WEB

This form is for members of HOSTPLUS who wish to transfer their existing Death cover or Death and Total and Permanent Disablement (TPD) or Salary Continuance (SC) under another life insurance policy ('Former Cover') to HOSTPLUS ('Transferred Cover'). By completing this form, you are requesting HOSTPLUS's Insurer, MetLife Insurance Limited ABN 75 004 274 882, AFSL 238096 (the Insurer), to change your insurance cover on the terms and conditions set out in the insurance policy the Insurer has issued to HOSTPLUS (the Policy). The answers that you provide in this form will determine whether you are eligible to change your cover. Insurance cover will only be provided on the terms and conditions set out in the Policy and as agreed with HOSTPLUS and the Insurer from time to time.

How to use this form:

- You must complete Steps 1, 2, 3, 4, and 5. This form must be completed in full.
- This application needs to be completed by the person to be insured.
- Please use BLOCK letters and black or blue pen.
- Any changes made to this application are to be initialled by the person to be insured.
- Please answer all the questions as accurately as possible and provide additional information wherever requested.
- As part of your application, you may be required to undergo additional medical tests.
- As part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.

Important information about transferring insurance cover

You can only apply to transfer your insurance cover to HOSTPLUS if:

- You are applying for Death and TPD cover, and you are aged between 11 and 64 (inclusive).
- You are applying for Salary Continuance (SC) insurance cover and you are aged between 15 and 64 (inclusive).
- You wish to transfer up to \$1,500,000 of Death or Death and TPD cover in addition to your current insurance you have with HOSTPLUS.
- You wish to transfer SC cover up to a maximum monthly benefit of \$10,000 in total. When you transfer SC cover to HOSTPLUS, the waiting period that applies to your SC cover will be:
 - 30 days if it was 30 days or less with the former insurer,
 - 60 days, if it was between 30 and 60 days with the former insurer,
 - 90 days, if it was greater than 60 days but less than 90 days with your former insurer.
- You have not made or you are not entitled to make a claim in relation to your former cover.
- Your insurance cover is held in a superannuation or retail insurance policy. You cannot transfer cover that is held by a self-managed superannuation fund trustee.
- Your waiting period is 90 days or less.
- Your TPD cover does not exceed your Death cover.
- You agree that your cover provided through HOSTPLUS will be subject to the underwriting terms provided by the former insurer (if any).

Attach a copy of your most recent statement from your other fund or policy, which sets out the type and current level of cover you have with them along with the acceptance terms. If your insurance cover has changed since the date of your most recent statement, you will need to provide evidence of the current type and level of cover. Your policy must be in force when applying to transfer your cover.

If you already have insurance cover with HOSTPLUS

The SC Cover that you successfully transfer into HOSTPLUS will replace any existing SC cover (as long as any monthly benefit does not exceed 90% of your salary). The Death and/or TPD cover that is transferred into HOSTPLUS will be the total of any existing lump sum cover and any cover transferred (subject to a \$5m TPD cover limit). If you have fixed TPD Cover, the cover amount cannot exceed your Death Cover and it is reduced by 20% on and from your 61st birthday.

Cancelling your Former Cover

Your application to transfer cover will be assessed by HOSTPLUS' insurer, MetLife Insurance Limited (MetLife), and you will be notified of the outcome. MetLife may need to contact your Former Fund or the insurer of your Former Cover to complete the assessment of your application.

You must cancel your Former Cover once you have received written confirmation of MetLife's acceptance of your application from HOSTPLUS. If you do not cancel your Previous Cover, in the event that MetLife accepts a claim for:

- Death, Terminal Illness or TPD, MetLife will reduce any benefit payable under HOSTPLUS' policy by the amount of any benefit payable under the Former Cover to the extent that the Former Cover should have been cancelled but was not.
- a SC benefit, MetLife will offset any benefit that you receive under your Former Cover from any benefit that you receive under HOSTPLUS' SC policy, if it causes you to receive an amount greater than 90% of your pre-disability salary when you are on claim (up to 75% of your pre-disability salary is paid to you and 15% of your pre-disability salary is paid into your HOSTPLUS account).

To ensure that you are covered at all times, do not cancel your Former Cover until you are notified in writing that your application has been accepted by HOSTPLUS and that your account is active and there are sufficient funds to pay the required premiums. If you are an employee member (i.e. you have joined through your employer) HOSTPLUS must receive an employer contribution to activate your account and insurance cover.

If you are a Personal Super Plan member, a contribution must be received to activate your account and insurance cover.

Occupation categories

There are three occupation based categories used to assess which Death & TPD unitised scale you are eligible to have – standard scales or Management/Clerical (white collar scales) or Heavy Blue. Answering the questions in Step 4 will allow HOSTPLUS to determine which scale is applicable to you and this will therefore determine the number of units needed to match the cover you will be transferring. It will also enable us to determine the cost of your fixed benefit cover (if applicable). Your eligibility for management scales would only apply if:

- you are employed for a least 15 hours per week on an ongoing basis,
- you spend at least 90% of your time working in an office,
- you undertake occupational duties within an office environment, and
- you are employed in one of the following occupations: management, clerical, marketing, administration, accounting or other similar lower risk occupations agreed to in writing by the insurer.

Step 3. Personal statement

*Mandatory fields

- 1.1 Are you restricted, due to illness or injury from carrying out any of the identifiable duties of your current and normal occupation on a full time basis (even if you are not currently working on a full time basis)? Full time basis is considered to be at least 35 hours per week.* ☐ Yes ☐ No
- 1.2 Are you contemplating or have you ever made a claim for sickness, accident or disability benefits, Workers' Compensation or any other form of compensation due to illness or injury?* ☐ Yes ☐ No
- 1.3 Have you been restricted from work or unable to perform any of your regular duties for more than seven consecutive days over the past 12 months due to illness or injury (other than for colds or flu)?* ☐ Yes ☐ No
- 1.4 Have you been diagnosed with an illness that in a doctor's opinion reduces your life expectancy to less than 3 years?* ☐ Yes ☐ No
- 1.5 Are you currently contemplating any medical treatment or advice for any illness or injury for which you have not previously consulted a medical practitioner or an existing illness or injury, which appears to be deteriorating?* ☐ Yes ☐ No
- 1.6 Have you had an application for Life, TPD, Trauma or Salary Continuance insurance declined by an insurer?* ☐ Yes ☐ No

* If you have answered yes to any question in Step 1.1 to 1.6 please complete the Increase your insurance cover application (if applicable) form available from hostplus.com.au

If your application is accepted, your existing allocation of insurance cover (if any) will be altered to reflect the value of insurance and type of cover you requested in this form.

- 2.1 Are you actively performing all the duties of your principal occupation on your usual working hours without limitation due to illness or injury? ☐ Yes ☐ No

Step 4. Occupational rating

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

Management/Clerical (white collar) scale	Standard scale	Heavy blue collar scale
i) Are you employed for at least 15 hours per week on an ongoing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]	Please select your occupation: <input type="checkbox"/> Home Duties <input type="checkbox"/> Wait Staff/Waitress/Waiter* <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant* <input type="checkbox"/> Chef/ Apprentice Chef/Cook <input type="checkbox"/> Room Attendant/House Keeper/Guest Service Agent/Attendant* <input type="checkbox"/> Food and Beverage Attendant* <input type="checkbox"/> Hospitality Worker* <input type="checkbox"/> Shop Assistant/Retail Assistant <input type="checkbox"/> Casino Worker/Dealer/Croupier/Gaming Attendant <input type="checkbox"/> Sales Assistant/Attendant/Consultant <input type="checkbox"/> Bottleshop Attendant* <input type="checkbox"/> Barista*	Please select your occupation: <input type="checkbox"/> Kitchen Hand/Crew <input type="checkbox"/> Cleaner (Commercial) <input type="checkbox"/> Cellar Hand <input type="checkbox"/> Security Officer/Guard (unarmed) <input type="checkbox"/> Store Person <input type="checkbox"/> Ski/Snowboard/Snow sports instructor <input type="checkbox"/> Fruit picker/Vineyard worker** <input type="checkbox"/> Gardener/Landscaper <input type="checkbox"/> Farmer/Farm Labourer <input type="checkbox"/> Labourer
ii) Do you work in an office or similar environment? <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. <input type="checkbox"/> Yes <input type="checkbox"/> No [^]		
iv) Do you work in any of the following occupations? <input type="checkbox"/> Management <input type="checkbox"/> Clerical <input type="checkbox"/> Marketing <input type="checkbox"/> Administration <input type="checkbox"/> Accounting		

* These occupations have a combination of two 'Collar' type ratings: Death and TPD = Standard scale, Group Salary Continuance = Heavy blue collar. ** Please note that you are only eligible for Death and TPD cover. ^ You are not eligible for the management scales, please provide your occupation below to be assessed.

Occupation

Note: if no selection is made you will automatically default to the 'heavy blue collar scale'.

What is your annual salary (including average bonus for the last three years)? \$

If your occupation is not listed above, please select the duties of your main occupation and the approximate percentage of time spent on each duty per week. The list below represents the physical nature of duties only.

Nature of duty	Time
Administrative/clerical (for example computer work, office work, filing, typing, marketing, accounting, administrative)	<input type="text"/> %
Light manual work (for example driving with deliveries, lifting under 5 kg etc.)	<input type="text"/> %
Supervisor of manual work (not actually performing this work)	<input type="text"/> %
Caring for dependants	<input type="text"/> %
Manual work (cleaning, lifting over 5kgs, carpentry, plumbing, etc.)	<input type="text"/> %
Truck driving greater than a distance of 800 km from base or working underground	<input type="text"/> %
Total	<input type="text"/> 100 %

i Important notice

HOSTPLUS has taken out a contract of insurance with an insurer to provide the insurance benefits in the Fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

Before you enter into a contract of insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know or could reasonably be expected to know is relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

This duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is common knowledge
- that the Insurer knows or, in the ordinary course of his/her business, ought to know, and
- as to which compliance is waived by the Insurer.

The duty of disclosure continues until the insurer accepts (or declines) your application and issues confirmation in writing. Please ensure that all applicable questions are fully answered.

Non-Disclosure

If you fail to comply with this Duty of Disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within 3 years of entering into it. For applications accepted from 28 June 2014 onwards, the insurer can exercise the right to avoid the contract even if it would have provided you with cover on different terms.

If the non-disclosure is fraudulent, the Insurer may avoid the contract at any time.

An Insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

The Insurer have the same rights if you make a misrepresentation to it.

The insurer is required to treat some policies as comprising 2 or more

separate contracts of life insurance and elect whether to apply its rights to each contract separately. For example, TPD and income protection benefits may be treated as separate contracts. Additionally, default cover and any additional cover will also be treated separately.

Additional rights from 28 June 2014

For all cover except death cover received by members from 28 June 2014, the insurer has the following additional rights if you fail to comply with your duty of disclosure or make a misrepresentation to us:

- Elect to reduce the sum insured according to a formula prescribed by the law at any time;
- If we have not avoided the contract or varied the sum insured, we can vary the contract in a way that places us in the same position we would have been if the non-disclosure or misrepresentation had not occurred.

The insurer also has these additional rights for policies issued before 28 June 2014 if it agrees to:

- increase the sum insured; or
- provide additional kinds of insurance cover.

Your Privacy

HOSTPLUS is seeking to collect personal information from you today so that it may transfer your existing insurance to HOSTPLUS. The personal information we are seeking to collect from you is your name, address, date of birth, contact details, occupation, medical information and details about your existing insurance arrangements.

We need to collect the requested personal information from you to transfer your existing insurance to HOSTPLUS:

The HOSTPLUS privacy policy is available on the HOSTPLUS website at hostplus.com.au/privacy and includes information about overseas disclosure of personal information, how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. You can access the MetLife privacy policy available at www.metlife.com.au/privacy/index.html

HOSTPLUS usually discloses your personal information to our administrator Superpartners, mail houses, our insurer MetLife Ltd and the ATO. Superpartners may disclose your personal information to overseas recipients. Please see the Superpartners Privacy Policy at www.superpartners.com.au for further information.

Declarations

I, whose signature appears below, declare that:

General – relating to your HOSTPLUS account

- I have read and understood the current HOSTPLUS Member Guide Product Disclosure Statement and the associated reference material available at hostplus.com.au
- I agree to be bound by the terms of the HOSTPLUS trust deed upon joining HOSTPLUS.
- I acknowledge that neither the trustee nor any of its officers or directors guarantees the performance or the repayment of capital of my HOSTPLUS account.
- I declare that all details given in this application form are accurate and complete and that I have the power to invest in HOSTPLUS.
- I undertake to provide the trustee with any further information it may request relating to my HOSTPLUS membership and I will update the trustee if any of the information provided changes.

Privacy declarations

- I have read and understood the privacy policy of HOSTPLUS and its suppliers.
- I consent to allowing HOSTPLUS to contact my employer/s to confirm my hours of work (if required).
- I consent to receiving information on new products, special offers and promotions from HOSTPLUS, HOSTPLUS industry parties and associations (direct marketing) unless advised otherwise by me.

Insurance declarations – please read “Your duty of disclosure” before signing

- I understand that I can only apply to increase my insurance cover once under the special offer as detailed in the HOSTPLUS Member Guide PDS and that HOSTPLUS will process the first application it receives from me (whether by post or electronically).
- I understand my Duty of Disclosure and the effect of Non-disclosure under the Insurance Contracts Act 1984 (as described in this form). I understand that I must advise MetLife Insurance Limited (Metlife) of any changes in my health from now until I am notified in writing that my application has been accepted.
- I have answered all questions in this application truthfully and correctly (to the best of my knowledge), and have disclosed everything I know that could affect Metlife's decision to accept my application.
- I understand that if my application is accepted, insurance cover will be provided to me on the terms contained in HOSTPLUS' insurance policy as changed from time to time.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by Metlife.
- I understand that my insurance cover will not become effective until my employer has made an on-time superannuation guarantee contribution into my HOSTPLUS account and that account has adequate funds to meet the premium payable. I understand that increases or changes to insurance premiums may apply.
- I authorise any hospital, doctor or other person who has treated or examined me to give to the insurer or any organisation duly appointed by them, any information on my illness or injury, consultation, prescription or treatment or copies of all hospital or medical reports. A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if required.

Don't forget to sign

SIGNATURE OF APPLICANT*

Date*

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Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature. Please note: It is important that you answer all questions on this form. When you have completed this form please send it to: HOSTPLUS, Locked Bag 3, Carlton South VIC 3053