

Super Insurance Conversion Form

Complete this form if you'd like to convert your existing Death & Total and Permanent Disablement (TPD) or Death Only insurance between Fixed Premium and Fixed Amount cover.

Please print clearly using an in boxes where required.

Things to note when converting your insurance

When converting from:	Your insurance will be rounded up to:
Fixed Premium to Fixed Amount cover	the next \$1,000 value
Fixed Amount to Fixed Premium cover	the next unit of cover

The maximum amount of cover you can have with us is \$5 million for Death and \$3 million for TPD. If rounding up your cover results in insurance above the maximum, you'll be given the nearest unit or \$1,000 amount of insurance equal to or below the maximum.

IMPORTANT: You cannot convert your insurance from Fixed Premium to Fixed Amount cover if you're 60 or over. Insurance eligibility is at the discretion of the insurer.

Step 1 | Your details

Please read our Personal Information Collection Statement at lucrf.com.au/privacy.

LUCRF Super member number

(please call **1300 130 780** if you don't know your member number)

Title

Mr Mrs Miss Ms Other (please specify)

First name(s)

Last name

Date of birth

/ /

Gender

Male Female Other

Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State

Postcode

Postal address – if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State

Postcode

Contact details

Email address

Home phone

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Work phone

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Mobile



Issued November 2020 by L.U.C.R.F Pty Ltd ABN 18 005 502 090 AFSL 258481 as Trustee for Labour Union Co-operative Retirement Fund ABN 26 382 680 883 (LUCRF Super).

Step 2 | Opt-in to keep your insurance (optional)

By law, if your account becomes inactive (does not receive any amounts, such as contributions or rollovers, for 16 continuous months), any insurance cover you have with us will be cancelled. You can elect to keep your insurance if this happens by crossing the box below:

- I want my insurance cover to continue if my account becomes inactive.** I understand this election will apply as long as my account is open, or until I choose to cancel my insurance cover. I will be notified at regular intervals how my insurance can be subsequently cancelled if desired.

Step 3 | Converting your insurance cover

Please cross which type of cover you'd like to convert.

- I want to convert my existing insurance to Fixed Amount cover. (Note: You must be under 60).

OR

- I want to convert my existing insurance to Fixed Premium cover.

Step 4 | Screening questions (you must complete this section)

 **IMPORTANT: Your responses to the questions below will be checked at the time you make a claim. Therefore, you must answer all of these questions truthfully and accurately. If you don't, any insurance claim you make may be reduced or declined.**

1. Other than for colds, flus, minor upper respiratory tract infections or minor headaches,
 - a. are you now off work due to illness or injury? Yes No
 - b. have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? Yes No
2. Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury (even if you're currently working less than 30 hours per week for non-medical reasons)? Yes No
3. Have you ever made or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), workers' compensation or any other form of compensation (including Centrelink payments) due to injury or illness? Yes No
4. Have you been diagnosed with a medical condition that's expected to reduce your life expectancy to less than 12 months from today? Yes No
5. Have you ever had an application for life, trauma or disability insurance declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion? Yes No
6. Other than for colds, flus, minor upper respiratory tract infections or minor headaches,
 - a. do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment? Yes No
 - b. are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? Yes No

If you've answered 'Yes' to any of the boxes for the questions above, you'll need to complete a OnePath Personal Statement, available by calling us on **1300 130 780** or visiting **lucrf.com.au**.

If you have truthfully ticked 'No' to all of the above screening questions, your cover will be converted as requested from the date specified in your letter of confirmation.

Step 5 | Sign and date this form

Duty of disclosure

LUCRF Super, who enters into a life insurance contract in respect of your life, has a duty, before entering into the contract, to tell the Insurer (“OnePath Life Limited” or “OPL”) anything that it knows, or could reasonably be expected to know, that may affect OPL’s decision to provide the insurance and on what terms. LUCRF Super has this duty until OPL agrees to provide the insurance.

LUCRF Super has the same duty before it extends, varies or reinstates the contract.

LUCRF Super does not need to tell OPL anything that:

- reduces the risk OPL insures you for, or
- is of common knowledge, or
- OPL knows or should know as an insurer, or
- OPL waives your duty to tell OPL about.

You must disclose relevant information.

You must tell OPL anything you know, or could reasonably be expected to know, that may affect OPL’s decision to provide the insurance and on what terms. If you do not do so, this may be treated as a failure by LUCRF Super to tell OPL something that LUCRF Super must tell OPL.

If you provide relevant information to LUCRF Super rather than OPL, LUCRF Super will provide the information you give LUCRF Super to OPL. LUCRF Super will do this so that you comply with your obligation to provide relevant information to OPL.

If you do not tell OnePath Life Limited something

In exercising the following rights, OPL may consider whether different types of cover can constitute separate contracts of life insurance. If they do, OPL may apply the following rights separately to each type of cover.

If LUCRF Super does not tell OPL anything LUCRF Super is required to, and OPL would not have provided the insurance or entered into the same contract with LUCRF Super if LUCRF Super had told OPL, OPL may avoid the contract within 3 years of entering into it.

If OPL chooses not to avoid the contract, OPL may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if LUCRF Super had told OPL everything it should have. However, if the contract provides cover on death, OPL may only exercise this right within 3 years of entering into the contract.

If OPL chooses not to avoid the contract or reduce the amount of insurance provided, OPL may, at any time vary the contract in a way that places OPL in the same position it would have been in if LUCRF Super had told OPL everything it should have. However, this right does not apply if the contract provides cover on death.

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

I declare that:

- The answers that I have provided to all questions in this application are true and correct.
- I have read the duty of disclosure and understand the consequences available to OPL if I fail to tell them any matter relevant to its decision to provide insurance. I understand that the duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I have read and understood the information contained in the Insurance Guide and the relevant Super Member Guide – Product Disclosure Statement.
- If I have provided information about another person in this application, I declare that I have the consent of that person to do so. I understand that OPL requires me to inform the person concerned that I have done so and direct them to the Privacy Policy which is located at onepath.com.au/privacy-policy.
- I understand that if my application for cover is accepted, insurance cover will be provided to me on the terms contained in LUCRF Super’s insurance policy with OPL as changed from time to time.
- I have read OPL’s Privacy Policy which describes how they collect, use, store and disclose personal information (including health and other sensitive information) which is available at OPL’s website (onepath.com.au/insurance/privacy-policy) or by calling Customer Service on 133 667.
- I consent to OPL collecting, using, storing and disclosing my personal information (including health and other sensitive information) to assess and process my application, as well as to manage and administer my insurance in accordance with OPL’s Privacy Statement available at lucrf.com.au.
- I understand that OPL may require additional information or medical tests to enable assessment of my application and I authorise any medical practitioner or other health professional to release to OPL or any other organisation appointed by OPL any medical information needed in connection with my application.
- I understand that if I fail to attend any required medical appointments, my application may not be finalised and insurance cover may not be offered by OPL.
- I acknowledge that if I do not complete the form correctly or I do not sign and date this declaration, my application will not be considered by OPL.
- I consent to the collection, use and disclosure of my personal information in accordance with the LUCRF Super Personal Information Collection statement and the Privacy Policy available at lucrf.com.au/privacy or by calling **1300 130 780**.

Signature



Date

/ /


Checklist

Before you send this form to us, make sure you have:

- completed all relevant steps
- answered the screening questions honestly and accurately
- completed and attached a OnePath Personal Statement (if required)
- signed and dated this form at Step 5.

Send this form to

LUCRF Super
PO Box 211
North Melbourne VIC 3051
Or scan and email it to: mypartner@lucrf.com.au

 If you need any help completing this form, please call us on **1300 130 780** or email mypartner@lucrf.com.au.