

# Super Elect Default Insurance Form

Complete this form if you're a new member and you want to have default Death & Total and Permanent Disablement (TPD) cover on your LUCRF Super account before you reach age 25 or have an account balance of \$6,000 or more.

**!** **IMPORTANT: You must complete and return this form to us within 90 days of the date of your welcome letter.** If you don't, you'll only receive insurance cover once you turn 25 and your account balance is \$6,000 or more (as applicable). You must also have an employer who pays Superannuation Guarantee (SG) contributions to your LUCRF Super account to be eligible for default insurance cover. The cost of default cover is automatically deducted directly from your super account on a quarterly basis.

If you'd like to elect default insurance **and** increase your default cover within our automatic acceptance levels, complete and return the Insurance Election Form (instead of this form), available at [lucrf.com.au](http://lucrf.com.au). See our Insurance Guide for full terms and conditions.

Please print clearly using an  in boxes where required.

## Step 1 | Your details

Please read our **Personal Information Collection Statement** at [lucrf.com.au/privacy](http://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

Unit/Street number  Street name

Suburb/City/Town  State  Postcode

Email address

Home phone  Work phone  Mobile

## Step 2 | Your insurance cover

**Yes, I elect to have default insurance cover on my super account.**

Under the government's *Putting Members' Interests First* (PMIF) reforms, super funds cannot provide automatic default insurance cover from 1 April 2020 to new members under the age of 25 or to new members who have an account balance less than \$6,000, unless the member has otherwise elected to have insurance. Further legislation provides that if your account becomes inactive (does not receive any amounts such as contributions and rollovers for 16 continuous months), any insurance cover you have with us on that account will be cancelled.

By crossing [X] the box below, you're making an election to have default Death & TPD cover on your account, even if you're under the age of 25 or your account balance is less than \$6,000. You acknowledge that:

- this means you'll be provided with either 2 units of Light Blue Fixed Premium Death & TPD cover (if you're between the ages of 14 and 64),

or 2 units of Light Blue Fixed Premium Death & Restricted TPD cover (if you're between the ages of 65 and 69)

- this election is required for default insurance to be provided on your LUCRF Super account as you're not eligible for automatic default insurance
- by electing to have default cover, you're choosing to opt-in to keep your insurance if your account becomes inactive (as described here). You'll be notified at regular intervals about how your insurance can be subsequently cancelled if desired. For details, see our Insurance Guide.
- your election must be accepted by LUCRF Super within 90 days of the date of your welcome letter
- there's enough money in your super account to pay for the cost of default insurance cover, and
- the cover start date will be the date LUCRF Super accepts your application.

**!** **IMPORTANT: If you're a Claiming TPD Member, you'll only be entitled to receive default Death Only cover (and not default Death & TPD cover). If you're a Claiming Terminal Illness Member, you're not eligible to receive default cover. Refer to our Insurance Guide for definitions of 'Claiming TPD Member' and 'Claiming Terminal Illness Member'.**



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).

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### Step 3 | Eligibility questions

**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. Have you had a claim admitted, or are you eligible to receive a benefit, in a waiting period for a benefit, or in a process of claiming a benefit for total and permanent disablement? Yes  No
2. Have you had a claim admitted, or are you eligible to receive a benefit or in a process of claiming a benefit for terminal illness? Yes  No

You must be able to truthfully answer NO to all of the above questions to be eligible for default cover. If you answered YES to any of the above questions, you can still apply for additional cover by completing an Insurance Election Form, available at [lucrf.com.au](http://lucrf.com.au) or by calling **1300 130 780**.

### Step 4 | 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, 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](http://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](http://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](http://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](http://lucrf.com.au/privacy) or by calling **1300 130 780**.

#### Signature



Date

/  /

#### Checklist

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

- answered the eligibility questions honestly and accurately
- signed and dated this form at Step 4
- checked that your employer is paying SG contributions into your LUCRF Super account.

#### Send this form to

LUCRF Super  
PO Box 211

North Melbourne VIC 3051

Or scan and email it to: [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au)

**i** If you need any help completing this form, please call us on **1300 130 780** or email [mypartner@lucrf.com.au](mailto:mypartner@lucrf.com.au).