

Super Insurance Matching/Transfer Form

Complete this form if you'd like to apply for us to match or transfer the amount of your existing Death Only, Death & Total and Permanent Disablement (TPD) insurance and/or Income Protection (IP) insurance held with another fund.

! **IMPORTANT:** Do not cancel your existing insurance cover with another fund until you've received written confirmation from us that your request has been accepted. If you do not cancel your previous cover within 30 days of when your matched cover starts with us, then, in the event of a claim, our insurer will reduce any benefit payable under this policy by the amount of any benefit paid or payable under your previous policy.

Please print clearly using an in boxes where required.

When to use this form

Use this form if you'd like to apply for us to match or transfer the amount of any existing Death Only, Death & TPD and/or Income Protection cover held with another fund.

You can only apply to match or transfer the amount of your Death Only or Death & TPD insurance cover under the following circumstances:

1. You're between 14 and 61.
2. You haven't made or you're not entitled to make a claim in relation to your cover held with the other fund.
3. Your insurance cover is held with another superannuation fund. We won't match or transfer the amount of any retail cover held outside of superannuation.
4. Your cover held with the other fund does not have a premium loading (i.e. higher-than-standard premium rates) attached to it. If your cover held with the other fund is subject to an exclusion or exclusions (relating to your medical conditions or recreational activities), it can still be matched or transferred by us but the same exclusion(s) will apply to your matched or transferred cover with us.
5. You want to match or transfer cover up to a maximum of \$1 million. If you'd like to apply to match or transfer more than \$1 million, you'll need to complete an Insurance Election Form and be assessed for the increased cover. This form is available from lucrf.com.au or by calling **1300 130 780**.
6. If the other fund provided you with more death cover than TPD cover, we'll match or transfer the amount of TPD cover you had as Death & TPD cover and the extra death cover you had as Death Only cover. You cannot match or transfer more TPD cover than death cover. If your other fund provided you with more TPD cover than death cover, the amount we'll match or transfer is the death cover.
7. You agree to validly cancel the cover held with the other fund once you receive written confirmation that LUCRF Super has accepted your matching or transfer request.

You can only apply to match or transfer the amount of your Income Protection insurance cover under the following circumstances:

1. You're between 14 and 61.
2. You haven't made or you're not entitled to make a claim in relation to your cover held with the other fund.
3. Your insurance cover is held with another superannuation fund. We won't match or transfer the amount of any retail cover held outside of superannuation.
4. Your cover held with the other fund does not have a premium loading (i.e. higher-than-standard premium rates) attached to it. If your cover held with the other fund is subject to an exclusion or exclusions (relating to your medical conditions or recreational activities), it can still be matched or transferred by us but the same exclusion(s) will apply to your matched or transferred cover with us.
5. You want to match or transfer cover up to a maximum of \$6,000 per month. If you'd like to apply to match or transfer more than \$6,000 per month, you'll need to also complete an Income Protection Form (available on our website or by calling us) and be assessed for the increased cover.
6. The waiting period for cover with the other fund is 90 days or less.
7. You agree to validly cancel the cover held with the other fund once you receive written confirmation that LUCRF Super has accepted your matching or transfer request.
8. You have an employer making contributions into your LUCRF Super account.
9. You're one of the following:
 - (a) a permanent employee (who accrues sick and annual leave) working at least 15 hours per week, OR
 - (b) a contractor working at least 15 hours per week, OR
 - (c) a casual employee (who works on a temporary as-required basis, is paid on an hourly basis for periods worked, and does not accrue entitlements for sick leave and annual leave) and have worked an average of 30 hours per week averaged over the past 6 months.

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Documents needed

When applying to have your insurance cover matched or transferred by us, you must provide the following documents with this form:

Most recent member super statement

Attach a copy of your most recent statement from your other fund, which shows the type and level of cover you have with them. If your insurance cover has changed since the date of your most recent statement, you'll need to provide evidence of the current level of cover held with your other fund.

Casual employees must provide payslips or other evidence to the insurer which show both your income and the hours you were employed. To be eligible for cover, you must be working at least 30 hours per week (averaged over the previous six months). These documents must cover the six months prior to the date you completed this application. If you make a claim, you'll need to provide a further six months of payslips to demonstrate you've worked at least 20 hours per week, averaged over the previous six months and to ensure you receive the correct benefit.

Special acceptance terms

If applicable, attach a copy of any special acceptance terms you agreed to with your other fund (e.g. if your cover is subject to a restriction or limitation, you need to provide us with information concerning these).

For Income Protection insurance, the waiting period that applies to the matched/transferred cover will be:

- 30 days if the waiting period that applies to your current cover with the other fund is 30 days or less
- 60 days if the waiting period that applies to your current cover with the other fund is greater than 30 days and up to 60 days
- 90 days if the waiting period that applies to your current cover with the other fund is greater than 60 days and up to 90 days.

Important

If your application to match or transfer the amount of cover held with another fund is accepted by us, your new insurance cover will be subject to our terms and conditions. These may be different to the terms and conditions you have with your other policy (or policies). You should make sure that you're satisfied with our terms and conditions before you cancel any other policy (policies) you may have. If you're approved for Death Only or Death & TPD cover, we'll provide you with enough Fixed Premium units which, as a minimum, matches your cover held with the other fund. If you're approved for Income Protection cover, we'll provide you with an amount of Income Protection insurance which matches the amount of your cover held with the other fund up to a maximum of \$6,000 per month. This matched or transferred cover will be added to any existing cover held in LUCRF Super provided the combined matched/transferred and existing cover does not exceed \$30,000 per month (before tax).

Note: Eligibility for cover is defined in the policy but acceptance of your application is at the discretion of the insurer.

Step 1 | Your details

Please read our [Personal Information Collection Statement at lucrf.com.au/privacy](https://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 | Opt-in to keep your insurance (optional)

By law, if your account balance 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.

SECTION A: Matching/transferring Death & TPD cover

Step 3a | Your existing Death & TPD cover

Complete this section to provide details of your existing Death & TPD insurance cover with your other fund. You'll also need to provide written proof (see 'Documents needed' on page 2).

Name of other fund/plan

Your member number with the other fund/plan

Death & TPD

I confirm that I have the following amounts of Death & TPD cover:

Death Cover

\$

Date cover started (dd/mm/yyyy)

/ /

TPD Cover

\$

Date cover started (dd/mm/yyyy)

/ /

Is your existing Death & TPD insurance cover subject to: (please cross the appropriate boxes):

1. A premium loading? Yes No
2. A restriction (medical or lifestyle)? Yes No
3. A pre-existing condition? Yes No
4. Any other limitation of any sort? Yes No

If you're unsure or you need any help, please call us on 1300 130 780.



IMPORTANT: If you answered 'YES' to any of the above questions, please attach a copy of the correspondence you received from your previous fund or insurer which sets out the special terms that apply to your previous cover. In assessing your application, our insurer may contact your previous fund or insurer to confirm whether any premium loadings or limitations apply.

Step 3b | Screening questions – Death & TPD



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



IMPORTANT: You must be able to truthfully answer NO to all of the above questions to be eligible for insurance matching/transferring. If you answered YES to any of the above questions, you can still apply for insurance by completing a OnePath Personal Statement, available at lucrf.com.au or by calling 1300 130 780.

SECTION B: Matching/transferring Income Protection cover

Step 4a | Your existing Income Protection cover

Complete this section to provide details of your existing Income Protection cover with your other fund. You'll also need to provide written proof (see 'Documents needed' on page 2).

Name of other fund/plan

Your member number with the other fund/plan

Income Protection cover

I confirm that I have the following amount of Income Protection cover:

Value of cover per week (before tax)

\$

Date cover started (dd/mm/yyyy)

/ /

Waiting period (please cross one box)

30 days 60 days 90 days Other (please specify)

Benefit period (please cross one box)

2 years 5 years To age 60 To age 65 Other (please specify)

Is your existing Income Protection insurance cover subject to (please cross the appropriate boxes):

1. A premium loading? Yes No
2. A restriction (medical or lifestyle)? Yes No
3. A pre-existing condition? Yes No
4. Any other limitation of any sort? Yes No

If you're unsure or you need any help, please call us on 1300 130 780.



IMPORTANT: If you answered 'YES' to any of the above questions, please attach a copy of the correspondence you received from your previous fund or insurer which sets out the special terms that apply to your previous cover. In assessing your application, our insurer may contact your previous fund or insurer to confirm whether any premium loadings or limitations apply.

What level of Income Protection cover would you like to be matched with?:

1. Waiting period (must be an equal or longer waiting period). Please cross one box:

30 days 60 days 90 days

2. Benefit period (must be an equal or lesser benefit period). Please cross one box:

2 years 5 years

Note: We offer a benefit period of up to two or up to five years. If the benefit period of your existing Income Protection cover is 'To age 65' or 'To age 60', it can be matched or transferred to either a two-year or a five-year benefit period.

Step 4b | Your current employment status

I am a casual employee (cross one box only):

Yes No

To be considered a casual employee, you must be paid on an hourly basis for the period you work, and must not be entitled to accrue sick or annual leave.

If you answered **YES** to being a casual employee, have you averaged at least 30 working hours per week over the previous six-month period?

Yes No

Note: You'll need to provide payslips or other evidence which show both your income and the hours you worked over the six months up to the date of this application.

Are you considering a change in your current occupation, duties, working hours, employment situation(s) or financial situation?

Yes No

OR

I am a permanent employee (cross one box only):

Yes No

To be considered a permanent employee, you must be entitled to accrue sick and annual leave.

If you answered **YES** to being a permanent employee, are you currently working at least 15 hours per week?

Yes No

Step 4c | Your work category

To ensure you're charged the correct premium for your insurance cover, we need to identify the work category that best represents the type of work you do.

What's the name of your current employer?

What's your main occupation?

Are you engaged in any other occupations?

Yes No

If yes, please specify your other occupation(s)

To determine your work classification, answer the following questions (please cross). You must answer 'YES' to at least one question:

1. Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary-type duties? (This includes the total amount of time spent in all occupations as advised above). Yes No

If YES, go to questions 2 and 3. If NO, go to questions 4 and 5.

Only complete questions 2 and 3 if you answered YES to question 1.

2. Do you have a university degree qualification relevant to the field of your main occupation OR are you an executive or senior managerial white-collar worker and not self-employed OR are you a member of a professional institute? Yes No
3. Is your current annual salary package (including the Superannuation Guarantee contribution) \$150,000 or more and do you spend at least 80% of your time in an office environment? Yes No

Only complete questions 4 and 5 if you answered NO to question 1.

4. Do you have a recognised trade qualification relating to your occupation OR does your occupation require you to perform light manual work OR are you a supervisor of blue-collar workers and your duties include up to 10% of light manual work? (e.g. an electrician, mechanic, printer, greengrocer, carpenter, plumber etc.)? Yes No
5. Are you a skilled or semi-skilled worker whose duties include heavy manual work OR are you required to operate heavy machinery (e.g. qualified wall/floor tiler, glazier, bulldozer driver, forklift driver, store person, process worker, factory hand, machine operator)? Yes No

Step 4d | Screening questions – Income Protection

You need to complete all of the questions below to apply for us to match or transfer your Income Protection insurance cover.

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

IMPORTANT: You must be able to truthfully answer NO to all of the above questions to be eligible for Income Protection insurance matching/transferring.

If you answered YES to any of the questions above we cannot automatically match or transfer the amount of cover you have in your other fund. However, you can still apply by completing an Income Protection Form, available at lucrf.com.au or by calling 1300 130 780.

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:

- I understand that insurance is provided to LUCRF Super members by OnePath Life Limited (“OPL”).
- 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 Super Member Guide (Product Disclosure Statement), the Super Member Guide – Additional Information, the Fees and Costs booklet, the Insurance Guide and the Investments Guide.
- 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.
- Upon being notified that OPL has accepted my application to transfer my insurance, I will:
 - immediately cancel all my previous cover in the 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, 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 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:

- answered the existing insurance and screening questions honestly
- attached a copy of your most recent member super statement from your other fund
- attached a copy of any special acceptance terms (such as medical or lifestyle exclusions) agreed with other fund (if applicable)
- completed and attached an Income Protection Form (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.