

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 3b for details).
- Please return the completed form along with the attachments to: Zurich, GPO Box 4129, Sydney NSW 2001.

When to use this form

We (Zurich) are the insurer in respect of a group insurance plan with either your employer ('Employer') or superannuation fund (whichever is applicable to you).

Please complete this form if you:

- are a member of your Employer's group insurance plan insured by Zurich ('Employer Plan'); or
- are a member of a superannuation fund insured by Zurich ('Fund'); and
- wish to apply to transfer your existing Death cover or Death and Total and Permanent Disablement (TPD) cover under another life insurance policy ('Previous Cover'), as a member of a superannuation fund ('Previous Fund') to Zurich ('Transferred Cover').

You can apply to transfer your insurance cover to Zurich if:

- your Previous Cover is held through a superannuation fund (you cannot transfer cover from an individual policy (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 satisfy the eligibility criteria applicable to the insurance policy
- you wish to transfer up to \$1 million of Death or Death and TPD cover, in addition to any cover already held by you with Zurich at the time of transfer
- transferring your Death or Death and TPD cover will not cause your TPD cover to exceed your Death cover
- you have not made, nor are entitled to make a claim, in relation to your Previous Cover.

Note: Transferred Cover will be converted to the same unitised or fixed-dollar cover arrangement as your existing cover with Zurich or, if you have no existing cover, then the default arrangement (unitised or fixed) provided by your Employer Plan or Fund.

Fixed-dollar cover will be rounded to the next highest multiple of \$1,000. Unitised cover will be rounded to the next highest unit (if rounding is required), subject to the limits set out in Section 7.

Important notice

It is important that you have read and understood your Fund's or Zurich's (if you are a member of an Employer Plan) current Product Disclosure Statement for the type of cover which you are applying to transfer. This Insurance Transfer Form is confidential – please refer to the Privacy Statement at Section 6.

Cancelling your previous cover

We will assess your application to transfer cover. You will be notified of our decision in writing. We may need to contact your Previous Fund or its insurer to complete the assessment of your application.

If we accept your application, you must cancel your Previous Cover upon notification of our decision. If you do not cancel your Previous Cover, and in the event Zurich accepts a claim for Death, Terminal Illness or Total and Permanent Disablement, Zurich will reduce any benefit payable under the policy issued by Zurich, 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 when applying for insurance. 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, 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

Title Mr Mrs Ms Miss Doctor Other

Surname

Given name(s)

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

Male Female

Current occupation

Residential address (this cannot be a PO Box)

Street

Suburb

State

Postcode

Country

Home phone

Work phone

Mobile 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: Monday Tuesday Wednesday Thursday Friday

Between

am/pm and

am/pm

Please select your preferred contact method: home phone work phone mobile phone

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

2. Details of membership with Fund or Employer Plan insured by Zurich

Membership Number

Zurich Policy Number (if known)

Name of Fund/Employer Plan

3. Details of insurance cover that you wish to transfer to Zurich

Member Number/Policy 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 to Zurich on the terms set out in Zurich's group insurance policy ('The Policy') issued to your Employer or Fund.

Details of cover	Type of cover	
	Death only (dd/mm/yyyy)	Death & TPD (dd/mm/yyyy)
Amount of cover (\$)		
Date cover started	/ /	/ /

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 Zurich.

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 today's date.

Have you attached to this form proof of your insurance cover described above? Yes No

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

* Please refer to Section 7 – 'Frequently asked questions' for acceptable forms of proof of cover.

c. Cover limitations

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

- a premium loading? Yes No
- an exclusion? Yes No
- a restriction? Yes No
- a pre-existing condition? Yes No
- any other limitation of any sort? Yes No

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 insurer to confirm whether any premium loadings or limitations apply.

4. Personal statement

As at the date of signing this application, I declare that:

		No	Yes
1	Other than for colds, flus, minor upper respiratory tract infections or minor headache:	<input type="radio"/>	<input type="radio"/>
	a. Are you now off work due to illness or injury?	<input type="radio"/>	<input type="radio"/>
	b. Have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury?	<input type="radio"/>	<input type="radio"/>
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 are currently working less than 30 hours per week for non-medical reasons)?	<input type="radio"/>	<input type="radio"/>
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 illness or injury?	<input type="radio"/>	<input type="radio"/>
4	Have you been diagnosed with a medical condition that is expected to reduce your life expectancy to less than 12 months from today?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>
6	a. Other than for colds, flus, minor upper respiratory tract infections or minor headaches, 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?	<input type="radio"/>	<input type="radio"/>
	b. Are you currently under investigation or been advised to undergo investigations for any medical condition or symptom?	<input type="radio"/>	<input type="radio"/>

If you cannot answer 'No' to every part of every statement in Section 4, you can not proceed with this application. You will need to apply for cover by completing the Group Risk Personal Statement, which is available online at zurich.com.au

5. Declaration

- I have read and understood my duty to take reasonable care not to make a misrepresentation and declare that the statements and answers provided in this application are true, accurate and complete (including those not in my own handwriting).
- I have read and understood my Fund's or Zurich's current Product Disclosure Statement(s) with respect to the type of cover I am applying to transfer to Zurich.
- Upon being notified that Zurich 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, other than the one specified in Section 2; 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 or Total and Permanent Disablement, Zurich will reduce any benefit payable under the policy issued by Zurich 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 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 their 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 their insurer may be acted upon by Zurich.
- I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Privacy Statement on this form (see Section 6).

Member – signature

X

Date / /

6. Privacy Statement

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

We collect your personal information (including health and other sensitive information) from you in order to manage and administer our products and services. Without your personal information, we may not be able to process your application or provide you with the products or services you require.

We are committed to ensuring the confidentiality and security of your personal information (including health and other sensitive information). Our Privacy Policy details how we manage your personal information and is available on request or may be downloaded from zurich.com.au/important-information/privacy

In order to undertake the management and administration of our products and services, it may be necessary for us to disclose your personal information (including health and other sensitive information) to certain third parties as outlined below.

Unless you consent to such disclosure we will not be able to consider the information you have provided.

PROVIDING YOUR INFORMATION TO OTHERS

The parties to whom we may routinely disclose your personal information (including health and other sensitive information) include:

- an organisation that assists us to detect and protect against consumer fraud;
- any related company of Zurich which will use the information for the same purposes as Zurich and will act under Zurich's Privacy Policy;
- organisations performing administration and/or compliance functions in relation to the products and services we provide;
- organisations providing medical or other services for the purpose of the assessment of any insurance claim you make with us (such as reinsurers);
- our solicitors or legal representatives;
- organisations maintaining our information technology systems;
- organisations providing mailing and printing services;
- persons who act on your behalf (such as your agent or financial adviser);
- the policy owner (or parties acting on behalf of the policy owner);
- regulatory bodies, government agencies, law enforcement bodies and courts;
- our related companies (members of the Zurich Insurance Group Ltd), including for carrying out any group business functions;
- organisations, including those in alliance with us or our related companies, to distribute, manage and administer our products and services, carry out business functions and analytics activities.

We will also disclose your personal information (including health and other sensitive information) in circumstances where we are required by law to do so. Examples of such laws are:

- the *Family Law Act 1975* (Cth) enables certain persons to request information about your interest in a superannuation fund;
- there are disclosure obligations to third parties under the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

INFORMATION REQUIRED BY LAW

Zurich may be required by relevant laws to collect certain information from you. Details of these laws and why they require us to collect this information are contained in our Privacy Policy at zurich.com.au/important-information/privacy

PRIVACY CONSENT

Where you wish to authorise any other parties to act on your behalf, to receive information and/or undertake transactions please notify us in writing.

If you give us personal information about someone else, you must show them a copy of this document or our Privacy Policy available at zurich.com.au/important-information/privacy so that they may understand the manner in which their personal information may be used or disclosed by us in connection with your dealings with us.

PRIVACY POLICY

Our Privacy Policy contains information about:

- when we may collect information from a third party;
- how you may access and seek correction of the personal information (including health and other sensitive information) we hold about you; and
- how you can raise concerns that we have breached the Privacy Act or an applicable code and how we will deal with those matters.

You can contact us about your information or any other privacy matter as follows:

In writing: GPO Box 75
Sydney NSW 2001

Email: privacy.officer@zurich.com.au

We may charge you a reasonable fee for this.

If any of your personal information is incorrect or has changed, please let us know by contacting Customer Services on 133 667.

More information can be found in our Privacy Policy which can be obtained from our website at zurich.com.au/important-information/privacy

OVERSEAS RECIPIENTS

We may disclose your personal information (including health and other sensitive information) to recipients (including service providers and related companies) which are (1) located outside Australia and/or (2) not established in or do not carry on business in Australia.

You can find details about the location of these recipients in our Privacy Policy at zurich.com.au/important-information/privacy

7. Frequently asked questions

What are acceptable forms of proof of insurance cover referred to in Section 3(b)?

Acceptable forms of proof include:

- a recent member statement from your Previous Fund (or previous 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 their 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 to Zurich. 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 Zurich at any time.

Can I only transfer my cover to Zurich if I was previously underwritten (i.e. if I provided medical evidence)?

No. You can transfer cover to Zurich even if you obtained it automatically through another superannuation fund.

How will my Transferred Cover be calculated?

For fixed-dollar cover, generally 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 fixed-dollar cover equal to \$150,200, your Transferred Cover will be rounded up to \$151,000.

For unitised cover, the insured benefit is based on a number of units, where one unit represents a set amount which generally depends on how old you are. Transferred cover will be based on the number of units of cover, rounded up to the next whole unit. Any increase in insurance due to rounding-up of units is provided on New Events terms, only covering claims arising from a sickness which first becomes apparent or an injury which first occurs on or after the date that cover is accepted by Zurich.

What happens to my existing cover with Zurich?

Generally, your Transferred Cover will be added to any existing cover (including automatic and voluntary cover) with Zurich, subject to the maximum levels of cover. Premiums may vary – please refer to your Fund's or Zurich's current PDS 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 Transferred Cover. For example, if your Previous Cover had a back exclusion, that back exclusion will apply to your Transferred Cover.

Is there a maximum amount of cover I can transfer using this form?

Yes. You can transfer up to \$1,000,000 of Death or Death and TPD cover.

What if I want to transfer more than the above maximum amount of cover?

It is recommended that you contact your Fund or Zurich prior to submitting your application form because your application may be given individual consideration.

When will my Transferred Cover commence?

From the date your insurance application is accepted by Zurich.

Will my Transferred Cover be on the same terms as my Previous Cover?

No. If your application to transfer insurance cover is approved, the insurance cover will be subject to the terms and conditions of the Policy issued by Zurich to the Fund or Employer. If you are unsure about what this means for your Transferred Cover, it is recommended that you obtain financial advice before applying to transfer your insurance cover.

Phone: 1800 199 414
Email: group.risk.uw@zurich.com.au
Website: zurich.com.au
GPO Box 4129, Sydney NSW 2001

Zurich Australia Limited (Zurich) ABN 92 000 010 195 AFSL 232510

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