Mercer

# Individual Insurance Transfer form

Use this form if you wish to transfer your current insurance cover with another retail insurer or superannuation fund into Mercer MyChoice. Refer to the Product Disclosure Statement (PDS) and the Insurance Booklet for information on premiums, terms and conditions.

This form can be completed digitally or by hand with a black or blue pen in uppercase with one character per box.

### If you need help

For assistance or to access the Privacy Policy and your personal information call the Helpline on **1800 682 525**.

## Important Information

TAL Life Limited, ABN 70 050 109 450, AFSL 237848 (TAL) agrees to provide individual transfer terms for Death cover, Death and Total and Permanent Disablement cover (TPD), and/or Income Protection (IP) cover on the following basis:

### How much can you transfer:

- The maximum amount of cover that you can transfer is:
  - $2 million for Death only or Death and TPD cover*
  - $10,000 per month for Income Protection cover

### Eligibility critieria to transfer cover

To transfer cover, you must meet the following eligibility criteria:

- You are under age 60,
- You are not be engaged in a Hazardous Occupation, and
- You are covered under the transferring policy or, if not covered under the transferring policy solely as a result of you consolidating an account balance held with your transferring superannuation fund and your application was received by Mercer MyChoice no more than 90 calendar days after Mercer MyChoice received the relevant transfer amount.

### How the Insurer will assess your application

The insurer will assess and accept the transfer of cover application provided:

- You are in Active Employment on the date the Transferred Cover starts,
- You have cover under the Previous Policy that is current and in force on the day immediately preceding the date the Insurer accepts the Transferred Cover or, if not covered under the Previous Policy solely as a result you consolidating an account balance held with another superannuation fund into their membership account with the Fund, your application was received by us no more than 90 calendar days after you received the relevant transfer amount,
- You cancel the cover under the Previous Policy upon commencement of the Transferred Cover and you do not exercise any continuation option or reinstate cover under the Previous Policy,
- The Insurer is satisfied with all of the conditions, restrictions or exclusions which applied to your cover under the Previous Policy,
- You have not been diagnosed with, or do not suffer from, any Illness or Injury that may cause permanent inability to work or reduces, or is likely to reduce, your life expectancy to less than 12 months from the date of application,
- You have not had an application for Death, TPD or IP cover declined or been offered cover on alternate terms (except where the Insurer is satisfied with the alternative terms),
- You have not previously been declined additional cover under the Previous Policy, and
- You are not eligible to be paid for a claim, have never claimed, are not entitled to claim, and are not applying for a claim, for any Injury or Illness through the fund, workers' compensation, other government benefits (e.g. sickness benefit or invalid pension) or any insurance policy providing TPD cover, or accident or sickness type cover.

### What happens if your application is approved

- Your approved transferred cover will start from the date the insurer accepts the application. If your automatic Life Stages cover hasn't already started, it will also start as long as you haven't previously cancelled it.
- The cost of your cover will be deducted monthly from your super account in accordance with the fixed voluntary rates for the cover and subject to the the occupation you provide,
- The Transferred Cover will be subject to terms and conditions in the Insurance Booklet,
- The Transferred Cover cannot exceed the level of cover provided under the Previous Policy,
- The Transferred Cover will be fixed cover and converted to an amount equivalent to the applicable cover held under the Previous Policy,
- Any restrictions, conditions, exclusions or premium loadings that applied to your cover under the Previous Policy may continue to apply to the Transferred Cover if required by the Insurer, and
- The Insurer may impose any restrictions, conditions, exclusions or premium loadings to the Transferred Cover at their discretion.

### How to apply to transfer cover

Please complete all sections of this form and attach an up-to-date member statement (dated within 6 months from the date of this form) from your former fund or your individual insurer confirming the type and level of cover you are applying to transfer.

* TPD cover only cannot be transferred into Mercer MyChoice

**You should not cancel your existing cover until you have received confirmation that your transfer request has been accepted.**



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## Duty to Take Reasonable Care Not To Make A Misrepresentation

### Underwriting

When you apply for cover, the Insurer may conduct a process called underwriting. It's how the Insurer decides whether they can cover you, and if so, on what terms and at what cost.

The Insurer will ask questions they need to know the answers to. These may be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give to the Insurer in response to their questions is vital to their decision.

### The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

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 applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to the Insurer. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put the Insurer in the position they would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where the Insurer later investigates whether the information given to them was true. For example, the Insurer may do this when a claim is made.

Before the Insurer exercises any of these remedies, they will explain their reasons and what you can do if you disagree.

### Guidance for answering their questions

You are responsible for the information provided to the Insurer. When answering their questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the Insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

### Changes before your cover starts

Before your cover starts, the Insurer may ask about any changes to your circumstances which the Insurer reasonably considers to be relevant in assessing your application that mean you would now answer their questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

### If you need help

It's important that you understand this information and the questions the Insurer may ask. Ask us, the Insurer or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering the Insurer's questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

### Notifying the Insurer

If, after the cover starts, you think you may not have met your duty, please contact the Insurer immediately and they'll let you know whether it has any impact on the cover.



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## Step 1: Complete your personal details

Title: Mr ◯ Mrs ◯ Ms ◯ Miss ◯ Other ☐☐☐☐☐☐ Date of birth ☐☐/☐☐/☐☐☐☐

Given names

Surname

Postal address

Suburb State Postcode

Telephone

☐☐-☐☐☐☐☐☐☐☐

Mobile

E-mail

Account/Membership number

Plan name

MERCER MYCHOICE

## Step 2: About the insurance you are transferring

You should check the details of your other insurance cover with your super fund or insurer to ensure you fully understand the effects of transferring your benefits.

**Please select the appropriate option below:**

☐ I am transferring my insurance cover from a super fund

☐ I am transferring my insurance cover from a personal insurance policy

Other super fund member number or policy number

Fund or insurance company's name

Fund or insurance company's postal address

Suburb State Postcode

Fund or insurance company's telephone number

☐☐-☐☐☐☐☐☐☐☐

**Write the amount/s you want to transfer below.**

I can confirm that this is the cover amount (in dollars) and type of cover that I have, and want to transfer:

Death cover: $ ☐☐☐,☐☐☐ Date cover started ☐☐/☐☐/☐☐☐☐

TPD cover: $ ☐☐☐,☐☐☐ Date cover started ☐☐/☐☐/☐☐☐☐

IP cover: $ ☐☐,☐☐☐ per month Date cover started ☐☐/☐☐/☐☐☐☐

*Continued over*



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## Step 2: About the insurance you are transferring (continued)

IP waiting period you have with your other super fund or insurer (eg, 30 days, 60 days, 90 days etc) ☐ days

Choose your preferred waiting period ☐ 30 days ☐ 90 days

IP benefit payment period you have with your other super fund or insurer (e.g 2 years, 5 years, to age 65) ☐

Choose your preferred benefit period ☐ 2 years ☐ 5 years

**Important:** For Death, TPD and IP cover, if you are not in Active Employment on the date cover is transferred, your increased cover will be subject to Limited Cover for a continuous period of 12 months. Limited Cover conditions will apply until you are in Active Employment for 30 consecutive calendar days. See Insurance Booklet for more information.

## Step 3: Your occupation category

A occupation rating classifies the usual activities of your job into one of five categories: Professional, White Collar, Light Blue Collar, Blue Collar, or Heavy Blue Collar. For more information on occupation categories, see the Mercer MyChoice Occupation Guide available at **mercersuper.com.au/login**, or call the Helpline.

Please complete this section so that we can match your occupation to the correct occupation category. Your occupation category determines an occupation adjustment factor which is a factor used to calculate cost of your cover.

Are you in paid employment?

YES ☐ NO ☐

Are you working at least 15 hours per week (gainful employment)

YES ☐ NO ☐

Your main occupation (job title)

Industry of your main occupation

Brief description of your occupational duties including % of time in each (e.g office work, sales, manual duties

Do you belong to a professional association, have auniversity degree relevant to your profession or are a senior manager or executive in a company with at least 10 employees?

YES ☐ NO ☐

☐ I am transferring my insurance cover from a super fund

Income^ per ☐ week ☐ fortnight ☐ month ☐ year

$ ☐, ☐☐☐, ☐☐☐

^ Income excluding packaged items like super, bonus/commissions, investment income and any other business expenses.



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## Step 4: Transfer eligibility questions

Please answer the following questions, and this form along with required supporting information must be submitted to us.

**1.** Do you have any medical assessments, procedures or surgeries planned, or are you waiting for any test results?:

YES ☐ NO ☐

**2.** Do you have an illness or injury which your doctor has advised may lead to having a limited time to live?

YES ☐ NO ☐

**3.** Have you been diagnosed with any mental or physical health conditions which may result in your having to stop work for 10 or more consecutive days within the next 12 months?

YES ☐ NO ☐

**4.** In the last 12 months, have you, due to illness or injury (including mental or physical health conditions), been prevented from performing your usual occupational duties partially or completely, for 10 or more consecutive days?

YES ☐ NO ☐

**5.** Are you claiming, or are you in the process of claiming a benefit in connection with an illness or injury (including mental or physical health conditions) from any source, such as superannuation, workers' compensation, disability pension, Veterans' Affairs, Motor Vehicle Accident scheme or any other insurance providing accident or illness benefits?

YES ☐ NO ☐

If you answered **YES** to any of questions 1 to 5 you are not eligible to transfer cover.

**6.** Have you ever claimed a benefit for a mental or physical injury or illness from any source, such as superannuation, workers' compensation, disability pension, Veterans' Affairs, Motor Vehicle Accident scheme or any other insurance providing accident or illness benefits?

YES ☐ NO ☐

If you answered **YES** to question 6, please proceed to question 7.

If you answered **NO** you are not required to answer question 7. Proceed to Step 5.

**7.** Does your response to the question above solely relate to a past claim, which occurred more than 5 years ago And you have fully recovered without any residual symptoms?

YES ☐ NO ☐

If you answered **YES** to question 7, please proceed to Step 5.

If you answered **NO** to question 7 you are not eligible to transfer cover.

**Please note:** If you want still want to apply for cover , then you can make an application for Voluntary Cover using the *Apply for, or change your Voluntary cover* form available at **mercersuper.com.au/login**

## Step 5: Attach supporting document(s)

☐ I have attached an up-to-date member statement (dated within 6 months from the date of this form) from your former fund or your individual insurer confirming the type and level of cover you are applying to transfer.

## Your privacy

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on **1800 682 525**.

Our Privacy Policy is available to view at **mercersuper.com.au** or you can obtain a copy by contacting us on **1800 682 525**. If you do not provide the personal information requested, we may not be able to manage your superannuation. We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, the fund's administrator, our professional advisors, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super. In managing your super your personal information will be disclosed to service providers in another country, most likely to our administrator's processing centre in India. Our Privacy Policy lists all other relevant offshore locations.

Our Privacy Policy sets out in more detail how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on **1800 682 525** or write to our Privacy Officer, **GPO Box 4303, Melbourne, VIC, 3001**



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## Step 6: Sign and return the form

Before submitting this application, you should read and understand the Product Disclosure Statement (and its incorporated documents) sets out information in relation to your insurance cover (including the premium rates that will apply). You can obtain a copy of the Product Disclosure Statement at **mercersuper.com.au/pds** or by calling the Helpline on **1800 682 525**. You should consider obtaining professional advice if you are unsure about your insurance cover.

By signing this form, I understand that:

- If the Insurer accepts my application, I will cancel my current cover as at the transfer date under my other super fund or insurer.
- Following the transfer, my total insurance cover (ie transferred amount plus my insurance currently held with Mercer MyChoice) cannot exceed the maximum cover amounts for each type of benefit, otherwise my transferred cover may be restricted to the maximum cover amount.
- My replacement cover will commence in Mercer MyChoice on the date the Insurer accepts my Individual Insurance Transfer application.
- The Insurer may undertake appropriate enquiries and investigations to verify the answers I have provided.
- The Insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the other fund/ insurance policy and whether cover had previously been declined.
- I agree to provide the Insurer with access to the health and/or financial evidence I provided to any other fund and their insurer or retail insurer in an application for the cover being transferred. Any non-disclosure to any previous or other fund or insurer may be acted upon by the Insurer.
- Should it become apparent to the Insurer that I have not responded truthfully or satisfied the requirements that I confirmed above, then any insured benefit that may be payable to me, my beneficiaries or my estate under Mercer MyChoice may be reduced by the insured amount paid or payable by my other fund; an associated section or division of the other fund, or any other fund, or retail insurance arrangement, or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions.
- The information contained in this Individual Insurance Transfer application form (whether written by hand or not) is true and correct and that no information material to this application for transfer has been withheld.
- If the Insurer accepts my application, the terms and conditions of the Mercer MyChoice policy documents held by Mercer will apply, and the terms and conditions of my other fund and/or insurer will cease to apply.
- I have read the 'Duty to take reasonable care not to make a misrepresentation' section included in this form and understand my duty.

Signature

✗

Date

☐☐/☐☐/☐☐☐☐



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## 3 easy ways to return your form

To make submitting your completed form as simple as possible, we've provided three easy options for you to choose from. Please read through the choices below and select the one that's most convenient for you.

### Use Member Online

The fastest and more secure way to send back your forms is through the contact us page within Member Online. Simply save and attach the PDF of your completed form and you're done.

**www.mercersuper.com.au**

### Email Us*

Another way to send back your form is via email. It's quicker if you use your email address you use to log in and send to

**MST@Mercer.com**

Please see below note for submitting forms via email.

### Post it back

Otherwise, you can always send it back to us using the below postal address

**Mercer Super Trust,**
**GPO Box 4303,**
**Melbourne, VIC 3001**

***Email note:**

This is a 'no-reply' mailbox and should only be used to submit a form.

- Only one form per email can be accepted to ensure each form and its supporting documentation is processed correctly.
- A total of 6 attachments per form/email with a maximum size limit of 14MB.
- The file formats accepted are PDF, JPEG, PNG and JPG.

If you have an inquiry, please submit this via the contact us page or call the helpline on **1800 682 525**.



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