

Application to Transfer My Insurance to QSuper

When to use this form

Use this form if you want to transfer your insurance cover from another Australian insurer or super fund to QSuper. Please make sure you read the *Accumulation Account Insurance Guide* before completing this form. After you have submitted your completed form to us, we may request further health and other information, and we will contact you if this is required.

Please complete in **BLOCK** letters, in blue or black ink.

1 Personal details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title

First names

Last name

Previous name (if we know you by another name)

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Work phone number

We may need to contact you to discuss your transfer application. Please provide the best daytime number for us to call you on in the spaces above.

Email address

Residential address

State

Postcode

Postal address

As above

State

Postcode

2 Transfer checklist and declaration

Please confirm which documentation you will be providing us, by ticking the boxes below.

Checklist

- I've attached supporting documents showing the terms and conditions of my existing cover, including the waiting period and benefit period (income protection only). This documentation also shows any special conditions (loadings) and terms (if applicable), including any pre-existing condition exclusions and the date the exclusions are to expire. Suitable documents include annual statements and your last insurance policy renewal notice and they must be less than 12 months old.
- OR
- I have attached all pages of a certificate of currency that was issued within the last 30 days for my cover and that cover is still valid at the date of this application.

Please tick each box below to confirm your actions.

Transfer declaration

- I confirm that the existing insurance cover under my other super fund or individual insurance policy will be cancelled upon acceptance of this transfer request.
- I won't be transferring the cover under my other fund or individual insurance policy to any other division of that other fund, or any other fund or insurer.
- I won't be exercising a continuation option or subsequently reinstate cover within the other fund or any super fund or other individual insurance policy.
- I confirm that my cover does not contain premium loadings and that evidence of exclusions is provided.

1 If your name has changed and you work for the Queensland Government or default employer, let your payroll office know and they will let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.



3 Accumulation account insurance

Opt in to make sure you receive this cover and it isn't cancelled.

I want to opt in to keep the type of cover that I currently hold (being death cover, total and permanent disability cover, and/ or income protection cover) and any new types of cover I am applying for on this form (subject to acceptance), even if:

- My Accumulation account becomes inactive by not having money added for 13 continuous months, and/or
- My Accumulation account balance is below \$6,000, and/or
- I am under 25 years of age.

I understand that I will need to permanently opt in again for any new types of cover I apply for in the future.

4 Occupational rating questions

You will need to complete these questions before we can assess your application to transfer your cover to QSuper. These questions refer to the role you spend the most time performing.

Q1. Are you:

- A registered or enrolled nurse or assistant in nursing who is qualified and currently practicing, or
- Working in the retail sector, or food and beverage service?

Yes No

Q2. Are you:

- A qualified tradesperson working in your area of expertise (e.g. hairdresser, chef, plumber, electrician, plasterer, or concreter), or
- A skilled worker with light manual duties (e.g. jeweller, building inspector, laboratory technician, foreman, or office equipment technician)?

Yes No

Q3. Are you:

- A police officer, firefighter, paramedic, or other emergency or protective services worker, including security guard or corrections officer, or
- A professional sports person, or
- Working in a manual occupation that does not require trade specific qualifications and may be subject to accident or environmental hazards (e.g. earthmover, driver, cleaner, labourer, factory worker, or agricultural worker)?

Yes No

Q4. Are the usual work activities of your job considered office-based or school teaching (meaning you spend at least 80% of your work time doing clerical, call centre, administrative, or other office or classroom-based activities)
OR

Are you a medical practitioner, lawyer, or engineer who spends at least 80% of your work hours in an office or clinical environment?

Yes No

Q5. Do you currently perform, or intend to work in a job within the next three months that includes any of the following risky activities:

- Handling firearms (other than as a police officer, correctional officer, or licensed security guard), dangerous chemicals, or explosives, or
- Offshore work – oil and gas platforms or ships at sea, or
- Being underground (in construction and mining environments) or underwater for more than 20% of total at work time, or
- Working at heights over 20 metres in any environment requiring hard hat and harness for safety by law, or
- Crop dusting, aerial mustering, or any low level flying activity (defined as below 150m or 500ft), or
- Flying more than 200 hours per annum as a passenger other than on a commercial airline, or as a pilot (fixed wing or helicopter)?

Yes No

Q6. Are you earning more than \$120,000 a year (before tax and employer-paid superannuation) from your job?

Yes No

Q7. Do you have a university qualification that you are using or is required in your current role?

Yes No

Q8. Do you have a senior/executive level management role in your company? (Your direct reports would be mid-level managers or skilled specialists in a sedentary setting.)

OR

Is your role considered professional (e.g. doctor, solicitor, accountant – requiring membership of a professional or government body to practise in your occupation)?

Yes No

5 Other cover details

Please provide us with the details of the insurance cover you would like to transfer to QSuper.

Name of the other Australian superannuation fund or life insurance company

The member/policy number

Death cover and total and permanent disability (TPD) cover

Death cover

TPD cover

If you would like to apply for a lower amount of cover than you are transferring in, please specify the amount below (optional):

Death cover

TPD cover

Income protection (IP) cover

IP cover monthly benefit

Benefit period

Waiting period

days

- I understand that any transferred death cover, TPD cover, and/or income protection cover will be subject to the terms and conditions of cover in the *Accumulation Account Insurance Guide* and the insurance policy between QSuper and its insurer. Any pre-existing exclusion period under the cover I am applying to transfer in will continue to apply until it would have expired under my original policy.

6 Employment and health

Please answer Yes to these questions if the statement is true.

Q1. I am gainfully employed as at today's date and have been at work for 30 consecutive days immediately prior to this application to transfer my insurance cover. ("At work" has a specific meaning that can be found in the Definitions section of the *Accumulation Account Insurance Guide*).

- Yes No

Q2. I'm not restricted from performing my usual occupation or any identifiable duties of my current and normal occupation due to any illness or injury.

- Yes No

Q3. I haven't received medical advice, been diagnosed with an illness or suffered an injury, which is or may restrict me in the future from performing any identifiable duties of my usual occupation.

- Yes No

Q4. I haven't been advised or diagnosed with a sickness, illness or injury that reduces or is likely to reduce my life expectancy to less than 24 months. (Answer Yes if this is true.)

- Yes No

Q5. No special conditions (loadings) apply to any of my death, TPD, or income protection cover.

- Yes No

Q6. I haven't been paid a claim, lodged any claim, been eligible to be paid a claim, currently receiving a claim, or in the process of submitting a claim through any of the following:

- Any insurance policy inside or outside super (whether with QSuper or another provider) for death, total and permanent disability (TPD), or terminal illness benefits
- Income support benefits from any source including workers' compensation, disability pension, veteran affairs, or income protection benefits (replacing all or part of my income while unable to work as a result of accident/injury or sickness).

- Yes No

If you have answered **No** to any of the questions in section 6, you are not eligible to transfer your insurance cover to QSuper. You may be eligible to apply for additional cover with QSuper by completing our *Change of Insurance* form available on our website, or via Member Online.

Important information

You should not cancel the cover you have with your other super fund or insurer until you have received confirmation from us that we've accepted this transfer request.

Once your application for transfer of cover has been assessed we'll notify you of the outcome. We may need to contact your other fund or the insurer of your other policy in completing our assessment of your application.

If your application to transfer existing death cover and TPD cover is accepted, you'll be allocated additional QSuper cover (up to a maximum limit of \$1 million for this transfer) to replace your death and TPD cover under your other fund or other policy. Your death cover and TPD cover will be rounded up to the nearest number of units. If your transfer in is a fixed amount of death cover and/or TPD cover, we will convert all your cover to fixed cover. Any existing cover you were eligible to receive on joining QSuper won't be affected by our acceptance of this transfer request.

If your application to transfer existing income protection cover is accepted, your income protection cover will be converted and rounded up to the nearest equivalent number of units (subject to a maximum transfer of \$20,000 per month of cover). The waiting period will be matched to an equivalent or nearest longest waiting period offered by us (except if you are a Queensland police officer). The benefit period will be matched to an equivalent or nearest lower benefit period offered by us (except if you are a Queensland police officer). If you are a Queensland police officer you will have a waiting period of accrued sick leave plus approved Queensland Police Service sick leave bank or 180 days, whichever is greater, and a benefit period of up to two years.

We'll advise you of your cover upon acceptance of this transfer request.

Premiums for any cover transferred in are charged at the relevant QSuper occupational rate premium. Any exclusions on your other cover will continue to apply. However, you can apply to have any exclusions on your cover removed by completing our *Change of Insurance* form.

Your declaration and authorisation

Your duty of disclosure

You have a duty to tell QSuper and its insurer anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you extend, vary, or reinstate the contract. You don't need to tell us anything that:

- Reduces the risk we insure you for
- Is common knowledge
- We know or should know through our insurer
- We waive your duty to tell us about.

If you do not tell us something

In exercising the following rights, the QSuper Board as trustee for QSuper and its insurer may consider whether different types of cover can constitute separate contracts of life insurance. If we do, we may apply the following rights separately to each type of cover.

If you don't tell QSuper and its insurer anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within three years of entering into it.

If QSuper and its insurer choose not to avoid the contract, we may either:

- Reduce the amount you have been insured for, using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract provides cover on death, QSuper and its insurer may only exercise this right within three years of entering into the contract.
- If we don't avoid the contract or reduce the amount you have been insured for, we may at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have.

If your failure to tell QSuper and its insurer is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

By signing this application, I am making the following statements:

- The information I have given on this form is true and correct.
- I have read the *Product Disclosure Statement for the Accumulation Account and Income Account* and the *Accumulation Account Insurance Guide*.
- I have read the *Your Privacy* factsheet and I understand how QSuper will collect, use, and disclose my personal information.
- I confirm I am under age 65 at the date of this application.

- I authorise QSuper and its insurer to give effect to the transfer of Insurance as described above.
- I have read the duty of disclosure and have disclosed everything about me and my health that QSuper and its insurer need to know when deciding whether to accept my application for transfer in of cover. I will notify QSuper and its insurer of any changes to my health before my cover transfer application has been assessed and am aware my duty of disclosure continues until this transfer request is accepted.
- I understand that any insurance I already hold or receive as a result of submitting an application for an Accumulation account will be cancelled by QSuper in certain circumstances.²
- I authorise my other super fund or the insurer of my other policy to provide QSuper and its insurer with any information about my current insurance cover. For this authority, a photocopy of this declaration is as valid as the original.
- Any non-disclosure to the other superannuation fund (or its insurer) or the other policy insurer may be acted upon by QSuper and its insurer.
- My replacement cover will not commence until QSuper's insurer accepts this transfer request.
- I authorise QSuper's insurer and persons I have appointed (or authorised) to obtain and refer to:
 - Any statements that have been made in connection with my application for insurance
 - Any medical reports to other entities involved in providing or administering my insurance (e.g. reinsurers, third party administrators, specialist claims providers, and legal advisers)
 - Financial, employment, or medical related information in support of the assessment of my claims from any other entity holding information on me.
- In the event that I become entitled to an insured death, TPD, or IP benefit from my other fund or insurer after my acceptance, the transferred in cover will be cancelled from inception and no benefits will be payable, and premiums will be refunded.

Name

Signature

(Please sign in blue or black pen – QSuper does not accept electronic signatures on this form.)

Date signed (dd/mm/yyyy)

Where to send this form

Please send your completed form to us by:

Post

QSuper
GPO Box 200
Brisbane QLD 4001

Email

qsuper@qsuper.qld.gov.au

² There are various circumstances when cover will end. See the *Accumulation Account Insurance Guide* at qsuper.qld.gov.au/pds

Member Centres**70 Eagle Street, Brisbane****63 George Street, Brisbane****Sunshine Coast University Hospital**, Ground Floor,
Main Hospital Building, 6 Doherty Street, Birtinya**Member Service team****Phone** 1300 360 750**Overseas** +61 7 3239 1004

Monday to Thursday 8.30am – 5.00pm (AEST)

Friday 9.00am – 5.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001**Email** qsuper@qsuper.qld.gov.au**Fax** 1300 242 070**Website** qsuper.qld.gov.au

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