

# EISS Super

## Insurance Transfer Form

Members under age 60 and not engaged in a Hazardous Occupation can apply to transfer insurance from another superannuation plan or individual insurance policy to EISS Super.

You will need to complete all sections of this form and attach a statement from your current fund or insurer which has been dated within the last 6 months and shows the type and level of insurance cover you have.

**Do not cancel your existing insurance cover until you have received confirmation in writing that your request to transfer the cover has been accepted.**

Please refer to the EISS Super Product Disclosure Statement (PDS) and the 'Insurance in your Super' document available at [eisuper.com.au/pds](http://eisuper.com.au/pds) for details on your insurance options, exclusions and for restrictions which could apply to your insurance cover.

If you would like further information, please contact Member Services on 1300 639 901 between 8.30am and 5.00pm (AEST) Monday to Friday.

Please write in BLOCK letters (using a black or blue pen) or type your details into this form. To be valid, this form must be fully completed, signed and dated. Please send the completed form to: **EISS Super PO BOX N835 Grosvenor Place NSW 1220.**

### 1. Personal details

Member number

Date of birth

Mr/Mrs/Ms/Miss/Dr

Surname

Given name(s)

Residential address (must not be a PO Box)

Suburb/town

State

Postcode

Mobile

Telephone (business hours)

Email address

Name of your current employer

Annual Salary \$

## Employment status

<input type="checkbox"/> Self-employed	<input type="checkbox"/> Not working
<input type="checkbox"/> Employee (full -time)	<input type="checkbox"/> Domestic duties
<input type="checkbox"/> Employee (part-time) <input type="text"/> <input type="text"/> hours per week	<input type="checkbox"/> Casual <input type="text"/> <input type="text"/> hours per week

Your main occupation (job title)

Industry of your main occupation

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


## 2. Eligibility statements

You can apply to transfer insurance from another superannuation plan or individual insurance policy by answering the five (5) questions below.

At the date of this application.

Questions	Yes	No
1. Are you, at the date of this application, due to injury or illness, off work or restricted or unable to fully perform without limitation all of the duties of your current or usual occupation for at least 30 hours per week, even though your actual employment may be on a full-time, part-time or casual basis or you may be unemployed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you, in the last twelve (12) months been absent from work or unable to fully perform: i) the duties of your usual occupation (whether employed or unemployed); or ii) your unpaid domestic duties, if you are unemployed and your sole occupation is the performance of unpaid domestic duties; due to illness or injury (other than cold or flu) for more than seven (7) days?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been paid or are you eligible to be paid, or are currently in the process of submitting a claim for any illness or injury through a superannuation fund, insurance policy, workers' compensation, or Government benefits (such as sickness benefit, invalid pension) or any insurance policy providing terminal illness, total and permanent disablement or income protection cover, including accident or sickness cover?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been diagnosed with, or do you suffer from, an illness or injury that may cause permanent inability to work or which reduces or is likely to reduce your life expectancy to less than twelve (12) months from the date of this application?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever had an insurance application for death, total and permanent disablement, or income protection/salary continuance cover (including accident or sickness cover) declined, postponed or offered on non-standard or modified terms such as a loading and/or exclusion, including but not limited to pre-existing condition exclusions?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'No' to all questions, you are eligible to transfer your cover.

If you answered 'Yes' to any of the above questions in Section 2, you are not eligible to transfer cover using this application.

You may still apply for cover by completing the 'Member's Personal Statement' which is available at [eisuper.com.au](http://eisuper.com.au) or calling Member Services on 1300 369 901.

### 3. Existing Insurance details

Name of existing fund or insurer

Member or policy number for your existing insurance cover

Amount of Death cover \$

Amount of TPD cover \$

Income Protection/Salary Continuance Benefit \$   Per month  Per year

Income Protection/Salary Continuance waiting period\* Benefit period (e.g. 2 years, 5 years, to age 65 etc)^

Per month  months

\* EISS offers waiting periods of 30 days, 60 days or 90 days. Where your existing period is not offered, the next longest available period will apply eg a 45 day wait would be transferred to EISS with a 60 day waiting period.

^ EISS offers benefit periods of two (2) years and to age 65. Where your existing benefit period is not offered, the next shortest available period will apply eg a five (5) year benefit would be transferred to the Fund with a two (2) year benefit period.

### 4. Other information

We are required to comply with relevant privacy laws.

The personal information that we collect is used to process your application, administer your account(s), provide you with services and conduct research about how to improve our services and products.

If you do not give us your personal information or provide us with incomplete or inaccurate personal information, we may not be able to provide you benefits and services.

Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer your account and provide services to you on our behalf such as our administrator, auditors, lawyers and insurance providers.

Your personal information will not be sent outside Australia except in instances where you are permanently relocating overseas to New Zealand and request that we transfer your superannuation benefits.

For more information please refer to our 'Privacy Policy' available at [eisuper.com.au/privacy](http://eisuper.com.au/privacy) or from Member Services. Our Privacy Policy includes information about how you may access your personal information, correct any personal information that may be incorrect and how you may complain about a possible breach of privacy.

#### Your Duty of Disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer TAL Life Limited ABN 70 050 109 450, AFSL 237848 (TAL) anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

## If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

## EISS Super Privacy Policy

We are required to comply with relevant privacy laws. The personal information that we collect is used to process your application, administer your account(s), provide you with services and conduct research about how to improve our services and products. Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer your account and provide services to you on our behalf. For more information, please refer to our 'Privacy Policy' available at [eisuper.com.au/privacy](https://eisuper.com.au/privacy) or from Member Services.

## TAL Privacy Policy

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at <https://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1800 666 136.

### Collection and use of personal information

TAL collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that they may assess and administer their products and services to you. In certain circumstances, such as applications for life insurance products and claims, they may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, they may not be able to provide their products and services to you or pay the claim.

TAL may take steps to verify the information they collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or they may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

## 5. Member declaration

I understand and agree that:

- I will cancel all insurance cover with my former fund or insurer within 60 days of receiving confirmation of my successful transfer application;
- I will not be transferring the cover under my former fund to any other division or section of the former fund, or any other fund;
- I will not effect a continuation option or subsequently reinstate any cancelled cover within the former fund or any other division, section, category of the former fund or within any fund or insurance policy where such reinstatement of cover is available to me;
- I have read the duty of disclosure and am aware of the consequences of non-disclosure;
- The duty of disclosure continues after I have completed this statement until my request has been accepted in writing;
- I consent to my information being collected, disclosed and used in the manner set out in this form; and
- I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL or its external service providers/contractors, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information TAL collects on this form or future forms in relation to this insurance.

I authorise:

- The insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers);
- The insurer and any person appointed by the insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me; and
- Any medical or other practitioner to divulge at any time to TAL or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authorisation is as valid as the original. To this extent, all professional confidence and privilege is waived.

I declare that:

- The answers to all questions and the declarations on this form are true and correct (including those not in my own handwriting);
- I have not withheld any information which may affect any decision to provide insurance;
- I agree to provide further medical authorities if requested; and
- I have not been infected with the virus which causes AIDS (The Human Immunodeficiency Virus) and am not carrying antibodies to that virus, nor am I suffering from any other illness, injury, operation, abnormality, disease or disorder that is likely to cause my death or permanent inability to work before 65 years of age.

I acknowledge that:

- Insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the insurer and as agreed between the Fund and the insurer from time to time;
- The answers I have provided, together with any special conditions, will form the basis of the contract of insurance; and
- Any change in cover I make using this form will only start from the date this form is accepted by the insurer.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	1	<input type="text"/>
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**We are  
here to help**

You can call our dedicated Member Services team on **1300 369 901** from Monday to Friday, 8.30am to 5.00pm (AEST).

@ info@eisuper.com.au  eisuper.com.au  PO Box N835, Grosvenor Place, NSW 1220