

Important Information

Transferring Your Insurance

About this 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 for details on your insurance options, exclusions and for restrictions which could apply to your insurance cover.

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 anything that you know, or could reasonably be expected to know, that 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

Insurance Transfer Form

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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 for details on your insurance options, exclusions and for restrictions which could apply to your insurance cover.

We're here to help

If you need assistance completing this form, you can call us on 1300 369 901, Monday to Friday from 8am to 8pm (AEST).

Please complete all sections of this form as applicable, sign and return the completed form by either; uploading it into your online account or posting it to:

EISS Super GPO Box 7039, Sydney, NSW 2001.

Step 1. Your personal details

Member Number

Account Number

Mr / Mrs / Ms / Miss / Other

Given name(s)

Surname

Date of birth / /

Residential address (must not be a PO Box)

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

Telephone

Mobile

Email

You can change your personal details online by logging into your account at eisuper.com.au/login.

Step 1. Your personal details (continued)

Employment status

- Self Employed
 Not working
 Employee (full-time)
 Domestic duties
 Employee (part-time) hours per week
 Casual 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)

Step 2. Eligibility statement

You can apply to increase your cover for a Life Event 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 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 twenty four (24) 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 apply for this cover.

If you answered 'Yes' to any of the above questions in Step 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 or by calling us on 1300 369 901.

Step 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 (eg. 2 years, 5 years, to age 65 etc.)^

Per month months

* EISS Super 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 e.g. a 45 day waiting period would be transferred to EISS Super with a 60 day waiting period.

^ EISS Super 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 e.g. a five (5) year benefit would be transferred to the Fund with a two (2) year benefit period.

Step 4. Other information

TAL Privacy Policy

Insurance is provided by TAL Life Limited ABN 70 050109 450 AFSL 237848 (TAL) to Energy Industries Superannuation Scheme Pty. Limited.

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 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.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, Trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the Trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (e.g. such as to the police or Australian Taxation Office (ATO)); and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

Your privacy is important to us

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 the Fund and provide services on our behalf.

The EISS Super Privacy Policy is available to view at eisuper.com.au/privacy or you can obtain a copy by contacting us on 1300 369 901.

Step 5. Sign the form

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.

Member Signature

X

Date

D D / M M / Y Y Y Y

Sign here

Please return your completed form by either:

Posting it to us OR Uploading it to your online account

EISS Super
GPO Box 7039
Sydney NSW 2001

Visit eisuper.com.au/login