

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 to Take Reasonable Care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has 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 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. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

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

- Think carefully about each question before you answer. 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;
- 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.

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

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know 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.

EISS Super

Insurance Transfer Form

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.

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"/>
6. Have you been infected with the virus which causes AIDS (The Human Immunodeficiency Virus) or are you carrying antibodies to that virus, or suffering from any other illness, injury, operation, abnormality, disease or disorder that is likely to cause death or permanent inability to work before 65 years of age?	<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 Continuation Benefit \$ Per month Per year

Income Protection/ Salary Continuation 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.

I declare that:

- The answers to all questions and the declarations on this form are true, correct and complete (including those not in my own handwriting); and
- I agree to provide further medical authorities if requested.

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