

Super Member Insurance Conversion Form



Complete this form if you'd like to convert your existing Death & Total and Permanent Disablement (TPD) or Death Only insurance between Fixed Premium and Fixed Amount cover.

Important information

- When converting from Fixed Premium to Fixed Amount cover, your insurance will be rounded up to the next \$1,000 value.
- When converting from Fixed Amount to Fixed Premium cover, your insurance will be rounded up to the next unit of cover.
- The maximum amount of cover you can have with us is \$5 million for Death and \$3 million for TPD. If rounding up your cover results in insurance above the maximum, you'll be given the nearest unit or \$1,000 amount of insurance equal to or below the maximum.
- You cannot convert your insurance cover from Fixed Premium to Fixed Amount cover if you're 60 or over.

Note: Insurance eligibility is at the discretion of the insurer.

Step 1 Your details

Please read our Personal Information Collection Statement at lucrf.com.au/privacy.

LUCRF Super member number (please contact us if you don't know your member number)

Date of birth (dd/mm/yyyy)

Please tick [✓] the appropriate box: Mr Mrs Miss Ms

Other (please specify)

First name(s)

Last name

Residential/Street address

Unit/Street number

Street name

Suburb/City/Town

State/Territory

Postcode

Postal address - if different to residential

Unit/Street/PO Box number

Street name

Suburb/City/Town

State/Territory

Postcode

Contact details

Email address

Mobile phone

Work phone

Home phone



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Step 2 Converting your insurance cover

Please indicate (tick) one box only) which type of cover you'd like to convert:

I want to convert my existing insurance to Fixed Amount cover (Note: You must be under 60)

OR

I want to convert my existing insurance to Fixed Premium cover

Step 2b Screening questions (you must complete this section)

IMPORTANT: Your responses to the questions below will be checked at the time you make a claim. Therefore, you must answer all of these questions truthfully and accurately. If you don't, any insurance claim you make may be reduced or declined.

1. Other than for colds, flus, minor upper respiratory tract infections or minor headaches,
 - a are you now off work due to illness or injury? YES NO
 - b have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? YES NO
2. Are you currently prevented from performing all the usual duties of your occupation on a full-time basis of at least 30 hours per week due to illness or injury (even if you're currently working less than 30 hours per week for non-medical reasons)? YES NO
3. Have you ever made or are you entitled to make a claim for any type of sickness, accident or disability benefit(s), workers' compensation or any other form of compensation (including Centrelink payments) due to injury or illness? YES NO
4. Have you been diagnosed with a medical condition that's expected to reduce your life expectancy to less than 12 months from today? YES NO
5. Have you ever had an application for life, trauma or disability insurance declined, deferred, accepted with a higher than normal premium (other than for smoking) or issued with a restriction or exclusion? YES NO
6. Other than for colds, flus, minor upper respiratory tract infections or minor headaches,
 - a do you have a medical condition for which you take or have been advised to take medication or undergo any other form of medical treatment? YES NO
 - b are you currently under investigation or been advised to undergo investigations for any medical condition or symptom? YES NO

If you've answered YES to any of the boxes for the health questions above, you'll need to complete a OnePath Personal Statement. To obtain a OnePath Personal Statement, please call us on 1300 130 780 or download one from lucrf.com.au.

DID YOU ANSWER YES TO ANY QUESTIONS?

If you have truthfully ticked NO to all of the above screening questions, your cover will be converted as requested from the date specified in your letter of confirmation.

Step 3 Sign and date this form

Duty of disclosure

The Trustee who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell the insurer, OnePath Life Limited (Insurer), anything that they know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms. The Trustee has this duty until the Insurer agrees to provide the insurance.

The Trustee has the same duty before they extend, vary or reinstate the contract. The Trustee does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures you for, or
- is of common knowledge, or
- the Insurer knows or should know as an insurer, or
- the Insurer waives your duty to tell the Insurer about.

In order for the Trustee to comply with the duty of disclosure, we require you to tell us (Trustee) and the Insurer anything you know, or could reasonably be expected to know, that may affect the Insurer's decision to insure you and on what terms.

If you do not tell the Trustee and Insurer something that you know, or could reasonably be expected to know, may affect the Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the Trustee entering into the contract to tell the Insurer something that we must tell the Insurer.

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, the Insurer may apply the following rights separately to each type of cover.

If you do not tell the Insurer or Trustee anything you are required to, and the Insurer would not have provided the insurance or entered into the same contract with the Trustee if you had told the Insurer, the Insurer may avoid the contract within three years of entering into it.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time, vary the contract in a way that places the Insurer in the same position it would have been in if you had told the Insurer and the Trustee everything you should have. However, this right does not apply if the contract provides cover on death.

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

I declare that:

- The answers that I have provided to all questions in this application are true and correct.
- I have read the duty of disclosure and understand the consequences available to OnePath Life if I fail to tell them any matter relevant to its decision to provide insurance. I understand that the duty of disclosure continues after I have completed this application until I am notified in writing that my application for insurance has been accepted.
- I understand that my insurance will not become effective until OnePath Life has accepted my application for insurance cover in writing.
- I have read and understood the information contained in the Super Member Guide (Product Disclosure Statement), the Super Member Guide – Additional Information, the Fees and Costs booklet, the Insurance Guide and the Investments Guide.
- If I give OnePath Life information about someone else, I will inform them of the contents of this authorisation so that they understand how their information may be used and disclosed.
- I understand that if my application for cover is accepted, insurance cover will be provided to me on the terms contained in the Trustee's insurance policy with OnePath Life as changed from time to time.
- I have read OnePath Life's Privacy Statement detailing how OnePath Life manages personal information. It is available in the Insurance Guide, at lucf.com.au or by calling OnePath Life Customer Services on 133 667. It can also be downloaded from onepath.com.au/privacy-policy.
- I consent to OnePath Life collecting, using, storing and disclosing my personal information (including health information) to assess and process my application, as well as to manage and administer my insurance in accordance with OnePath Life's Privacy Statement.
- I understand that OnePath Life may require additional information or medical tests to enable assessment of my application and I authorise any medical practitioner or other health professional to release to OnePath Life or any other organisation appointed by OnePath Life any medical information needed in connection with my application.
- I understand that if I fail to attend any required medical appointments, my application may not be finalised and insurance cover may not be offered by OnePath Life.
- I acknowledge that if I do not complete the form correctly or I do not sign and date this declaration, my application will not be considered by OnePath Life.
- I consent to the collection, use and disclosure of my personal information in accordance with the LUCRF Super Personal Information Collection statement and the Privacy Policy available at lucf.com.au/privacy or by calling 1300 130 780.

Signature



Date (dd/mm/yyyy)

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Checklist

Before you send this form to us, make sure you have:

- completed all relevant steps
- answered the screening questions honestly and accurately
- completed and attached a OnePath Personal Statement (if required)
- signed and dated this form.

Send this form to:

LUCRF Super
PO Box 211
North Melbourne VIC 3051
Or scan and email it to:
mypartner@lucf.com.au

If you need any help completing this form, please call us on **1300 130 780** or email mypartner@lucf.com.au.