

Super Member Insurance Matching Form



Complete this form if you'd like to apply for us to match the amount of your existing Death Only or Death & Total and Permanent Disablement (TPD) insurance and/or the amount of your existing Income Protection insurance held with another fund.

IMPORTANT: Do not cancel your existing insurance cover with another fund until you've received written confirmation from us that your request has been accepted. If you do not cancel your previous cover within 30 days of when your matched cover starts with us, then, in the event of a claim, our insurer will reduce any benefit payable under this policy by the amount of any benefit paid or payable under your previous policy.

When to use this form

Use this form if you'd like to apply for us to match the amount of any existing Death Only, Death & TPD and/or Income Protection cover held with another fund.

You can only apply to match the amount of your Death Only or Death and TPD insurance cover under the following circumstances:

1. You're between 14 and 61.
2. You haven't made or you're not entitled to make a claim in relation to your cover held with the other fund.
3. Your insurance cover is held with another superannuation fund. We won't match the amount of any retail cover held outside of superannuation.
4. Your cover held with the other fund does not have a premium loading (i.e. higher-than-standard premium rates) attached to it. If your cover held with the other fund is subject to an exclusion or exclusions (relating to your medical conditions or recreational activities), it can still be matched by us but the same exclusion(s) will apply to your matched cover with us.
5. You want to match cover up to a maximum of \$1 million. If you'd like to apply to match more than \$1 million, you'll need to complete a Member Insurance Election Form and be assessed for the increased cover. This form is available from lucrf.com.au or by calling **1300 130 780**.
6. If the other fund provided you with more Death cover than TPD cover, we'll match the amount of TPD cover you had as Death & TPD cover and the extra death cover you had as Death Only cover. You cannot match more TPD cover than Death cover. If your other fund provided you with more TPD cover than Death cover, the amount we'll match is the Death cover.
7. You agree to validly cancel the cover held with the other fund once you receive written confirmation that LUCRF Super's trustee has accepted your request to match the amount of cover.

You can only apply to match the amount of your Income Protection insurance cover under the following circumstances:

1. You're between 14 and 61.
2. You haven't made or you're not entitled to make a claim in relation to your cover held with the other fund.
3. Your insurance cover is held with another superannuation fund. We won't match the amount of any retail cover held outside of superannuation.
4. Your cover held with the other fund does not have a premium loading (i.e. higher-than-standard premium rates) attached to it. If your cover held with the other fund is subject to an exclusion or exclusions (relating to your medical conditions or recreational activities), it can still be matched by us but the same exclusion(s) will apply to your matched cover with us.
5. The waiting period for cover with the other fund is 90 days or less.
6. You agree to validly cancel the cover held with the other fund once you receive written confirmation that LUCRF Super's trustee has accepted your request to match the amount of cover.
7. You have an employer making contributions into your LUCRF Super account.
8. You're one of the following:
 - (a) a permanent employee (that is, an employee who accrues sick and annual leave) working at least 15 hours per week, **OR**
 - (b) a contractor working at least 15 hours per week, **OR**
 - (c) a casual employee (that is, you work on a temporary as-required basis, are paid on an hourly basis for periods worked, and do not accrue entitlements for sick leave and annual leave) and have worked an average of 30 hours per week averaged over the past 6 months.



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Documents needed

When applying to have your insurance cover matched by us, you must provide the following documents with this form:

Most recent member super statement

Attach a copy of your most recent statement from your other fund, which shows the type and level of cover you have with them. If your insurance cover has changed since the date of your most recent statement, you'll need to provide evidence of the current level of cover held with your other fund.

Casual employees must provide payslips or other evidence to the insurer which show both your income and the hours you were employed. To be eligible for cover, you must be working at least 30 hours per week (averaged over the previous six months). These documents must cover the six months prior to the date you completed this application. In the event of making a claim, a further six months of payslips are required to demonstrate you've worked at least 20 hours per week, averaged over the previous six months and to ensure you receive the correct benefit.

Special acceptance terms

If applicable, attach a copy of any special acceptance terms you agreed to with your other fund (e.g. if your cover is subject to a restriction or limitation, you need to provide us with information concerning these).

For Income Protection insurance, the waiting period that applies to the transferred cover will be:

- **30 days** if the waiting period that applies to your current cover with the other fund is 30 days or less
- **60 days** if the waiting period that applies to your current cover with the other fund is greater than 30 days and up to 60 days
- **90 days** if the waiting period that applies to your current cover with the other fund is greater than 60 days and up to 90 days.

Important

If your application to match the amount of cover held with another fund is accepted by us, your new insurance cover will be subject to our terms and conditions. These may be different to the terms and conditions you have with your other policy (policies). You should therefore ensure that you're satisfied with our terms and conditions before you cancel any other policy (policies) you may have. If you're approved for Death Only or Death & TPD cover, we'll provide you with a sufficient number of Fixed Premium units to ensure the amount of insurance provided as a minimum matches your cover held with the other fund. If you're approved for Income Protection cover, we'll provide you with an amount of Income Protection insurance which matches the amount of your cover held with the other fund up to a maximum of \$6,000 per month. This matched cover will be added to any existing cover held in LUCRF Super provided the combined matched and existing cover does not exceed \$30,000 per month (before tax).

Note: Eligibility for cover is defined in the policy but acceptance of your application is at discretion of 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)

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/home phone

SECTION A: Matching Death & TPD insurance cover

Step 2a Your existing Death & TPD insurance cover

Complete this section to provide details of your existing Death & TPD insurance cover with your other fund. You'll also need to provide written proof (see 'Documents needed' on page 2).

Name of other fund/plan

Your member number with the other fund/plan

I confirm that I have the following amounts of Death & TPD cover:

Death Cover

\$

Date cover started (dd/mm/yyyy)

/ /

TPD Cover

\$

Date cover started (dd/mm/yyyy)

/ /

Is your existing Death & TPD insurance cover subject to:

Please tick [✓] the appropriate boxes

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. A premium loading? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. A restriction (medical or lifestyle)? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. A pre-existing condition? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. Any other limitation of any sort? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If you're unsure or you need any help, please call us on **1300 130 780**.

If you answered YES to any of the questions above, we cannot automatically match the amount of cover you have in your other fund. However, you can still apply by completing a Member Insurance Election Form. To obtain a copy, please call us on 1300 130 780 or download one from lucrf.com.au.

DID YOU ANSWER YES TO ANY QUESTIONS?

Step 2b Screening questions – Death & TPD

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.

- Other than for colds, flu, minor upper respiratory tract infections or minor headaches,
 - are you now off work due to illness or injury? YES NO
 - have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? YES NO
- 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
- 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
- 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
- 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

You must be able to truthfully answer NO to all of the above questions to be eligible for insurance matching.

If you answered YES to any of the above questions, you can still apply for insurance by completing a OnePath Personal Statement.

SECTION B: Matching Income Protection insurance cover

Step 3a Your existing Income Protection insurance cover

Complete this section to provide details of your existing Income Protection insurance cover with your other fund. You'll also need to provide written proof (see 'Documents needed' on page 2).

Name of other fund/plan

Your member number with the other fund/plan

I confirm that I have the following amount of Income Protection cover:

Value of cover per week (before tax)

\$

Date cover started (dd/mm/yyyy)

/ /

Waiting period

Benefit period

Is your existing Income Protection insurance cover subject to:

Please tick [✓] the appropriate boxes

- | | | | | |
|--|-----|--------------------------|----|--------------------------|
| 1. A premium loading? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 2. A restriction (medical or lifestyle)? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 3. A pre-existing condition? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| 4. Any other limitation of any sort? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

If you're unsure or you need any help, please call us on **1300 130 780**.

If you answered YES to any of the questions above we cannot automatically match the amount of cover you have with your other fund. However, you can still apply by completing a Member Income Protection Form. To obtain a copy, please call us on **1300 130 780** or download one from lucrf.com.au.

DID YOU ANSWER YES TO ANY QUESTIONS?

What level of Income Protection cover would you like to be matched with?:

1. Waiting period (must be an equal or reduced benefit period):
2. Benefit period (must be an equal or longer waiting period):

Note: If the benefit period of your existing Income Protection cover is 'To age 65' or 'To age 60', it can be matched to either a two-year or a five-year benefit period.

Step 3b Screening questions – Income Protection

You need to complete all of the questions below to apply for us to match your Income Protection insurance cover.

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.

- Other than for colds, flu, minor upper respiratory tract infections or minor headaches,
 - are you now off work due to illness or injury? YES NO
 - have you been absent from work for 7 consecutive calendar days in the last 12 months due to illness or injury? YES NO
- 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
- 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
- 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
- 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

You must be able to truthfully answer NO to all of the above questions to be eligible for Income Protection insurance matching.

If you answered YES to any of the questions above we cannot automatically match the amount of cover you have in your other fund. However, you can still apply by completing a Member Income Protection Form. To obtain a copy, please call us on 1300 130 780 or download one from lucrf.com.au.

DID YOU ANSWER YES TO ANY QUESTIONS?

Step 4 Your work category

To ensure you receive the correct insurance cover, we need to identify the work category that best represents the type of work you do.

Your current employer

Your main occupation

Are you engaged in any other occupations? YES NO

If yes, please specify your other occupation(s)

Please answer question 1 below.

- Do you spend at least 80% of your total working time in an office or similar environment performing administrative, clerical or sedentary-type duties? (This includes the total amount of time spent in all occupations as advised above). YES NO

If YES, proceed to questions 2 and 3. If NO, proceed to questions 4 and 5.

Only complete questions 2 and 3 if you answered YES to question 1.

- Do you have a university degree qualification relevant to the field of your main occupation OR are you an executive or senior managerial white-collar worker and not self-employed OR are you a member of a professional institute? YES NO
- Is your current annual salary package (including the Superannuation Guarantee contribution) \$150,000 or more and do you spend at least 80% of your time in an office environment? YES NO

Only complete questions 4 and 5 if you answered NO to question 1.

- Do you have a recognised trade qualification relating to your occupation OR does your occupation require you to perform light manual work OR are you a supervisor of blue-collar workers and your duties include up to 10% of light manual work? (e.g. an electrician, mechanic, printer, greengrocer, carpenter, plumber etc.)? YES NO
- Are you a skilled or semi-skilled worker whose duties include heavy manual work OR are you required to operate heavy machinery (e.g. a qualified wall/floor tiler, glazier, bulldozer driver, forklift driver)? YES NO

Step 5 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 lucrf.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 lucrf.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:

- answered the existing insurance and screening questions honestly
- attached a copy of your most recent member super statement from your other fund
- attached a copy of any special acceptance terms (such as medical or lifestyle exclusions) agreed with other fund (if applicable)
- completed and attached a Member Income Protection Form (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@lucrf.com.au

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