

Application Form to Recommence Insurance Cover Cancelled after 1 July 2019 due to the Protecting Your Super Package

Only use this form to apply to recommence cover that is cancelled after 1 July 2019.

About this application form

You can apply to recommence your previous cover (which may be Death & TPD, Death Only or Income Protection cover or a combination of these types of cover) by completing this application form if cover was cancelled by the Trustee after a period of 16 months in which no amounts (such as contributions or rollovers) were received into your account. This cancellation by the Trustee was necessary to comply with section 68AAA of the SIS Act, introduced by the *Treasury Laws Amendment (Protecting Your Super Package) Act 2019*.

We will advise you in writing of the date your cover recommences and, where relevant, the terms that apply.

IMPORTANT INFORMATION: This completed recommencement application form, and a contribution into your superannuation account (pension accounts do not need a contribution), must be received by LUCRF Super within 60 days of the date your cover was cancelled due to the Protecting Your Super Package.

Your cover will restart from the later of the date on which we receive your completed recommencement application form and the date we receive a contribution into your account, provided these both occur within 60 days of when your cover ended due to the Protecting Your Super Package. This means there'll be a gap in your cover from the date your cover was cancelled to the date it restarts, and that no cover will be provided for events that occur during this gap in cover.

Please print clearly using an in boxes where required.

Step 1 | Your details

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

LUCRF Super member number

(please call **1300 130 780** if you don't know your member number)

Date of birth

/ /

Title

Mr Mrs Miss Ms Other (please specify)

First name(s)

Last name

Unit/Street number

Street name

Suburb/City/Town

State

Postcode

Email address

Home phone

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Work phone

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Mobile

Step 2 | 'At Work' questions

As at the date of signing this form:

1. are you actively performing, or capable of performing, all the duties of your usual occupation and working or capable of working your usual hours free from any limitation due to illness or injury? Yes No
2. are you in receipt of, or are you entitled to claim, income support benefits from any source including but not limited to workers' compensation benefits, statutory transport accident benefits or disability income benefits (including government income support benefits of any kind)? Yes No

At Work means your answer to question 1 is 'Yes' and your answer to question 2 is 'No'.

If your answer to question 1 is 'Yes', and your answer to question 2 is 'No', your cover will recommence from the later of the date we receive your completed recommencement application form **and** a contribution, provided these occur within 60 days of when your cover ended due to the Protecting Your Super Package.

If your answer to question 1 is 'No', or your answer to question 2 is 'Yes', *New Events Cover* will be provided until you have been *At Work* for 30 consecutive days.

In this case, *New Events Cover* means an *Insured Member* is only insured for claims arising from an illness which first becomes apparent to the *Insured Member*, or from an injury that occurs to the *Insured Member* on or after the date the *Insured Member's* cover recommenced under the relevant policy.

Step 3 | Sign and date this form

I declare that:

- I confirm that all of the details provided in this form are accurate and complete.
- I acknowledge that my cover and deduction of premiums will restart from the later of the date when my recommencement application form is received by LUCRF Super and the date when LUCRF Super receives a contribution into my account (if applicable), provided both these events occur within 60 days of my cover ending. **I understand there will be a gap in my insurance cover from the date my cover was cancelled to the date it restarts, and that no cover will be provided for events which occur during this gap in cover.**
- I acknowledge any restrictions that previously applied to my cover, such as exclusions (due to medical conditions and/or hazardous recreational activities) or loading of insurance fees to be higher than standard rates, will continue to apply to my recommenced cover. If my previous cover was Limited Cover then any recommenced cover will also be Limited Cover. If any pre-existing condition exclusion applied to my previous cover, this will apply to any recommenced cover.
- I understand and acknowledge that if I am not *At Work* (as defined above in this form) on the date of signing this form, any recommenced cover will be provided as *New Events Cover* until I have been *At Work* for 30 consecutive days.
- I understand that OnePath Life Limited's (OnePath Life) liability in respect of this application will be subject to OnePath Life accepting the information contained on this form and providing written acceptance of the application to the policy owner.
- I consent to the collection, use, storage and disclosure of my personal information as described in OnePath Life's Privacy Policy, which is available at onepath.com.au/insurance/privacy-policy.
- I understand that the insurance I have applied to recommence will not become effective until my application is accepted by LUCRF Super and OnePath Life.
- I understand that the insurance cover will not recommence if an original of this form is not received by LUCRF Super within the required 60 day time frame.
- I have read and understood the information contained in the Insurance Guide available at lucrf.com.au.
- 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

/ /

Checklist

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

- completed all steps
- signed and dated this form at Step 3
- ensured a contribution is made into your LUCRF Super account within 60 days of when your cover ended due to the Protecting Your Super Package (not required for a LUCRF Pension account).

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.