

Individual insurance transfer declaration

WEST STATE SUPER AND GESB SUPER

Member Services Centre 13 43 72 Facsimile 1800 300 067 gesb.com.au
PO Box J 755, Perth WA 6842 Level 4 Central Park, 152 St Georges Terrace, Perth

You can use this form if you wish to transfer your current insurance cover with another retail insurer or superannuation fund to GESB. Refer to the 'Insurance and your super' brochure for information on premiums, terms and conditions.

ELIGIBILITY SECTION AND IMPORTANT INFORMATION

AIA Australia agrees to provide individual transfer terms for Death/Total and Permanent Disablement (TPD) cover and Salary Continuance Insurance (SCI) on the following basis:

- The cover in the 'former' fund ('former' fund refers to the Australian fund you have cover with) or 'insurance policy' ('insurance policy' refers to any Australian external retail insurance arrangement you might intend transferring cover from) ceases on acceptance of cover in GESB Super or West State Super ('the Plan').
 - You have not received nor are eligible for a TPD benefit from another fund or insurance arrangement.
 - You are not terminally ill with a life expectancy of less than 12 months.
 - You are not absent from work due to injury or sickness and are able to work or carry out all duties of your current or usual occupation.
 - You must be under the age of 60 at the date of application.
 - You must meet the eligibility criteria for insurance cover as set out in the 'Insurance and your super' brochure.
 - You do not continue the cover under another insurance arrangement.
 - You will need to provide a copy of an up-to-date statement (such as an acceptance certificate, letter or email) from your former fund/insurer confirming the type and level of cover, waiting period and benefit periods (if applicable) and any loadings or exclusions currently held with the former fund/insurance policy. All written evidence must be produced and dated within the last 30 days.
 - Your replacement cover will not commence in the Plan until the later of:
 - the Insurer accepting your application, and
 - the existing insurance cover with the former fund/ insurance policy being cancelled.
 - The level of cover provided to you will be the level of cover held in your former fund/insurance policy and only where the previous insurer's acceptance terms were less than or equal to premium loadings of +100% or two exclusions or a combination of one exclusion and +50%.
- The maximum amount of cover that can be transferred via the 'Individual insurance transfer declaration' is:
 - \$2 million each for Death and TPD (in increments of \$10,000)
 - \$20,000 per month for SCI (in increments of \$200 per month). If your occupation is classified as being in the Hazardous category, the maximum cover that you can hold is \$3,000 per month.These limits are subject to the maximum amount of cover that can be applied for each benefit. This means that following the transfer of your total insurance cover (ie transferred amount plus insurance currently held with the Plan) cannot exceed the maximum cover amounts provided by the Plan for each benefit. In the event that the total insurance cover does exceed the maximum amount of cover, the transferred cover may be restricted to the maximum cover amount. Refer to the 'Insurance and your super' brochure for further details on the maximum cover amounts.
 - Death and TPD cover amounts transferred to GESB must be in increments of \$10,000. The total Death and TPD cover may be rounded down to the nearest increment, ie a member with \$125,000 Death and TPD cover will be rounded down to \$120,000 of Death and TPD cover.
 - The waiting period (WP) and benefit period (BP) will be matched to the GESB Super or West State Super insurance offer. If the current WP is different, your WP will be rounded up to the next longest WP offered by GESB, ie a 45 day WP will be rounded up to a 60 day WP in the Plan. For BP, you will receive a 2 year BP, if you had an equivalent or greater BP in your former fund/insurance policy. If you had a BP that was less than 2 years, you are not eligible to transfer your existing salary continuance insurance cover.
 - SCI cover amounts transferred to GESB must be in increments of \$200 per month. Your total SCI cover will be rounded down to the nearest \$200.
 - Ratings and premiums will change to adapt to the Plan's ratings and premiums.
 - Occupational classifications will be based on the classifications used by GESB.
 - You complete this declaration to the Insurer's satisfaction.
 - If transferring multiple policies to the Plan, complete a separate form for each existing policy.

The level of cover will be a fixed amount until it is changed, however any TPD cover will automatically reduce annually to nil from your 61st birthday until age 65.

If you are **ineligible** to transfer your existing insurance arrangement to the Plan, you may still apply by completing an 'Insurance application'. Apply through Member Online under 'Your insurance' or download an application from www.gesb.com.au/brochures. Insurance applications are also available from your Member Services Centre on 13 43 72.

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INSTRUCTIONS

To apply to transfer your existing insurance cover to GESB you need to:

- Complete steps 1, 2, 3 and 4 and provide the required details; and
- Acknowledge the Duty of disclosure section of this form; and
- Sign and return this completed 'Individual insurance transfer declaration'; and
- Provide evidence from your former fund/insurer.

If AIA Australia accepts your application you will be allocated the same level of cover provided to you by your former fund/insurer subject to the underwriting terms provided by the previous insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on the previous cover.

STEP 1 YOUR DETAILS

GESB member number

Mr Mrs Miss Ms Other

Surname (family name) please print

Given names

Postal address

 Postcode

Email address

Telephone – home

 ()

Telephone – work

 ()

Telephone – mobile

Date of birth / / Male Female

Occupation

Industry

STEP 2 YOUR FORMER FUND OR INSURANCE COMPANY'S DETAILS

You should check with your former fund or insurance company for information about any insurance cover you may have. You should do this so that you fully understand the effects of transferring your insurance.

Tick the appropriate option below to indicate if you are transferring your insurance cover from a super fund or an insurance company.

- I am transferring my insurance cover from a super fund.
 I am transferring my insurance cover from an insurance company.

Member account/policy number

Fund/Insurance company's name

Fund/Insurance company's postal address

Postcode

Fund/Insurance company's telephone

Name of employer (if applicable)

STEP 3 YOUR PERSONAL STATEMENT AND CONFIRMATION OF REQUIREMENTS

1. Confirm by ticking one box below that all of the following statements are true and correct:
- I will cancel my existing insurance cover under my former fund/insurance policy;
 - I will not be transferring the cover under my former fund/insurance policy to any other division or section of the former fund or to any other fund, other than GESB Super or West State Super;
 - I will not effect a continuation option, or subsequently reinstate cover within the former fund or with the former insurer or any other divisions or associated fund of the former fund or any other retail insurance arrangement.

I confirm that all three statements are true and correct and agree to abide by these requirements

Y N

If you answered 'No' you are not eligible to transfer your existing insurance cover to GESB.

STEP 4 DECLARATION AND AGREEMENT

IMPORTANT INFORMATION

Your duty of disclosure

Before you enter into or become insured under a contract of life insurance with an Insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate your insurance. Your duty however does not require disclosure of a matter:

- That diminishes the risk to be underwritten by the Insurer;
- That is of common knowledge;
- That your Insurer knows or, in the ordinary course of its business, ought to know; or
- As to which compliance with your duty is waived by the Insurer.

Non-disclosure and misrepresentation

If you fail to comply with your duty of disclosure and the Insurer would not have entered into a contract on any terms if the failure had not occurred, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time. An Insurer who is entitled to avoid a contract of insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the Insurer.

Privacy

By completion of this form you consent to any personal information, including information that may be of a sensitive nature we or AIA Australia may collect about you in the normal course of our and AIA Australia's business, being used as outlined in our and AIA Australia's respective Privacy Policies. These policies are designed to protect your interests and are consistent with the requirements of the Privacy Act. A copy of AIA Australia's privacy policy can be obtained from www.aia.com.au. GESB has a Privacy Statement to ensure that it handles private information about individuals responsibly. GESB's Privacy Statement is available at gesb.com.au or can be obtained by contacting your Member Services Centre on 13 43 72.

By signing this form I acknowledge that:

- If I do not fully complete, sign and date this **Individual insurance transfer declaration**, and provide evidence from my former insurer, I will not be eligible to transfer my current cover to the GESB Super or West State Super scheme;
- If the Insurer accepts my application, my current amount of cover as at the transfer date under my former fund will be replaced in my GESB Super or West State Super account but subject to a maximum of \$2 million each for Death and TPD cover and \$20,000 per month for SCI, in increments of \$10,000 for Death and TPD cover and \$200 per month for SCI cover;
- My replacement cover will not commence in the GESB Super or West State Super scheme until the later of:
 - the Insurer accepting my application; and
 - cancellation of my current insurance cover under my former fund/insurance policy;

2. The amount you transfer will be in addition to your existing cover with GESB. Confirm your current level of cover under the former fund/insurance policy and the amount you wish to transfer to GESB:

	Current cover in former fund/insurer	Amount to transfer
a. Death#	\$ <input type="text"/>	\$ <input type="text"/>
b. TPD#	\$ <input type="text"/>	\$ <input type="text"/>
#Death and TPD nominated transfer amounts will be rounded down to the nearest \$10,000 if not in \$10,000 increments.		
c. SCI [^] (per month)	\$ <input type="text"/>	\$ <input type="text"/>
	Current SCI waiting period <input type="text"/> days (ie 30 days, 60 days, 90 days)	
	Current SCI benefit period <input type="text"/> (ie 2 years, 5 years, to age 65)	

[^] SCI nominated transfer amount will be rounded down to the nearest \$200 if not in \$200 increments.

I understand that the transfer of my current Death, TPD and SCI cover once accepted by the insurer, will be subject to the terms and conditions of GESB's insurance arrangements with AIA Australia and that my SCI benefit period and waiting period (if applicable) will be matched to the GESB Super or West State Super offer where possible.

You must obtain and attach an up-to-date statement (such as an acceptance certificate, letter or email) from your former fund/insurer confirming the type and level of cover, waiting and benefit periods (if applicable) and any loadings or exclusions currently held with the former fund/insurance policy. All written evidence must be produced and dated within the last 30 days.

3. Are you currently absent from work or unable to carry out all of the duties of your current or usual occupation on a full-time basis, due to an injury or sickness (even if you are not currently working on a full-time basis)?

Y N

4. Have you been paid, or are you eligible to be paid, or have you lodged a claim for a TPD benefit with GESB, another superannuation fund or life insurance policy?

Y N

5. Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from today?

Y N

If you answered 'Yes' to any of the questions 3 – 5 you will not be eligible to transfer your existing insurance cover from your former fund/insurance policy to GESB.

6. Is your cover under the former fund/insurance policy subject to any premium loadings and/or exclusions including but not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions?

Y N

If you answered 'Yes' please provide details of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the insurer or former fund advising you of the acceptance of your cover subject to these additional terms.

Important note: If any of your benefits from your existing fund or insurer, had more than two exclusions, or had a premium loading of more than +100% extra mortality or a combination of one exclusion and premium loading of more than +50% extra mortality, then cover for that benefit cannot be transferred to GESB.

- GESB and the Insurer may undertake appropriate enquiries and investigations to verify the answers I have provided;
- GESB and the Insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the former fund/insurance policy;
- I agree to provide GESB or the Insurer with access to the health and/or financial evidence I provided to any former fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to a former fund or insurer may be acted upon by GESB or their Insurer;
- Should it become apparent to GESB or the Insurer that I have not responded truthfully or satisfied the requirements that I confirmed in Section 3 above, then any insured benefit that may be payable to me, my beneficiaries or my estate by GESB may be reduced by the insured amount paid or payable by my former fund; an associated section or division of the former fund; or any other fund or retail insurance arrangement; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions;
- I hereby declare that the information contained in this **Individual insurance transfer declaration** (whether written in my hand or not) is true and correct and that no information material to this application for transfer has been withheld;
- If the Insurer accepts my application, the terms and conditions as outlined in the insurer's policy document will apply, and the terms and conditions of my former fund and/or my former Insurer will cease to apply;
- I have read the Important information section and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application for transfer until the insurer has accepted the risk.
- My level of cover will be a fixed amount until I change it, however any TPD cover will automatically reduce annually to nil from my 61st birthday until age 65.

Signature of life insured

Date

X

/ /

Check that all relevant parts of this form have been completed, then send to:

GESB

PO Box J 755

Perth WA 6842

How to contact us

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