Insurance transfer

ChildCareSuper

Complete this form to transfer existing Death, Total and Permanent Disablement (TPD) and Income Protection (IP) insurance cover you have with another superannuation fund or insurer (other provider) to Child Care Super.

What you need to do

Complete this form and return it with your documentary evidence to: **Child Care Super, GPO Box 1088, Melbourne VIC 3001, or scan and email to info@childcaresuper.com.au.**

About the application

- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of the overall assessment process MetLife will contact you if further information is required.

Privacy – Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process.

MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy.

Duty to take reasonable care not to make a misrepresentation – Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on pages 5-6 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to void or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

Issued by Stewarda Pty Ltd (ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185) as trustee of the Smart Future Trust ABN 68 964 712 340 (the Fund). Child Care Super is a product of the Fund.

1. Personal details (please complete all sections in block letters)

Member no.

Date of birth

Gender at birth ☐ Female ☐ Male

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

Given name(s)

Surname

Phone no. (home)

Phone no. (work)

Mobile phone no.

Email

Preferred time of contact ☐ Morning (9am-12pm) ☐ Afternoon (12pm-6pm) ☐ Any time

RESIDENTIAL ADDRESS

Street no.

Street name

Suburb

State

Postcode

POSTAL ADDRESS *(if different to residential address)*

Street no./PO Box

Street name

Suburb

State

Postcode

2. Personal statement

Eligibility		
Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)?	☐ Yes	☐ No
Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury?	☐ Yes	☐ No
In the last 12 months have you had any illness or injury that: a. caused you to take time off work for more than 10 consecutive working days, or b. required modification to your normal working hours or duties?	☐ Yes ☐ Yes	☐ No ☐ No
Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months?	☐ Yes	☐ No
Are you considering seeking any medical advice or treatment for any illness or injury that: a. you have not already consulted a medical professional for, or b. appears to be getting worse?	☐ Yes ☐ Yes	☐ No ☐ No
Has an application for Death, Trauma, Total & Permanent Disability (TPD), Income Protecti on (IP) or Disability Insurance on your life ever been declined or deferred?	☐ Yes	☐ No

If you have answered 'Yes' to any of the above questions, you will not qualify to transfer your existing cover from your other provider to Child Care Super. You may be able to obtain insurance cover in Child Care Super either under Default Cover (subject to meeting eligibility conditions) or only after being subject to underwriting acceptance by our Insurer. You are not required to complete the remainder of this form.

3. Existing cover details held with the other provider that you wish to transfer to Child Care Super

Name of other provider

Member/Policy no. with your other provider

3a. Please confirm, by ticking the box, that all of the following statements are true and correct:

a) I will cancel the existing cover with my other provider on acceptance of cover from Child Care Super.

b) I will not be transferring the existing cover with my other provider to any other division/section of the provider or to any other fund or insurer other than Child Care Super.

c) I will not effect a continuation option in relation to, or subsequently reinstate, the existing cover with or through the other provider.

d) I have never had an application for Death, TPD or IP insurance declined by an insurer (including any other fund's insurer).

I confirm that all four statements are true and correct and agree to abide by these requirements Yes No

If 'No' Child Care Super will not be able to accept the transfer of your existing cover.

3b. I confirm that my current level and type of cover with the other provider is:

Death cover	TPD cover (cannot exceed Death cover)	Monthly IP cover
(maximum total cover in Child Care Super as a result of the transfer is $1 million)	(maximum total cover in Child Care Super as a result of the transfer is $1 million)	(maximum total cover in Child Care Super as a result of the transfer is $10,000 a month)

After the transfer, you can apply to increase your cover amount to a maximum of $5 million for Death cover, $3 million for TPD cover and $30,000 a month for IP cover, subject to providing health information.

IP waiting period: 30 days 60 days 90 days other *(see Important Notes below)*

IP Benefit Period: 5 years to age 65 other *(see Important Notes below)*

If you are applying to transfer your existing IP cover, what is your annual income before tax?

$ *Note: If you are self-employed this means income after business expenses but before tax.*

IMPORTANT NOTES

Death and TPD cover

The maximum amount of cover inclusive of the transferred amount is $1 million.

IP cover

If you have Unitised cover in Child Care Super and if this application is accepted, the amount of IP cover transferred to Child Care Super will be rounded down to the nearest whole number of units of cover applicable to your age in Child Care Super at the date of application, subject to the maximum total insured benefit of $10,000 per month.

If the waiting period you had with your other provider is not available with Child Care Super, then you will be allocated the next longest waiting period available under Child Care Super. For example, if your waiting period with your other provider was 45 days, then you will be allocated a 60 day waiting period with Child Care Super. Further, if the waiting period you had with your other provider is greater than 90 days, then transfer of IP cover will be subject to you choosing a 30, 60 or 90 day waiting period and subject to approval by our Insurer following the provision of health information and/or undergoing medical testing and/or examination.

If the IP Benefit Period you had with your other provider is not available with Child Care Super, then you will be allocated the next shorter Benefit Period available under Child Care Super. For example, if your Benefit Period with your other provider was 10 years, then you will be allocated a 5 year Benefit Period with ChildCare Super. If the Benefit Period you had with your other provider cannot be matched with Child Care Super (because the Benefit Period you had with your other provider is less than 5 years), transfer of IP cover will be provided with the 5 year Benefit Period but subject to approval by our Insurer following the provision of health information and/or undergoing medical testing and/or examination.

Where the waiting period and/or Benefit Period relating to your IP cover with the other provider cannot be matched within Child Care Super, and your transferred IP cover replaces your current Child Care Super IP cover, our Insurer will confirm. the terms applicable to your IP cover in writing before your application to transfer is approved.

Continued...

3. Existing cover details held with the other provider that you wish to transfer to Child Care Super (continued)

3c. I confirm that this transfer of cover is (tick one box only):

- ☐ in addition to my current Child Care Super cover (if any), or
- ☐ to replace my current Child Care Super cover of the same type *(if you tick this box, any additional terms relating to your existing cover with your other provider will be applied by our Insurer to the insurance cover of the same type you currently hold in Child Care Super.)*

3d. Was your previous cover accepted with any premium loadings, exclusions or any other special terms or conditions? ☐ Yes ☐ No

If 'Yes' please provide full details of the premium loadings, restrictions and/or exclusions in the table below (including a copy of the advice you received from the other provider advising you of the acceptance of your cover subject to these additional terms).

If you have answered 'Yes' to question 3d, our Insurer will impose the same additional terms in relation to the transferred amount and will confirm these terms in writing to you if your application to transfer is approved. If your transferred amount replaces your current Child Care Super cover, the additional terms will apply to the replacement cover.

4. Documentary evidence of existing cover to be transferred

I have attached documentary evidence of the above cover. For example, a copy of the most recent benefit statement (within 6 months of the issue date) or letter from the other provider confirming the level and type of cover (within 2 months of the issue date). ☐ Yes ☐ No

If 'No' Child Care Super will be unable to transfer your existing level of cover.

5. Information from the Insurer (MetLife) – The duty to take reasonable care not to make a misrepresentation

Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately. Otherwise, you may not be able to rely on your insurance when it's needed the most.

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

5. Information from the Insurer (MetLife) –The duty to take reasonable care not to make a misrepresentation (continued)

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being voided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our 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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

5. Declaration

I declare the following:

- I have read and understand the Duty to take reasonable care on pages 5–6 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- My answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy – Use and Disclosure of personal information' on page 1 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read and understood the current *Insurance Guide* and *Product Disclosure Statement*.
- I understand that MetLife may not accept this application and I should therefore not cancel my existing cover with my other provider before being notified that MetLife has accepted this transfer application.

Continued...

5. Declaration (continued)

Furthermore, I acknowledge that:

- If I do not fully complete, sign and date this Insurance Transfer form, I will not be able to transfer my existing cover with the other provider to Child Care Super.
- If our Insurer accepts this application for transfer, my existing amount of Death, TPD and/or IP cover (as applicable) with the other provider as at the transfer date will be added to or replace my Child Care Super cover (by way of additional units rounded down to the nearest whole unit(s) applicable to my age where Child Care Super cover is Unitised) but subject to my cover in Child Care Super as a result of the transfer not exceeding $1million for Death, $1 million for TPD or $10,000 per month for IP cover.
- The transfer of cover will not commence in Child Care Super until the later of: i) our Insurer accepting my application; and ii) cancellation of my existing insurance cover with my other provider.
- It is my responsibility to answer this form correctly (including whether any premium loadings, restrictions and exclusions applied with my other provider) but Child Care Super and our Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided.
- I agree to provide Child Care Super or our Insurer access to the health and/or financial evidence I provided to my other provider in an application for the cover.
- If our Insurer accepts this application, the terms and conditions as outlined in our Insurer's policy documents will apply, and the terms and conditions of my other provider (except additional terms applicable to my existing cover, retained by our Insurer) will cease to apply.
- I understand that if my Child Care Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit Child Care Super from providing me with insurance cover unless I make an appropriate *election*.
- I understand Child Care Super will not be permitted to provide insurance cover until I have an account balance of at least $6,000 (low balance) and I am at least 25 years of age, unless I make an appropriate *election*.
- I direct Child Care Super to accept this application as an *election* to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- I understand this *election* will apply to all insurance cover through my account, including any cover for Death, Total and Permanent Disablement and Income Protection that I already hold in my account and that I am applying for by this application.
- I understand this *election* will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my *election* at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Child Care Super.
- I acknowledge that our Insurer is accepting the transfer of my insurance cover based on my representation that the information provided to my previous insurer was accurate and complete and that I complied with my duty of disclosure or duty to take reasonable care not to make a misrepresentation (whichever applied) under the Insurance Contracts Act 1984 (Cth).
- I understand that the transferred cover will be treated as not having commenced with MetLife if I breached my duty of disclosure or duty to take reasonable care not to make a misrepresentation (as applicable) or made misrepresentations in a way which would enable an insurer to exercise a remedy under that Act.

Signature ✘ Date

We collect your personal information for purposes as detailed in the Privacy Statement and Privacy Policy which you can access at childcaresuper.com.au/privacy. Call Child Care Super on 1800 060 215 to access or update the personal information we hold about you.