Australian Government
Commonwealth Superannuation Corporation

PSSap
LPC03
09/26

lifePLUS cover

Transfer of cover form

Important information

- Use this form if you want to transfer Death only cover, Death and Total and Permanent Disablement (TPD) cover or Income Protection cover from another super fund or insurance policy into PSSap.
- To be eligible to transfer cover into PSSap you must be under 55 years old and an Australian resident.
- Your application for a transfer of cover will be assessed by our insurer, AIA Australia Limited (the insurer) ABN 79 004 837 861, AFSL 230043, and we will notify you of the outcome. You should not cancel your existing cover until you have received confirmation that your transfer request has been accepted.
- Before making any decisions, please read the **PSSap Product Disclosure Statement (PDS)** and the Insurance and your **PSSap Super booklet**, both are available at **csc.gov.au/pds**
- If you need assistance, please call us on 1300 725 171.

Has your lifePLUS auto cover been activated?

If you're new to PSSap, and are eligible for lifePLUS auto, all the information you need to get started with lifePLUS was sent when we welcomed you to the fund. If you need to revisit this information, log in to the CSC Navigator to check your insurance details—including the cover you currently hold, or are eligible for.

If you are under 25 years of age, or have an account balance below $6,000 and are not a PMIF Exempt Member, you need to let us know in section C of this form whether you would like to activate lifePLUS auto cover.

If you opt in, the lifePLUS auto cover amounts you are eligible for will immediately become lifePLUS choice fixed cover from the date your application to transfer cover is accepted by the insurer. However, despite being lifePLUS choice, this cover will be limited cover for at least 12 months. Full cover is available after you've been continuously At Work for the last 30 consecutive days of the Limited Cover period (12 months)—otherwise, Limited Cover continues until you satisfy this milestone.

If you choose not to opt in when applying to transfer cover, you will not be eligible for lifePLUS auto after your transfer cover is accepted by the insurer. If you'd like cover in addition to your transfer cover in the future, you can apply for lifePLUS choice.

The duty to take reasonable care

Before you enter into a life insurance contract, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the Insurance *Contracts Act 1984 (Cth)*. These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

CSC — PSSap
Public Sector Superannuation accumulation plan

Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the PSSap Product Disclosure Statement and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601

Guidance for answering questions

You are responsible for the information provided to us. 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.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

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 you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

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.

Your privacy

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you, improve our products and to keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies. Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details.

Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at **csc.gov.au/privacy/**

Personal and sensitive information provided will be handled in the manner described in the AIA Australia Group Privacy Policy as updated from time to time, accessible by visiting our website at **aia.com.au**, or by contacting us on **1800 333 613** to request a copy (AIA Australia Privacy Policy).

AIA Australia handles and collects personal and sensitive information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy.

By providing information to AIA Australia or your adviser (and the licensed dealer or broker they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal and sensitive information as described in the AIA Australia Privacy Policy as updated from time to time on our website.

AIA Australia rely on the accuracy of the personal information provided to them. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call AIA Australia on **1800 333 613** and they can take reasonable steps to correct the personal information. Where you provide AIA Australia with personal and sensitive information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Privacy Policy.

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this ☐ with a cross (**✕**) then fill out the next question or section.

How do I get more information?

You can seek further information from PSSap on **1300 725 171** or visit **csc.gov.au**

You can also read:

- PSSap Product Disclosure Statement
- Insurance and your PSSap super booklet

These publications are available at **csc.gov.au**

lifePLUS cover

Transfer of cover form

Form start

Read each section of the form carefully before filling it in.

A Your personal details

PSSap member number

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Surname

Given name(s)

Date of birth D D / M M / Y Y Y Y

Residential address
Street
Suburb/town State Postcode

Postal address
Street
Suburb/town State Postcode

Phone
Business hours After hours
Mobile number

Email

CSC — PSSap Public Sector Superannuation accumulation plan

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B Eligibility for Transfer

Please answer yes or no to the following questions:

Are you currently unemployed or completing work without financial gain or financial reward?	☐ Yes	☐ No
Due to sickness or injury are you currently absent from work or restricted from carrying out all your usual duties of your current and normal occupation for at least 30 hours per week?	☐ Yes	☐ No
Have you ever lodged a claim, been paid or are you eligible to be paid, for any sickness or injury through a superannuation fund (including through PSSap) or insurance policy providing Terminal Illness, Total and Permanent Disablement or Income Protection cover, including accident or sickness cover?	☐ Yes	☐ No
Are you currently diagnosed with, or do you suffer from, a sickness or injury that reduces your life expectancy to less than 24 months?	☐ Yes	☐ No
Have you been absent from work due to injury or sickness for more than ten days in the last 12 months?	☐ Yes	☐ No
Have you applied for cover through PSSap and been declined?	☐ Yes	☐ No

If you have answered 'Yes' to any of the above questions, you will not be eligible for a transfer of insurance cover.

You can apply for additional insurance under lifePLUS choice cover. To apply for lifePLUS choice cover, simply log into your account and use the LIFEapp tool. Alternatively, you can apply for lifePLUS choice cover by completing the **lifePLUS Application and Variation** form available at **csc.gov.au/forms**

C If you are a PMIF Impacted Member eligible for lifePLUS auto

You only need to complete this section if you are a PMIF Impacted Member, and are eligible for lifePLUS auto to activate when you meet PMIF requirements. If you have current lifePLUS cover go to **Section D**.

If you are a **PMIF Impacted Member***, you will need to let us know now if you want to opt in for lifePLUS auto cover.

☐ I want to opt in for lifePLUS auto before transferring cover from another super fund or insurance policy.
If you opt in, the lifePLUS auto cover amounts you are eligible for will immediately become lifePLUS choice fixed cover from the date your application for transfer cover is accepted by the insurer.

☐ I do not want lifePLUS auto cover to activate.
If you choose not to opt in when completing the transfer of cover form, you will not be eligible for lifePLUS auto after your transfer cover is accepted by the insurer. If you'd like cover in addition to your transfer cover in the future, you can apply for lifePLUS choice.

* **PMIF Impacted Member** means a PSSap Member to whom default cover cannot be provided because they are under 25 years of age or they have an account balance below $6,000 and, in either case, are not a PMIF Exempt Member.

D Details of cover you're applying to transfer

Please provide the details of your existing cover below. This cover must be valid at the date of this application:

- **If your insurance is with an insurance company:** You must provide all pages of a certificate of currency that was issued within the last 60 days.
- **If your insurance is with a super fund:** You must provide all pages of a statement that was issued within the last twelve months.

If you have loadings or exclusions you must ensure that the details of these are included in the statement OR supply a copy of the advice you received from the existing insurer or other fund advising you of the acceptance of your cover subject to these additional terms.

Name of previous super fund or insurer

Member/policy number

Is the cover you wish to transfer subject to any special conditions (such as a premium loading or exclusion/s)

☐ No

☐ Yes— **Note:** you will only be able to transfer cover that is subject to a premium loading of up to 50% and/or subject to one exclusion. Any loadings, restrictions or exclusions will be transferred to your cover under the policy. You will need to provide details of the exclusion as described above.

If you are intending to replace any existing cover that you hold as part of making this application, you should not cancel your existing cover until we have confirmed that we have accepted your application. If we don't accept this application, it could mean you have no cover. The general risks of replacing life insurance cover may include but are not limited to:

- implications of any errors or omissions in your new application
- your existing policy containing differing terms, conditions, features and/or benefits to a new policy (eg waiting periods and qualifying periods restarting).

This information is general only and you should seek financial advice about the risks of replacing your policy to receive information that is specific to your circumstances.

Continued on next page

Please provide the level of cover you wish to transfer below:

Death and TPD cover

A maximum of $1 million per transfer applies to any one insurance policy with an insurer or super fund (and $2 million of total transferred cover applies). Transferred cover will be in addition to any existing lifePLUS cover.

Death cover amount: $ | | | | | | | |

TPD cover amount: $ | | | | | | | |

Any transferred Death and TPD Cover is subject to the terms and conditions of the Group Life (Death & TPD) Insurance Policy No. MP 9889 (including the definition/s of Total and Permanent Disablement) and your total insured cover will be fixed lifePLUS choice cover as a result of this transfer.

Please provide the level of cover you wish to transfer below:

Income Protection cover

You can transfer up to a maximum of $20,000 per month of total Income Protection into PSSap. Transferred cover will replace your existing Income Protection cover and you will be responsible for keeping your base annual salary updated.

Income protection cover amount: $ | | | | | | | |

Waiting period (days) | | |

Benefit period (years) | |

Any transferred Income Protection cover is subject to the terms and conditions of the Group Supplementary Income Protection Policy attached to Group Life Insurance Policy No. MP 9889 and your total insured cover will be lifePLUS choice cover as a result of this transfer. Where the waiting period offered by your previous super fund/insurer is different to the waiting periods offered through lifePLUS cover, your waiting will be rounded to the next longest waiting period. Where the benefit period offered by your previous super fund/insurer is different to the benefit periods offered through lifePLUS cover, your benefit period will be rounded to the next shortest benefit period.

E Declaration

Please confirm (by ticking the boxes) that the following statements are true and correct and that you agree to requirements set out below:

☐ I understand that I am required to cancel the transferred insurance cover amounts above with my former fund or insurer upon receiving confirmation from CSC of my successful transfer application before being eligible to claim on this lifePLUS cover offered through PSSap.

☐ I will not be transferring the cover under my former fund to any other division or section of the former fund or any other fund, other than PSSap.

☐ I will not effect a continuation option or subsequently reinstate any cancelled cover within the former fund or any other division, section, category of the former fund or within any fund or insurer where such reinstatement of cover is available to me.

If you do not agree with the above statements, you will not be eligible to transfer your existing insurance cover to PSSap and this form will not be accepted.

I declare:

- The information in this form is true, correct and complete.
- I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in this form and AIA Australia's Privacy Policy available on the AIA Australia website at **aia.com.au** as updated from time to time or by calling AIA Australia on **1800 333 613**, including the exchange with third parties located in Australia and overseas.
- I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in this form and CSC's Privacy Policy available at **csc.gov.au/privacy/**
- I have read and understood the **PSSap PDS** and the Insurance and your **PSSap Super booklet** and fully considered the fees and other costs that may apply before taking action.
- I authorise the insurer to transfer my insurance cover as indicated on this form, but understand that this is at the insurer's discretion and I may be required to provide additional information before my cover is changed.
- I understand that if I am a PMIF Impacted member and have chosen not to opt in when completing this form, I will not be eligible for lifePLUS auto after my transfer cover is accepted by the insurer.
- I understand that insurance cover will not apply until my application has been approved by the insurer and my existing cover has been cancelled.
- I understand that any transferred Death and TPD cover is in addition to my existing cover and that any transferred Income Protection cover will replace my existing cover.

Continued on next page

- I understand that the transferred cover is subject to the terms and conditions of the Group Life (Death & TPD) Insurance Policy MP 9889 (including the definition/s of Total and Permanent Disablement) and the Group Supplementary Income Protection Policy attached to Group Life Insurance Policy No. MP 9889 as relevant, and that my insured cover will be fixed lifePLUS choice cover as a result of this transfer.
- I understand that where I am transferring Income Protection cover and where the waiting period offered by my previous fund/policy is different to the waiting periods available through lifePLUS cover offered under the PSSap policy, my waiting will be rounded to the next longest waiting period. Where the benefit period offered by my previous fund/insurer is different to the benefit periods available through lifePLUS cover offered under the PSSap policy, my benefit period will be rounded to the next shortest benefit period.
- I understand CSC and its insurer may undertake appropriate enquiry and investigation to verify the answers I have provided (including contacting my previous fund of life insurance company to obtain additional details of my current insurance cover) and may investigate whether any premium loadings, restrictions and exclusions may have applied in the previous fund/policy.
- If I make a claim and it is determined that I have not met the above conditions of transfer (as set out above), the amount of cover I will be eligible to claim for will be the amount I was eligible to receive had I not transferred this cover.
- I have read the duty of disclosure notice provided 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 my application.

Sign

Signature

Date signed

D D / M M / Y Y Y Y

F Lodgement

You have now completed this form.

Please return this completed form to:

PSSap
GPO Box 2252
Canberra ACT 2601

or email to: **formsandapplications.pssap@contact.csc.gov.au**

Save form | Clear form

For more information visit csc.gov.au

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