

Insurance transfer application

# Transferring your insurance cover to a *Sunsuper for life - Super-savings account.*

Want your application processed as quickly as possible?

You **MUST** complete ALL mandatory fields. Follow the steps on the right to ensure your application gets processed.

Please return your completed application online via [sunsuper.com.au/upload](https://sunsuper.com.au/upload), or return this form to:  
**Sunsuper**  
GPO Box 2924  
Brisbane Qld 4001

## ➔ Why complete this form?

If you have ceased employment with an employer who was paying your super contributions into a *Sunsuper for life Corporate* or *Sunsuper for life Business* account (your Employer Plan), you will have your membership and account balance transferred to a *Sunsuper for life - Super-savings* account.

This form is used where you want to make a choice about the transfer of any Death, Total & Permanent Disability, and/or Income Protection (where applicable) cover from their Employer Plan into a *Sunsuper for life - Super-savings account*, within 120 days of ceasing employment.

## Step 1 Personal details

Provide details including your name, date of birth, residential address, and any applicable contact phone numbers you have.

## Step 2 Insurance transfer options

### 2A - Death and Total & Permanent Disability insurance cover

Where the law allows, by default we will transfer any existing Death and/or Total & Permanent Disability cover you had in your Employer Plan to a *Sunsuper for life - Super-savings account* as Tailored cover on a fixed cover basis, but you can indicate using this form whether you want this cover transferred or not. If you ceased work with your employer due to a sickness or injury, you will need to select **YES** to the 'Did you cease work with the previous employer due to a sickness or injury?' question.

If you select **NO** to transferring Death and/or Total & Permanent Disability insurance cover, we will also cancel any Death and/or Total & Permanent Disability insurance cover eligible to be automatically transferred into your *Sunsuper for life* account (effective from the date of your request).

### 2B - Income Protection insurance cover

If you held Income Protection cover in your Employer Plan, you will need to let us know if you want to transfer this cover into a *Sunsuper for life - Super-savings account*, as we cannot transfer this automatically. If you do select **YES** to wanting to transfer Income Protection cover, you will need to also complete **Section 3** of the form, as we will need more information to determine eligibility for Income Protection. If your application is accepted by the insurer, we will provide this Income Protection cover as Tailored cover on a fixed cover basis from the date the application is accepted by the insurer.

## Step 3 Income Protection transfer questionnaire

You will only need to complete **Section 3** if you select **YES** to transfer Income Protection, otherwise you can proceed to **Section 4**. Please make sure to answer all the questions in **3A, 3B, and 3C** as instructed in the form.

## Step 4 Authorisation and declaration

Make sure to sign and date the form. For this form to be valid, it must be returned within 60 days of the date signed on the form..

If the date you completed this application was more than 120 days after you left your employer, we will be unable to accept this form and the rules for the transfer of cover as detailed in your Employer Plans *Insurance guide* will apply.

**More information** on what happens to your super and insurance when you leave your employer is available in the *Insurance Guide* of that relevant Employer plan and in the "Your super account is changing" letter we issue to you once we are notified you have ceased employment.

If you already have an existing *Sunsuper for life* account with insurance cover, special rules apply to any transfer of cover, as outlined in the relevant *Insurance Guide*.

# Insurance transfer application

## For applications made within 120 days of ceasing employment

**Important:** Before completing this form please ensure you read and understand your Duty of Disclosure located at [sunsuper.com.au/dutyofdisclosure](https://sunsuper.com.au/dutyofdisclosure)

**Important:** Please make sure you've answered all relevant questions and return this form to Sunsuper within 120 days of ceasing employment with your employer. If all questions aren't answered, your application may be delayed as the form may be returned. Please tick box where appropriate.

Use **BLOCK** letters and dark ink when completing this form and ensure it is signed and dated. \*Denotes mandatory field.

Member number

## 1 Personal details

Title	First name*	Middle name
	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender*
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F
Street Address / PO Box*		
<input type="text"/>		
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number	
<input type="text"/>	<input type="text"/>	

## 2 Insurance transfer options

Please select the cover types you would like to have transferred into a *Sunsuper for life - Super-savings account*.

### 2A Death and Total & Permanent Disability insurance cover

**Important:** By default, we will transfer any Death and/or Total & Permanent Disability cover you had from your Employer Plan into a *Sunsuper for life - Super-savings account* as Tailored cover on a fixed cover basis, unless you indicate **NO** below. However if your employer paid the cost of your Death and/or Total & Permanent Disability cover in full and at the time of transferring you had a balance of less than \$6,000 in your account, we will not transfer this cover unless you indicate **YES** below.

Would you like to transfer your Death and Total & Permanent Disability insurance cover?\*

select 1 of the following 2 options

\*if you do not select an option, the default will be applied

YES

I wish to transfer my cover from my *Sunsuper for life Corporate or Business account* (which ceased within the last 120 days as a result of ceasing employment) to a *Sunsuper for life account*.  
Continue to the next question below

NO

You will not have Death and Total & Permanent Disability cover transfer into a *Sunsuper for life - Super-savings account*. Any Death and Total & Permanent Disability cover eligible to be automatically transferred will also be cancelled from the date of this request.  
Continue to 2B

Default option

Did you cease work with the previous employer due to a sickness or injury?

NO

YES

If Yes, *Limited Cover* will apply to any transferred Death and/or Total & Permanent Disability cover until you have been *At Work* for 30 consecutive days. Refer to the *Sunsuper for life Insurance guide* for more information.

### 2B Income Protection insurance cover

**Important:** If you hold Income protection cover in your Employer Plan, by default it will not transfer into a *Sunsuper for life - Super-savings account*, unless you indicate below that you want it below. If your application is accepted, your Income Protection cover will commence from the date the application is accepted by the insurer.

Would you like to transfer your Income Protection insurance cover?\*

select 1 of the following 2 options

YES

Proceed to Section 3

NO

Skip to Section 4

**3** Income Protection transfer questionnaire Complete this section if you answered YES in 2B

**3A** Employment details

What date did you cease work with your previous employer?

Did you cease work with the previous employer due to a sickness or injury?  NO **If No, please continue this application.**  YES

**If Yes, you're unable to apply to transfer Income Protection cover.**

What date did you commence work with your current employer?

**3B** Details of your occupation

Are you currently employed?  NO  YES **If Yes, please complete the details of your occupation below.**

Name of your employer  Industry (E.g. Mining, Manufacturing, Construction, Agriculture, Fishing, Retail, Tourism)

Occupation  Your annual income \$

When did you commence employment with your current employer? (DD/MM/YYYY)

If you are a contractor when does your employment contract cease? (DD/MM/YYYY)

List the principal duties of your occupation, and the percentage of time at work spent doing each (E.g. office work 20%, site inspection 80%).

Principal duties	Percentage of time
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

List the primary locations of your occupation, and the percentage of time at each location (E.g. office 20%, home 30%, suburban driving 50%).

Principal locations	Percentage of time
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %

What is your employment status?  Permanent full-time  Permanent part-time  Casual  Contractor  Self-employed

On average, how many hours per week do you work?  Under 15 hours  15 hours to 60 hours  Greater than 60 hours

**Please note:** A) Cover is only available if you're working at least 15 hours per week. B) The waiting period and benefit period you held with your previous employer will continue to apply upon transfer of cover. The amount insured needs to be the lesser of 85% of current income and amount insured with your previous employer. C) You must be under age 65 at the date of completing this form, in order to be eligible to transfer your Income Protection cover to your Sunsuper for life – Super-savings account. D) If your new employment is on a casual or contractor basis your benefit period will be restricted to two years.

**➔ Please continue over page**

### 3 Income Protection transfer questionnaire Continued

#### Personal Statement

Please answer Yes or No to the following questions

Are you absent from work or restricted, due to injury or illness, from carrying out all the usual duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis)?

 

Have you been off work for more than ten consecutive days in the last two years for the same medical condition?

 

Have you ever had an application for Income Protection cover (or similar) declined by any insurer?

 

Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months from today?

 

### 4 Authorisation and declaration Sign this application form and return to Sunsuper

The information I've given in this application and any separate statements I've given with it are true. I've disclosed everything that the insurer needs to know when deciding whether to insure me.

I acknowledge and have read my Duty of Disclosure at [sunsuper.com.au/dutyofdisclosure](https://www.sunsuper.com.au/dutyofdisclosure) and all of my details on this form are correct.

#### Privacy

By completing this form you consent to the collection and use of any personal information, including information that may be of a sensitive nature Sunsuper or AIA Australia may collect about you, in the normal course of business, being used as in the manner outlined in Sunsuper's and AIA's respective privacy policies. A copy of Sunsuper's privacy policy can be obtained by visiting [sunsuper.com.au](https://www.sunsuper.com.au)

A copy of AIA Australia's privacy policy can be obtained by visiting [aia.com.au](https://www.aia.com.au). These policies are designed to protect your interests and are consistent with the requirements of the *Privacy Act 1988*.

Member to sign here\*

Date (DD/MM/YYYY)\*

Please return the form via [sunsuper.com.au/upload](https://www.sunsuper.com.au/upload) or post to Sunsuper GPO Box 2924 Brisbane Qld 4001

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Sunsuper's Privacy Policy, visit [sunsuper.com.au/privacy](https://www.sunsuper.com.au/privacy) or call 13 11 84.

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