



TRANSFER IN YOUR OTHER INSURANCE

Use this form to transfer insurance cover from another life insurance policy or fund.

Before you start... Fill this form out in **BLOCK** letters using a black or blue pen. Write 'X' to mark boxes.

- If your employer doesn't make employer super contributions into your Mine Super account, you must have at least \$5,000 in your account to transfer in your other insurance.
- Make sure you're aware of any fees that may apply by transferring your cover.
You should review your current policy terms so you understand the effects of transferring your cover.
- You must return this form within 45 days of signing and dating the declaration in **Section 5**.

Your transfer request isn't automatic. It's subject to our insurer's acceptance and some limitations apply. To ensure you're covered at all times, don't cancel your other cover until you've received written confirmation that your transfer request was accepted. If you're not sure, contact us before cancelling your other cover.



You need to attach an up-to-date statement or any other written evidence from your other fund or insurer confirming the type and level of cover you have with them. This document must be received by Mine Super within 60 days of it being issued.

What limits apply to transferring your insurance to Mine Super?

The total amount of your cover with Mine Super can't exceed the maximum benefit allowed under our policies.

The following age rules also apply to transferring insurance:

- Income Protection - you must be under 65 years of age.
- Death and Terminal Illness - you must be under 60 years of age.
- Total and Permanent Disablement - you must be under 60 years of age.

On what terms will the transfer be made?

If your application is accepted, your transferred cover will be subject to Mine Super's insurance policy terms. We'll notify you of your cover amount and the date your cover commences. The premium rates stated in Mine Super's policies will apply to your transferred cover.

For Income Protection, your current waiting and benefit periods will be matched as closely as possible within Mine Super's insurance terms to the next lowest benefit period and next highest waiting period. For instance, if your existing cover has a 14 day waiting period, your transferred cover will have the minimum 30 day waiting period, as 30 days is the closest period available. If your existing benefit payment period is to age 65, you'll only receive a five year benefit period with Mine Super, as five years is the maximum available benefit period.

Turn over to finish filling out this form...

Locked Bag 2020 Newcastle NSW 2300 | T 13 64 63 | E help@mine.com.au | mine.com.au

Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFS licence 237848 under a life insurance policy issued to AUSCOAL Superannuation Pty Ltd (the Trustee) | ABN 70 003 566 989 | AFS licence 246864 MySuper authorisation number 16457520308485, as trustee of Mine Superannuation Fund



Personal statement - check if you're eligible to transfer your insurance

1. Do you have any injury or illness which restricts you, or is likely to restrict you in the future from carrying out the identifiable duties of your current employment and normal occupation on a full-time basis, even if you're not currently working on a full-time basis? Yes No

Full-time basis is considered to be at least 30 hours per week, even though you may not actually be currently working that number of hours.

2. Have you been paid, or are you eligible to be paid, or have you lodged a claim for any type of sickness, accident income protection or disability (including total and permanent disablement or terminal illness) benefit/s from any source, such as a life insurer or WorkCover authority? Yes No

3. Have you been diagnosed with an illness that reduces your life expectancy to less than twelve months from today? Yes No

4. Is your cover with the other fund or insurer subject to any premium loadings and / or exclusions, including, but not limited to, pre-existing condition exclusions or restrictions in regards to medical or other conditions? Yes No

 If you answered 'yes' to question 4, attach a copy of the advice you received from your other fund or insurer advising of your acceptance of that cover and outlining the terms under which your cover was accepted.

For Income Protection only:

5. Do you have, or have you ever had, any disease, illness or injury or other conditions (other than colds, flu or mild asthma) that: Yes No
- required more than a total of two consecutive weeks off work during the last 12 months, or
 - has recurred more than twice in the last two years, and / or is currently causing you symptoms or requiring treatment?

If you answered 'yes' to any of the questions 1 to 3 and / or 5 for Income Protection, you're not eligible to transfer Death, Total and Permanent Disablement and / or Income Protection insurance into Mine Super. Any current cover in Mine Super will be unaffected and you don't need to complete the rest of this form.

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1. Your personal details

Mr Ms Mrs Miss Dr Other

Male Female

Member number

Given names

Surname

Date of birth (DD-MM-YYYY)

 - -

Residential address

Suburb

State

Postcode

Postal address. If the same as your residential address, mark 'X' in this box

Suburb

State

Postcode

Mobile phone

Home phone

Work phone

Preferred email

Other email

Yes No

Are you a permanent resident of Australia? If 'no', please provide details and dates below.

Yes No

Have you smoked tobacco or any other substance in any form in the past 12 months?

If you answered 'yes', an additional premium loading will apply to the cost of your insurance.

To find out more about our insurance, see our Product Disclosure Statement (PDS) and Insurance Guide at mine.com.au/super-pds

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2. Your job classification

- Read the below descriptions of the five job classifications carefully, as they're used to work out how much your insurance costs.
- If you're retired or not working, select 'light manual'.
- Your selected job classification will apply to all your insurance with us. Any new insurance premiums will apply to your total insurance cover, including existing Basic or Voluntary Insurance Cover, from the date we receive this form and your application is accepted by our insurer.
- If you don't select a job classification you could pay more for your insurance than you have to. Refer to the PDS and Insurance Guide for more information about job classifications and how it may impact your insurance.

Mark 'X' in one box

- Professional:** You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn more than \$80,000 pa, excluding employer super contributions, so long as you're not defined as 'mining'.
- White collar:** You work in a predominantly office based sedentary occupation for over 80% of your total work time and earn \$80,000 pa or less, excluding employer super contributions, so long as you're not defined as 'mining'.

For the **professional** and **white collar** classifications, it's important to select the classification that reflects your circumstances. We'll record your job classification according to what you tell us. Refer to the PDS and Insurance Guide for more information about job classifications and salary, and how it may impact your insurance.

- Light manual:** You perform light manual work for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'heavy manual' or 'mining'. This category includes duties such as carpenter, electrician, plumber and factory production manager.
- Heavy manual:** You perform heavy manual work or work in an **open-cut mine** for more than 20% of your total work time and spend less than 5% of your work time in an underground mine, so long as you're not defined as 'mining'. This category includes duties such as bricklayer, roof carpenter and truck, forklift or bulldozer driver.
- Mining:** You perform light or heavy manual work in an **underground mine** for more than 5% of your total work time or work in any other high risk occupation agreed between Mine Super and the insurer.

1. What is your usual occupation?

2. Describe all present duties in the table below. Complete both the percentage of time and specific duties in all cases.

Type of work	% time	Describe specific duties and where they're performed
Sedentary / administration: e.g. filing, computer work, answering telephone, reception duties etc.		
Light manual work: e.g. driving, warehousing, surveying, lifting under 5kg etc.		
Heavy manual work: e.g. bricklaying, lifting over 5kg, painting, carpentry, mechanic etc.		

3. How many hours, on average, do you work per week? hours per week.

4. What's your current annual income earned through personal exertion, before-tax and including super contributions, but after deduction of business expenses? \$, . pa

5. Do you have more than one occupation? Yes No

If 'yes', please specify the occupation, your normal duties and the average hours you work per week in each of your other occupations.

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3. What insurance do you want to transfer and how much?

- You must transfer the total current cover amount up to the following limits:
 - Death and Terminal Illness only: up to a maximum of \$1 million in addition to any existing Mine Super cover.
 - Death and Total and Permanent Disablement: up to a maximum of \$1 million, in addition to any existing Mine Super cover.
 - Income Protection: your benefit will be the lesser of 84.5% of your **insured salary** or **actual salary** you earned over the 12 months immediately prior to the date you became disabled. If you've worked for an Industry Employer for less than 12 months, your salary will be based on your average salary taken from the commencement of employment to the date you became disabled. This includes a super contribution paid to your Mine Super account (calculated using the compulsory super contribution rate current at the date of your disablement), with the remaining amount paid to you directly. The maximum total benefit is \$6,923.08 per fortnight.
- You can't transfer Total and Permanent Disablement insurance without Death insurance.
- If the insurer accepts your application, the amount of your other insurance will be matched by an equivalent level of voluntary Death and Terminal Illness or Total and Permanent Disablement insurance cover, rounded up to the next \$10,000, if it isn't already a multiple of \$10,000.
- For Income Protection insurance transfers, Mine Super offers waiting periods of 14, 30, 60, 90, 120 days or up to two years and a two or five year benefit period (a five year benefit period isn't available with a waiting period of 14 days or two years). If the insurer accepts your application, the waiting and benefit periods under your current cover will be matched as closely as possible to Mine Super's insurance waiting and benefit periods to the next lowest benefit period and next highest waiting period.

Tick the insurance you want to transfer and provide details of this insurance:

<input type="checkbox"/>	Death insurance	Amount of cover with other fund or insurer \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date insurance started (DD-MM-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Death and Total and Permanent Disablement insurance	Amount of Death cover with other fund or insurer \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date insurance started (DD-MM-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Amount of Total and Permanent Disablement insurance \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date insurance started (DD-MM-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Income Protection insurance	Monthly Income Protection insurance benefit \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> per month	Date insurance started (DD-MM-YYYY) <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Current Income Protection waiting period: <input type="text"/> <input type="text"/> days	Current Income Protection waiting period: <input type="text"/> <input type="text"/> years	

4. Confirmation of requirements

In assessing your application, the insurer may contact your other fund or insurer to confirm whether any premium loadings or limitations apply. Exclusions or limitations that apply will be retained on the transferring cover under Mine Super.

Please read the following statements and indicate your acceptance:

- I confirm my other cover is current and valid at the time of completing this application.
- I'll cancel all insurance cover with my other fund or insurer within 60 days of receiving confirmation from Mine Super of my successful transfer application.
- If my cover is held under a joint policy with another person, such as my spouse, I'll need to cancel my portion of the cover.
- I won't transfer the cover with my other insurer or fund to any other part (including division, section or category) of the other fund, or to any other super fund.
- I won't effect a continuation option, or subsequently reinstate any cancelled cover with the other insurer, or within the other fund or any other division, section, category of the other fund, or within any fund or insurance policy where such reinstatement of cover is available to me.
- I understand my cover, once accepted, will be subject to the terms and conditions relating to insurance provided by Mine Super.

I confirm the above statements are true and correct and I agree to abide by these requirements. Yes No

If you answered 'no', you're not eligible to transfer your insurance. This doesn't affect any insurance cover you currently have with Mine Super.

Turn over to finish filling out this form...

5. Declaration if the insurance policy being transferred is owned by someone else

This section needs to be completed by the person who owns the retail insurance policy jointly with you or in which you're named.

Mark 'X' in one box

I, the retail insurance policy owner, declare that:

- I'm not the applicant in respect to this insurance transfer form;
- the applicant's cover is held under a policy that I jointly own together with the applicant or that I solely own. As policy owner, I consent to the transfer of the applicant's other cover to Mine Super; and
- I've read this form and understand that if this application is accepted by Mine Super's insurers, the applicant or I must cancel the applicant's other cover.

Policy owner's full name

Policy owner's signature

Date (DD-MM-YYYY)

 - -

6. Keep your insurance cover

Your insurance will be cancelled if your account becomes inactive (that is, a contribution hasn't been credited to your account for 16 months or more). If you don't want your insurance cover to stop due to inactivity, you need to let us know in writing that you'd like to keep it. You can do this by simply ticking the box below.

- By ticking this box, I confirm that I:
- wish to add and keep the insurance in my Mine Super account.
 - understand that my insurance benefits, including any future changes, will remain on my account, even if there's not been a contribution or transfer received in my account for 16 months or more.
 - understand I can still cancel my insurance at any time by calling 13 64 63.
 - understand that my insurance can be cancelled or changed in the future in line with the normal terms and conditions of Mine Super's insurance.
 - have read and understood the PDS and Insurance Guide at mine.com.au/pds

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7. Duty of reasonable care

The duty to take reasonable care

When you apply to transfer in other insurance, you are treated as if you are applying for cover under an individual consumer insurance contract and this duty to take reasonable care applies. A person who applies for cover under a consumer insurance contract has 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 also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering 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.

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

Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

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8. Declaration

I declare that:

- I've read the duty to take reasonable care and my legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into. I understand that in connection with my insurance application, I must advise TAL Life Limited of any changes in my health from now until I'm notified in writing that my application has been accepted.
- The answers I've provided to all questions and the declarations are true and correct and aren't misleading.
- I understand that my insurance cover won't become effective until my application has been accepted in writing by the relevant insurer and provided my member account has adequate funds to meet the premium payable.
- I acknowledge that if I don't complete this form correctly or I don't sign and date this declaration and return within 45 days of signing, my transfer application won't be considered and any insurance cover I currently have with Mine Super won't be affected.
- I have read and understood the Mine Super PDS, including the Insurance Guide and associated reference material.
- I consent to the collection, use and disclosure of my personal information in accordance with the Mine Super Privacy Policy outlined in the Mine Superannuation Fund PDS, including the Insurance Guide and our insurer's privacy policy at tal.com.au/privacy-policy or available on request.
- I understand that if my application is accepted, Death and Terminal Illness and Total and Permanent Disablement insurance transferred will be in addition to any existing cover held with Mine Super. Death and Terminal Illness, Total and Permanent Disablement and Income Protection insurance will be provided to me on the terms and conditions contained in Mine Super's insurance arrangements. Any occupational loadings and any individual conditions, exclusions or restrictions that currently apply to my existing cover with Mine Super will also apply to my transferred cover.
- Exclusions or limitations on the transferring cover will be retained on the cover under Mine Super.
- I authorise the relevant insurer and any person appointed by the insurer to undertake appropriate enquiries and investigations to verify the answers I've provided. I further acknowledge that this authorisation enables the insurer to obtain from the other fund or insurer my application for cover. I further authorise the relevant insurer to investigate whether any premium loading/s, restriction/s and exclusion/s may have applied to my other cover, and any other information that may be relevant to the insurer's consideration and assessment of this application.
- I acknowledge and understand that if I don't validly cancel my other cover as required under the terms of this application, the insurer will reduce any benefit payable under the policy by the benefit payable under the other cover to the extent that the other cover should have been cancelled but wasn't.
- I agree to provide the insurer/s with access to the health and / or financial evidence I provided to my other fund or insurer in an application for cover.
- By signing this declaration, I acknowledge and declare to the insurer that the disclosures and representations made in the application for cover to the other fund or insurer are true and correct. I acknowledge that in making this declaration, the insurer will rely on that information and any non-disclosure or misrepresentation to the other fund or insurer may be acted upon by the insurer underwriting Mine Super's policies.

Your signature

Date (DD-MM-YYYY)

Print name



When complete return this form and supporting documentation within 45 days of signing to:

Post Mine Super
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Email help@mine.com.au

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