

# Individual insurance transfer declaration

West State Super and GESB Super



To request this document in an alternative format such as Braille, call us on 13 43 72 or use our Live chat service at gesb.wa.gov.au.

# You can use this form to transfer your current insurance cover with another retail insurer or super fund to GESB.

Please read the 'Insurance and your super' brochure at gesb.wa.gov.au/brochures for information on premiums, terms and conditions.

Terms italicised in this document have the same meaning as defined in the glossary of the 'Insurance and your super' brochure or relevant policy document(s).

# Eligibility and important information

GESB's Insurer is AIA Australia. AIA provides GESB members with Death, Total and Permanent Disablement (TPD) and Salary Continuance Insurance (SCI) cover.

## **Eligibility**

AIA agrees to provide individual transfer terms for Death, TPD and SCI cover based on if you can meet certain eligibility criteria. Please refer to Section 2 on page 3 for the eligibility criteria.

We recommend you review these requirements and the important information below before continuing with the application to transfer your cover.

You should also consider delaying cancelling your existing cover until you have received confirmation from us that your application to transfer cover has been accepted and replacement insurance cover has been applied to your GESB account.

# **Applying for cover**

If you've read the eligibility criteria in Section 2 and determined that you're not eligible to transfer your existing insurance arrangement to GESB, you may still apply for insurance with GESB by completing an 'Insurance application' form.

You can apply through Member Online by navigating to the 'Insurance' tab or download an application form from gesb.wa.gov.au/brochures.

Insurance application forms are also available from your Member Services Centre on 13 43 72.

# What you'll need to provide with this form

To apply to transfer your insurance to GESB, you'll need to complete this form and submit it, together with evidence of your current insurance cover with the other fund or retail insurer. The insurance must be held at the date of requesting transfer.

Evidence must confirm the type and level of cover, waiting period and benefit periods (if applicable), and any loadings or exclusions currently held through your other super fund/individual retail policy.

Evidence of insurance held may include:

- An annual statement or a renewal notice issued within the last twelve (12) months, or
- A statement, letter or email issued by the other superannuation fund or insurer within the thirty (30) days prior to the date of requesting the transfer

Please note: if you're transferring multiple policies to your GESB Super or West State Super account, you must complete a separate form for each existing policy.

#### Important information

Please read the below important information before completing the insurance transfer declaration form.

### **General transfer terms**

- The transfer of any 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. This means the level of cover provided to you will be the same level of cover held in your other superannuation fund/individual retail policy. The cover will be provided based on the terms, conditions, premiums and occupation categories provided under the GESB Super or West State Super policy.
- 2. Any non-standard terms, loadings, restrictions or exclusions which applied to your Previous Policy<sup>1</sup> will be transferred to your cover under your GESB Super or West State Super account.
- 3. The maximum amount insured that can be transferred is:
  - \$2 million (in increments of \$10,000) for each of Death and TPD
  - \$10,000 per month or 85% of your *Income* for SCI (75% *Income* plus 10% Superannuation Top Up benefit), whichever is lesser (in increments of \$200 per month)

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<sup>1</sup> Previous Policy means death, TPD or death and TPD cover or SCI under an insurance policy held through another superannuation fund or an individual retail policy.

- 4. The transferred cover will be added to any cover you already have under your GESB or West State Super account, but the combined total of your transferred cover and existing cover cannot exceed the *Maximum Benefit*. 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 (i.e. transferred amount plus insurance currently held with GESB Super or West State Super account), your amount insured cannot exceed the *Maximum Benefit* allowable provided by the GESB Super or West State Super policy for each benefit. If the total insurance cover does exceed the *Maximum Benefit* allowable, the transferred cover will be restricted to the *Maximum Benefit* allowable. Please refer to the 'Insurance and your super' brochure for further details on the *Maximum Benefit* allowable.
- 5. If you have existing cover with GESB, the insurance occupation category determined for the transferred cover will be applied to your existing cover. Where this results in a change to your existing insurance occupation category, this could increase or decrease the premiums you pay for your existing cover.
- Your transferred cover will commence under your GESB Super or West State Super account on the date the Insurer accepts your application to transfer cover (Date of Transfer).
- 7. Your transferred cover will be fixed *Voluntary Cover* and any existing cover you hold within GESB Super or West State Super will become fixed cover from the Date of Transfer. 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 67.

#### **SCI** transfer terms

- 1. The SCI Waiting Periods available under the GESB Super and West State Super policies are thirty (30), sixty (60), ninety (90), one hundred and twenty (120) or one hundred and eighty (180) days.
  - If the *Waiting Period* under your Previous Policy is available in GESB Super or West State Super but is different to the *Waiting Period* of your existing SCI cover in GESB Super or West State Super, the shorter *Waiting Period* will apply to all your SCI cover.
  - If the *Waiting Period* under your Previous Policy is not available in GESB Super or West State Super, the *Waiting Period* will be rounded up to the next longest *Waiting Period* available under GESB Super or West State Super.
  - If the *Waiting Period* under your Previous Policy after rounding up is different to the *Waiting Period* of your existing SCI cover in GESB Super or West State Super, the shorter *Waiting Period* will apply to all your SCI cover.
- The SCI Maximum Benefit Period (if applicable) will be matched to the GESB Super or West State Super policy, where possible. If the benefit period which applied under the Previous Policy is not available under your GESB Super or West State Super policy, the benefit period will be the next shortest benefit period available under your GESB Super or West State Super policy (which is currently two (2) years).

## **Exclusion on transferred cover**

If you do not cancel your insurance cover under the Previous Policy, no benefit will be payable with respect to your transferred cover

For the avoidance of doubt, this exclusion does not impact any benefit payable with respect to existing cover.

Disclaimer: the information contained in this document is of a general nature, and does not constitute legal, taxation or personal financial advice. In providing this information, we have not considered your personal circumstances including your investment objectives, financial situation or needs. We are not licensed to provide financial product advice. Before acting or relying on any of the information in this document you should review your personal circumstances, and assess whether the information is appropriate for you. You should read this document in conjunction with the relevant Product Information Booklet and disclosure documents at gesb.wa.gov.au/brochures. You may also wish to seek advice specific to your personal circumstances from a suitably qualified adviser. Insurance benefits are provided by the Insurer in accordance with a 'Group life policy' and a 'Group supplementary income protection policy' made between us and the Insurer. The information in this brochure is only an overview of the main terms and conditions of the insurance policies. The insurance policies will supersede the information in the Product Information Booklets, and in this document. For full terms and conditions, please contact us for a copy of the insurance policies. We reserve the right to replace the Insurer and to alter the terms and conditions of the insurance policies, including the scope of cover, eligibility criteria, exclusions, limitations and premiums. If you have any questions about insurance, or would like a copy of the insurance policies, contact your Member Services Centre on 13 43 72.



# Individual insurance transfer declaration



# West State Super and GESB Super

## **Instructions**

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

- Complete all sections of this form
- Acknowledge your duty to take reasonable care within Section 4 of this form
- · Sign and return the completed form, and
- Provide evidence of insurance cover from your other fund/insurer

If AIA Australia accepts your application, you will be allocated the same amount insured provided to you by your other fund/insurer (subject to any rounding down). This cover will be subject to the underwriting terms provided by the previous insurer, including premium loadings, restrictions, exclusions or any other limitations imposed on the Previous Policy<sup>1</sup>.

Section 1 Your details
GESB member number
Mr Mrs Miss Ms Other Last name
Given name(s)
Date of birth / / Male Female Postal address
Postcode Email address
Mobile phone number  ( )  ( )

Industry	
called Incom	ng Salary Continuance Insurance (SCI – also ne Protection Insurance) please write your nal <i>Income</i> <sup>2</sup> below
\$	
Section 2	Your personal statement and declaration of eligibility
Tick ( A type!	
rick (✓) yes	or 'no' for each of the following statements:
	or 'no' for each of the following statements: r the age of 65 at the date of this application.
<ol> <li>I'm unde</li> <li>Yes</li> <li>I have no terminal protectio or insure</li> </ol>	r the age of 65 at the date of this application.  No t received, or am not eligible to receive, a TPD, illness or salary continuance insurance/income n benefit with GESB, or another super fund r.
<ol> <li>I'm under         Yes</li> <li>I have no terminal protectio or insure</li> <li>Yes</li> </ol>	r the age of 65 at the date of this application.  No t received, or am not eligible to receive, a TPD, illness or salary continuance insurance/income n benefit with GESB, or another super fund

5. I'm currently 'At Work', which means:

under GESB Super or West State Super.

 a. I'm actively performing, or capable of performing (including if currently unemployed), all the duties of my usual occupation with my employer.

4. I have not previously been declined for insurance cover

For casual workers, this means at least twenty (20) hours each week (even if not working at least twenty (20) hours each week).

Yes		N
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 And I'm not in receipt of, or entitled to claim, any income support benefits from any source, including (but not limited to) workers' compensation benefits, statutory transport accident benefits and disability income benefits.

Yes No

1 Previous Policy means death, TPD or death and TPD cover or SCI under an insurance policy held through another superannuation fund or an individual retail policy.

Occupation

- 2 Income means:
  - (a) For non-self-employed Insured Members, this means the basic wage or income earned by the Insured Member. Income includes the total remuneration package, salary and fees of the Insured Member, but does not include bonuses, overtime earnings, Superannuation Guarantee (SG) Contributions, additional commissions and unearned income such as investment or interest income.
  - (b) For self-employed Insured Members, working directors or partners in a partnership, this means the income generated by the business or practice due to their personal exertion or activities, less their share of necessarily incurred business expenses.



request has l	ive confirmation that my insurance transfer s been accepted, I will cancel my existing		Current SCI <i>Waiting Period</i> (i.e. 30 days, in your Previous Policy days		
Yes	ver under my Previous  No		Current SCI benefit period in your Previous Policy years (i.e. 2 years, 5 years, to age 65)		
<ul> <li>a. I understand that no benefit will be payable with respect to transferred cover if insurance cover under the Previous Policy has not been cancelled.  Yes  No  If you answered 'No' to any of the questions above, you are not eligible to transfer your existing insurance cover to GESB.</li> </ul>			The SCI benefit period and <i>Waiting Period</i> under your Previous Policy will be matched to the GESB Super or West State Super policy, where possible. The <i>Maximum Benefit Period</i> available under your GESB Super or West State Super policy will be applied (currently two (2) years). The SCI <i>Waiting Periods</i> available under the GESB Super		
Section	ur other fund or insura mpany's details	ance	and West State Super policies are thirty (30), sixty (60), ninety (90), one hundred and twenty (120) or one hundred and eighty (180) days.		
company for info may have. You si the effects of tra Tick ( $\checkmark$ ) the appr	k with your other fund ormation about any ins hould do this so that yo ansferring your insuran ropriate option below to	surance cover you ou fully understand nce. o indicate if you are	If the Waiting Period under your Previous Policy is available in GESB Super or West State Super but is different to the Waiting Period of your existing SCI cover in GESB Super or West State Super, the shorter Waiting Period will apply to all your SCI cover.		
transferring your insurance cover from a super fund or an insurance company:  I am transferring my insurance cover from a super fund		·	If the <i>Waiting Period</i> under your Previous Policy is not available in GESB Super or West State Super, the <i>Waiting Period</i> will be rounded up to the next longest <i>Waiting Period</i> available under GESB Super or West State Super.		
I am transferring my insurance cover from an insurance company			If the <i>Waiting Period</i> under your Previous Policy after rounding up is different to the <i>Waiting Period</i> of your		
Member accoun	t/policy number		existing SCI cover in GESB Super or West State Super, the shorter <i>Waiting Period</i> will apply to all your SCI cover.		
Fund/Insurance	company's name		Is your cover under the other fund/insurance policy subject to any premium loadings and/or exclusions including but		
Fund/Insurance company's postal address		ress	not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions?  Yes  No		
	Pos	stcode	If you answered 'Yes' please provide details of the premium loadings, exclusions and/or restrictions,		
Fund/Insurance	company's phone num	nber	including a copy of the advice you received from the insurer or other fund advising you of the acceptance		
Name of employ	er (if applicable)		of your cover subject to these additional terms.		
The amount you	u transfer will be in a	ddition to your	Section 4 Declaration and agreement		
existing cover v	with GESB (if applicabl cover under your Pre	le). Confirm your	Important information		
amount you wish to transfer to GESB:		:	About this application		
D 112	Current cover in other fund/insurer	Amount to transfer	When you apply for life insurance, the Insurer conducts a process called underwriting. It's how the Insurer decides whether the Insurer can cover you, and if so, on what terms		
Death <sup>3</sup>	\$	\$	and at what cost.		
TPD <sup>3</sup>	\$	\$	The Insurer will ask questions they need to know the answers to. These will be about your personal circumstances, such as your health and medical history,		
SCI <sup>4</sup> (per month)	\$		occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us or the Insurer in response to their questions is vital to their decision.		

Death and TPD nominated transfer amounts will be rounded down to the nearest \$10,000 if not in \$10,000 increments. SCI nominated transfer amount will be rounded down to the nearest \$200 if not in \$200 increments.

## The duty to take reasonable care

When applying for insurance, there is 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.

#### 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 the Insurer. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put the Insurer in the position they 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.

Before the Insurer exercises any of these remedies, the Insurer will explain their reasons and what you can do if you disagree.

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

#### Guidance for answering our questions

You are responsible for the information provided to us or the Insurer. When answering their questions, please:

- Think carefully about each question before you answer.
   If you are unsure of the meaning of any question,
   please ask us or the Insurer 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, the Insurer 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 or the Insurer know about any changes when they happen.

### If you need help

It's important that you understand this information and the questions the Insurer ask. Ask us, the Insurer 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 or the Insurer immediately and we'll let you know whether it has any impact on the cover.

#### **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 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.wa.gov.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
- I have read Section 4, which contains the duty to take reasonable care not to make a misrepresentation to the Insurer notice, and understand what is meant by that notice
- If the Insurer accepts my application, my current amount
  of cover as at the transfer date under my other 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 \$10,000 per month for SCI,
  in increments of \$10,000 for Death and TPD cover and
  \$200 per month for SCI cover
- My transferred cover will commence under my GESB Super or West State Super account on the date the Insurer accepts my application to transfer cover (Date of Transfer)
- GESB and the Insurer may undertake appropriate enquiries and investigations to verify the answers I have provided (including contacting my previous fund or life insurance company to obtain additional details of my current insurance cover)
- GESB and the Insurer may investigate whether any premium loadings, restrictions and exclusions may have applied in the other fund/insurance policy
- I agree to provide GESB or the Insurer with access to the health and/or financial evidence I provided to any other fund and their insurer or retail insurer in an application for the cover. Any non-disclosure to your other fund or insurer may be acted upon by GESB or the Insurer

- Should it become apparent to GESB or the Insurer that I have not undertaken the requirements that I have agreed to in Section 2, then any insurance benefit that may be payable to me, my dependants or my estate from GESB may be reduced by the insurance amount paid or payable from my previous fund, another division of the previous fund, another fund, my previous policy or any policy issued under any continuation option that I exercised, as a consequence of my failure to abide by these requirements. This reduction in benefit will, however, be limited to the extent that my benefit from GESB is no less than I would have been eligible to receive under the terms of the policy between GESB and the Insurer had I not made this application for transfer of cover
- 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 (AIA Australia) policy document will apply, and the terms and conditions of my other 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 take reasonable care not to make a misrepresentation continues after I have completed this application for transfer until the insurer has accepted the risk
- If the Insurer accepts my application and I am under age 61, my amount insured 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 67

Your signature	Date	
x	1 1	

Checklist			
	Read this 'Individual insurance transfer		
	declaration' form carefully		
	Read the 'Insurance and your super' brochure,		
	available for download at gesb.wa.gov.au/brochures		
	Completed all sections of this form		
	Provided evidence of insurance cover held at the		
	date of requesting transfer, as outlined in the		
	'Eligibility and important information' section		
	on page 1 of this form		

Please send the above documentation to:

## GESB PO Box J 755 Perth WA 6842

If you have not provided the above, or if the information is out of date, we will contact you to provide the required information. Please note this may delay the processing of your application.