

Insurance transfer form

31 October 2011

Please use BLOCK letters and BLACK or BLUE pen.

OFFICE USE ONLY

When to use this form:

This form is for members of HOSTPLUS who wish to transfer their existing Death and/or TPD or Salary Continuance insurance cover to HOSTPLUS.

How to use this form:

- You must complete Steps 1, 2, 3, 4, and 5. This form must be completed in full.

Important information about transferring insurance cover

You can only apply to transfer your insurance cover to HOSTPLUS if:

- You are applying for Death and TPD cover, and you are aged between 11 and 64.
- You are applying for Salary Continuance insurance cover and you are aged between 15 and 64.
- You wish to transfer up to \$1,000,000 for Death or Death & TPD.
- You wish to transfer Group Salary Continuance (GSC) cover up to a maximum monthly benefit of \$6,000 per month in total. When you transfer GSC cover to HOSTPLUS, the waiting period that applies to your GSC cover will be:
 - 30 days if it was 30 days or less with the former fund,
 - 60 days, if it was between 30 and 60 days with the former fund,
 - 90 days, if it was greater than 60 days but less than 90 days with your former fund.
- You have not made or you are not entitled to make a claim in relation to your insurance cover held in the other fund.
- Your insurance cover is held in another industry superannuation fund, mastertrust or a corporate superannuation fund – you cannot transfer insurance cover from an ordinary (non-superannuation) policy) or retail or personal policy (including a self managed super fund).
- Your waiting period is less than 90 days. If your waiting period is greater than 90 days, please use the *Increase your insurance cover application Part A and B* (if applicable) form.
- The Salary Continuance insurance benefit that will be provided by the Insurer in the event of disability will be capped to 75% of salary in addition to a Superannuation Contribution benefit of 15%.
- Your TPD cover does not exceed your Death cover.

There are two occupation based categories used to assess which Death & TPD scale you are eligible to have – standard scales or Management/Clerical (white collar scales). Answering the questions in Step 4 will allow HOSTPLUS to determine which scale is applicable to you and this will therefore determine the number of units needed to match the cover you will be transferring. It will also enable us to determine the cost of your fixed benefit cover (if applicable). Your eligibility for management scales would only apply if:

- you are employed for a least 15 hours per week on an ongoing basis,
- you spend at least 90% of your time working in an office,
- you undertake occupational duties within an office environment, and
- you are employed in one of the following occupations: management, clerical, marketing, administration, accounting or other similar lower risk occupations agreed to in writing by the insurer.
- You agree to cancel cover held in the relevant industry, mastertrust or corporate superannuation fund of which you are an insured member and transfer your super account to HOSTPLUS once you have received written confirmation of acceptance of your transfer of cover from HOSTPLUS.
- You agree that your cover provided through HOSTPLUS will be subject to the underwriting terms provided by the former insurer (if any).
- Attach a copy of your most recent statement from your other fund or policy, which sets out the type and level of cover you have with them. If your insurance cover has changed since the date of your most recent statement, you will need to provide evidence of the current type and level of cover.

Do not cancel your existing insurance cover until you have received confirmation in writing that your request has been accepted by HOSTPLUS.

Step 1. Member details

HOSTPLUS membership number*

Date of birth*

Gender*

 Male Female

Mr Mrs Ms Miss Dr Other

***Mandatory fields**

Full given name*

Surname*

Current address*

Suburb

State

Postcode

Home phone*

Mobile phone

Work phone*

Email address

Step 2. Details of current insurance (non HOSTPLUS)

Please advise of the type of insurance you presently hold in the other fund (you can nominate more than one) and **attach a copy of your most recent statement** which sets out the type and level of cover you have. If your insurance cover has changed since the date of your most recent statement, you will need to provide evidence of the current type and level of cover:

Death only Death and TPD Group Salary Continuance insurance

Name of Fund/Plan

Fund member number

Fund Superannuation Product Identification Number (SPIN)

I confirm that I have the following amounts of cover, in respect of each benefit:

a) Death cover \$ Date cover started / /

b) TPD cover \$ Date cover started / /

c) GSC cover per month \$ Date cover started / /

GSC waiting period? Days Benefit period YEARS

NOTE: The maximum transfer benefit period available for GSC cover under HOSTPLUS is restricted to two years.

Do you require the Death or Death & TPD cover through HOSTPLUS to be fixed cover? Yes No

If YES, fixed-dollar cover will be rounded to the next highest multiple of \$1,000.

If NO, cover provided will be unit based cover. Cover will be rounded to the next highest unit (if rounding is required), subject to the limits set out on page 1 of this form.

Is your existing insurance cover subject to:

a premium loading? Yes* No

an exclusion? Yes* No

a restriction? Yes* No

a pre-existing condition? Yes* No

any other limitation of any sort? Yes* No

***If you answered YES to any of the above, please provide details of the premium loading, exclusion, restriction, a pre-existing condition or any other limitation. Please include a copy of the advice you received from the insurer or the former fund advising you of the acceptance of your cover subject to these additional terms.**

Step 3. Personal statement

(a) Are you restricted, due to injury or illness from carrying out 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)?
Full-time basis is considered to be at least 30 hours per week. Yes* No

(b) Are you currently in receipt of, or intending to, or entitled to, claim any form of sickness, accident or disability benefit(s) from any source such as a life insurer or workcover authority? Yes* No

(c) To the best of your knowledge have you taken more than a total of seven days off work over the past 12 months due to illness or injury (other than for colds or flu)? Yes* No

(d) Have you been diagnosed with any illness that reduces your life expectancy to less than 12 months from today? Yes* No

***If you have answered 'yes' to any question in Step 3 please complete the *Increase your insurance cover application – Part A and Part B* (if applicable) form available at hostplus.com.au or apply online at hostplus.com.au. If your application is accepted, your existing allocation of insurance cover (if any) will be altered to reflect the value of insurance and type of cover you requested in this form.**

Step 4. Occupational rating

Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

| Management/clerical (white collar) scale | Light blue collar scale | Heavy blue collar scale |
|---|--|--|
| i) Are you employed for at least 15 hours per week on an ongoing basis? <input type="checkbox"/> Yes <input type="checkbox"/> No [^] | Please select your occupation: <input type="checkbox"/> Home duties <input type="checkbox"/> Wait Staff/Waitress/Waiter* <input type="checkbox"/> Hotel Owner/Manager/Publican/Bar attendant* <input type="checkbox"/> Chef/Apprentice Chef/Cook <input type="checkbox"/> Room Attendant/House Keeper/Guest Service Agent/Attendant* <input type="checkbox"/> Food and Beverage Attendant* <input type="checkbox"/> Hospitality Worker* <input type="checkbox"/> Shop Assistant/ Retail Assistant <input type="checkbox"/> Casino Worker/ Dealer/Croupier/ Gaming Attendant <input type="checkbox"/> Sales Assistant/Attendant/Consultant <input type="checkbox"/> Bottleshop Attendant* <input type="checkbox"/> Barista* | Please select your occupation: <input type="checkbox"/> Kitchen Hand/Crew <input type="checkbox"/> Cleaner (Commercial) <input type="checkbox"/> Cellar Hand <input type="checkbox"/> Security Officer/Guard (unarmed) <input type="checkbox"/> Store Person <input type="checkbox"/> Ski/Snowboard/Snow sports instructor <input type="checkbox"/> Fruit picker/Vineyard worker** <input type="checkbox"/> Gardener/Landscaper <input type="checkbox"/> Farmer/ Farm Labourer <input type="checkbox"/> Labourer |
| ii) Do you work in an office or similar environment? <input type="checkbox"/> Yes <input type="checkbox"/> No [^] | | |
| iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. <input type="checkbox"/> Yes <input type="checkbox"/> No [^] | | |
| iv) Do you work in any of the following occupations? <input type="checkbox"/> Management <input type="checkbox"/> Clerical <input type="checkbox"/> Marketing <input type="checkbox"/> Administration <input type="checkbox"/> Accounting | | |

*These occupations have a combination of two collar type ratings: Death & TPD = light blue collar, Group Salary Continuance = heavy blue collar.

** Please note that you are only eligible for Death & TPD cover.

[^]You are not eligible for the management scales, please provide your occupation below to be assessed.

If your occupation is not listed above, please specify your occupation and you will be assessed accordingly:

Occupation

Note: If no selection is made you will automatically default to the heavy blue collar scale.

What is your annual salary (including average bonus for the last three years)?

Please select the income producing duties of your main occupation and the approximate percentage of time spent on each duty per week. The list below represents the physical nature of duties only.

Nature of duty

Time

Administrative/clerical (for example computer work, office work, filing, typing, marketing, accounting, administrative)

 %

Light manual work (for example driving with deliveries, lifting under 5 kg etc)

 %

Supervisor of manual work (not actually performing this work)

 %

Caring for dependants

 %

Manual work (cleaning, lifting over 5kgs, carpentry, plumbing, etc)

 %

Truck driving greater than a distance of 800 km from base or working underground

 %

Total %

Step 5. Declaration and signature

This step must be completed in all circumstances.

I, whose signature appears below, declare that:

- I have read and carefully considered the questions in this form, and all answers provided are true and correct (including those not in my own handwriting).
- I have told the insurer everything I know that could affect its decision to accept my application.
- I have read and understood the Duty of Disclosure and Non-disclosure section over leaf. I have not withheld any information that may affect the Insurer's decision as to whether to accept this Application. I understand that the Duty of Disclosure continues after I have completed this statement until I am notified of acceptance in writing by the trustee.
- I have read and understood the Member Guide Product Disclosure Statement whether included with this application form or as currently available at hostplus.com.au I have also read the associated reference material available at hostplus.com.au
- I have read and understood the privacy information available at hostplus.com.au and agree, consent and acknowledge the Declarations, conditions and acknowledgments contained therein, including the collection, use, storage and disclosure of my personal information as described in the reference material.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by the Insurer.
- I understand that increases or changes to insurance premiums may apply and insurance deductions from my account will be adjusted.
- I have attached the most recent statement from my other fund or policy and this statements sets out the type and level of cover I have with them.

SIGNATURE OF APPLICANT*

Don't forget to sign

Date*

Important notice

HOSTPLUS has taken out a contract of insurance with an Insurer to provide the insurance benefits in the fund. On becoming a member, you are bound by the terms and conditions of this contract of insurance.

Your duty of disclosure

You have a duty, under the Insurance Contracts Act 1984 to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance, and if so, on what terms. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of his/her business, ought to know; or
- as to which compliance with your duty of disclosure is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of having entered into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum insured you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

When you have completed this form please send it to:

HOSTPLUS
Locked Bag 3
Carlton South VIC 3053

or give it to your employer to send with their next contribution to the fund. You will be sent a **HOSTPLUS** membership card, along with any other information you have requested on the form.

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