

# INSURANCE TRANSFER FORM

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

#### IMPORTANT INFORMATION

This form is for members who are eligible to hold insurance in the DEFAULT DIVISION. Generally, you're eligible to hold insurance in the Default Division if you joined the Fund on or after 20 May 2024, and haven't opted in to the MINING DIVISION.

If you hold insurance in the MINING DIVISION you're covered under different insurance arrangements.

If you currently have insurance, you can find the Division you're part of by logging in to your online account at mine.com.au/login or by calling us on 13 64 63.

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

You can apply to transfer insurance cover that you have outside of Mine Super if you:

- · are joining Mine Super for the first time or an existing member of Mine Super and you already hold or are eligible to hold insurance cover in the Default Division;
- have superannuation with another fund where you are entitled to a death and/or total and permanent disablement (TPD) benefit and/ or income protection benefit under that fund ('former fund'); or
- · have an individual death and/or TPD and/or income protection insurance policy outside of superannuation from a life insurer ('individual insurer'); by
  - 1. completing Sections 1 to 8 of this Insurance Transfer Form (below), providing all the required details and signing the form; and
- 2. attaching proof of your insured benefits from your former fund/individual insurer such as:
  - an up-to-date statement;
  - · certificate of currency; or
  - confirmation email/letter from your former fund/individual insurer.

Documentation must confirm the type and level of cover you have under the former fund/individual insurer and must be received by Mine Super within 60 days of it being issued.

If you are considering cancelling or replacing your existing insurance cover, be aware there are risks in doing so. You should consider the terms and conditions of each insurance cover before deciding to make a change.

Please note that acceptance of your transfer request is subject to the Insurer's acceptance and some limitations apply. Do not cancel your existing cover until you have received confirmation in writing that your transfer request has been accepted by Mine Super.

If Mine Super's Insurer (TAL Life Limited) accepts your application, you will generally receive an amount of cover equivalent to the level of cover you currently have with your former fund or individual insurer. If this cover is for death and/or TPD, and/or income protection, this cover will apply in addition to any existing cover held under Mine Super (subject to terms and conditions of the policies).

#### The duty to take reasonable care

If you apply for life insurance, you will be treated as if you are applying for cover under an individual consumer insurance contract. The Insurer will conduct a process called underwriting. It's how it decides whether it can cover you, and if so on what terms and at what cost.

As part of underwriting, the Insurer will ask questions it needs 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 provide in response to those questions will be vital to the Insurer's decision. As such, when applying for life insurance you have a legal duty to take reasonable care not to make a misrepresentation to the Insurer. 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 legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed.

This may also result in a claim being declined or a benefit being reduced.

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.

## 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



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, m	nark <b>X</b> in this box
Postal address. If the same as your	residential address, m	
Postal address. If the same as your	residential address, m	State Postcode
	residential address, m	State Postcode
Suburb		State Postcode

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2. Occupation Group				
Name of current employer				
Employment Status				
Self-employed	Employee (full-time) Employee (part-time)			
Casual	Not working Domestic duties			
Annual salary Name of former fund or individual insurer				
\$				
Former fund member number of	or Life Policy Number Former fund SPIN (if known, not applicable for individual policies)			
The type of work you do affects 1 - High Risk (Undeclared) Occup more for your insurance than yo	the cost of your insurance with us. Until you tell us your Occupation Group, you will be given a Group pation Group. It's important you provide an Occupation Group as soon as possible as you could pay bu have to.			
Occupation Group (mark 'x' in one box)	You qualify for this Group if			
Group 1 - High Risk	<ul> <li>Your occupation is considered dangerous (see below) and you do not meet the definition of Group 2 - Non-manual or Group 3 - Professional.</li> </ul>			
Group 1 - Manual	<ul> <li>Your occupation is <b>not</b> considered dangerous (see below), <b>AND</b></li> <li>You do not meet the definition of Group 2 Non-manual or Group 3 Professional.</li> </ul>			
Group 2 - Non manual	<ul> <li>Your occupation is <b>not</b> considered dangerous (see below), <b>AND</b></li> <li>You work at least 75% of the time in an office environment and perform only non-manual duties.</li> </ul>			
Group 3 - Professional	<ul> <li>Your occupation is <b>not</b> considered dangerous (see below for a list of occupations), <b>AND</b></li> <li>You tell us you work 100% of the time in an office in a sedentary capacity, earn more than \$100,000 a year (or pro-rata if not working full time), and have an accredited higher education qualification or are eligible to belong to a recognised professional body.</li> </ul>			
<ul><li>the following broad occupation</li><li>Automotive and Engineering</li><li>Construction and Mining Lab</li></ul>	Trades Workers ourers			
<ul> <li>Construction Trades Workers</li> <li>Design, Engineering, Science</li> <li>Electrotechnology and Teleco</li> <li>Factory Process Workers</li> <li>Health and Welfare Support N</li> <li>Machinery and Stationary Pla</li> <li>Mobile Plant Operators</li> </ul>	and Transport Professionals ommunications Trades Workers Workers			
<ul><li>Other Labourers</li><li>Protective Service Workers</li><li>Road and Rail Drivers</li><li>Store persons</li></ul>				

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3. Personal statement and confirmation of requirements					
a) I will cancel all insura Mine Super b) I will not be transferr category) of the form c) I will not effect a conf former fund or any o reinstatement of cov	ring the cover with my former fund ner fund, or to any other supera tinuation option, or subsequent other division, section, category of er is available to me; and	rue and correct by ticking the appropriate box or individual insurer within 60 days of receiving confining or individual insurer fund to any other part (including connuation fund, other than Mine Super; the reinstate any cancelled cover with the individual into of the former fund, or within any fund or insurance publication to the terms and conditions relating to insurance.	division, section or surer, or within the olicy where such		
Mine Super.  I confirm that the above st	tatements are true and correct a	and I agree to abide by these requirements.	No Yes		
	ı are not eligible for insurance tr	ransfer to Mine Super. This does not affect any cover	you are entitled to, or		
2. I confirm the details o	f my current cover with the fo	ormer fund or individual insurer are as follows:			
Death cover	\$	Date cover started (DD-MM-YYYY)	-		
Total and Permanent Disablement (TPD) cover	\$	Date cover started (DD-MM-YYYY)	-		
and if the Insurer accepts	st transfer the total current cove your application, your amount nce cover, rounded up to the ne	er to Mine Super, and you cannot transfer TPD cover of cover with the former fund or individual insurer wxt \$1,000.	without Death Cover, ill be matched by an		
Income Protection insurance	\$	Date cover started (DD-MM-YYYY)	-		
Income protection waiting period e.g. 30 or 90 days (if your current waiting period is greater than 90 days your waiting period will be transfered at 90 days). Please note Waiting periods of 30 days or less or 30 days to 59 days will be transferred at 30 days.					
		ears, to age 60, to age 65 (Mine Super has a two year a two year benefit period will apply).			
<b>Income protection additional benefits</b> e.g. nursing care benefit, specific illness benefit (these benefits may not be available under Mine Super).					
and normal occupation	on a full-time basis (even if you ered to be at least 35 hours per	g out the identifiable duties of your current are not currently working on a full-time basis)? week even though you may not actually be	No Yes		
	it or disability benefit from Mine	ave you lodged a claim for a Total and e Super, another superannuation fund or	No Yes		
<b>5.</b> Have you been diagnose months from today?	ed with an illness that reduces y	our life expectancy to less than twenty four	No Yes		
If you have ticked <b>'Yes'</b> to you are entitled to, or may		eligible for insurance transfer into Mine Super. This do	oes not affect any cover		
	it not limited to pre-existing con-	subject to any premium loadings and/or dition exclusions, or restrictions in regards to	No Yes		
		usion or restriction, including a copy of the advice yo eptance of that cover subject to these additional term			

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#### 4. Declaration

#### I declare that:

- I have read and understood the Product Disclosure Statement (PDS) and Insurance Guide Default Division to which this application is related.
- I have read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance. I confirm that my answers to the questions are true, complete and correct.
- If I do not fully complete, sign and date this application, I will not be eligible to transfer my existing cover to Mine Super; and
- If the Insurer has accepted my application, my cover will commence in Mine Super on the date this application is accepted subject to cancellation of my existing cover as outlined in section 3. Personal Statement and Confirmation of Requirements; and
- Mine Super and the Insurer may undertake appropriate enquiry and investigation to verify the answers I have provided on this form; and
- I agree to provide Mine Super or the Insurer with any authority that may be necessary to access the health evidence I provided to my former fund, the former fund's insurer or my individual insurer for the purposes of assessing any application for that cover, and I agree that any failure to abide by my applicable legal disclosure duty to the former fund, former fund's insurer or individual insurer may be acted upon by Mine Super or its Insurer in respect of cover transferred on the basis of this application; and
- should it become apparent to Mine Super or its Insurer that I have not undertaken the requirements that I confirmed in section 3. Personal Statement and Confirmation of Requirements above, then any insured benefit that may be payable to me or my estate or my beneficiaries from Mine Super may be reduced in whole or in part as a consequence of my failure to abide by these conditions. This reduction in benefit will, however, be limited to the extent that my benefit from Mine Super is no less than I would have been eligible to receive under the terms of the policy between Mine Super and the Insurer had I not applied for a transfer of cover.
- I consent to the collection, use and disclosure of my personal information in accordance with the Mine Super privacy policy outlined in the Mine Super PDS and our insurer's privacy policy at tal.com.au/privacy-policy or available on request.
- Legislation requires all members, except those in the Group 1 High Risk or Group 1- High Risk (Undeclared) Occupation Groups, to elect for insurance cover when their account balance is below \$6,000 and/or they are aged under 25. By choosing to proceed with this application, you are electing to:
  - retain your existing insurance cover (if you already have cover); or
  - be provided the insurance cover specified in this application (if you don't already have cover), where your account balance is below \$6,000 and/or you are aged under 25.

Your signature	Date (DD-MM-YYYY)
Print name	

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## When complete return this form to us by:

**Post** Mine Super

Locked Bag 2020 Newcastle NSW 2300

Email help@mine.com.au