

## Transfer your insurance

### About this form

This form is for members of Qantas Super who want to transfer their existing death or death and TPD Cover held with another super fund, group insurance policy or retail insurance policy to Qantas Super as Voluntary Cover or Fixed Dollar Basic Cover in Gateway.

**We suggest you should not cancel any existing cover until you are advised by Qantas Super that your new application is accepted.**

You will be required to provide documentary evidence of your existing insurance cover that you want to transfer, including details of any exclusions or loadings that were applicable. Examples of documentary evidence include:

- Your last member statement (within 6 months of it being issued)
  - Letter or email from your current super fund confirming the details listed above
  - A current print-out of your online member account
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- MetLife will be treating this contract as a 'consumer insurance contract'.
  - Please answer all the questions accurately and provide additional information wherever requested.
  - The person to be insured must complete this application and initial any changes.
  - As part of the overall assessment process MetLife will contact you if further information is required.
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### Eligibility criteria

To be eligible to transfer cover you must:

- complete all sections of this form and satisfy the eligibility check
- include appropriate evidence of the insurance you are transferring which must be issued by the other fund within the last 6 months
- have enough balance in your Qantas Super account to pay the first premium when it is due.

There are limitations on what can be transferred to Qantas Super:

- The maximum amount of death or death and total and permanent disablement cover that you can transfer from your previous fund in total is \$1,500,000. However, the total insurance cover provided under Qantas Super is subject to the maximum benefit limits;
  - Any individual exclusions or non-standard terms that apply to your existing insurance cover, will continue to apply to the insurance cover you transfer to Qantas Super until they expire on their terms;
  - You are not eligible to transfer your existing insurance cover if any premium loadings apply to the insurance cover you want to transfer;
  - Your TPD cover cannot be transferred without your death cover and cannot exceed the amount of death insurance;
  - If you are a Spouse Member, you can only transfer your death cover from your previous fund; and
  - Transferred cover is subject to you cancelling the insurance cover you want to transfer within 60 days of you being notified of the approval to transfer your cover to Qantas Super.
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### Privacy - Use and disclosure of personal information

#### Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy).

#### Your privacy as a member of Qantas Super

The information you provide in this form is collected and held by Qantas Super to administer your insurance within your Qantas Super account. If you don't provide the requested information, Qantas Super may be unable to properly administer your insurance. Your personal and sensitive information will only be disclosed to Qantas Super staff as required, MetLife Insurance Limited, our legal or other professional advisors if reasonably necessary and where required to by law. The Qantas Super Privacy Policy provides information about overseas disclosure of personal information, how you may access and seek correction of your personal and sensitive information as well as how you can make a complaint about a breach of the Australian Privacy Principles or the Privacy Act 1988. You can view Qantas Super's Privacy Policy at [qantassuper.com.au/privacy](http://qantassuper.com.au/privacy).

## Duty to take reasonable care not to make a misrepresentation - Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on pages 3 - 4 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

### Section 1. Member details

Qantas Super member number

Title	Given name(s)	Surname		
Residential address		Suburb	State	Postcode
Postal address (if different to above)		Suburb	State	Postcode
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address		
Preferred contact number		Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm) <input type="checkbox"/> Anytime		

### Section 2. Details of cover being transferred

1. Name of previous Super Fund:	Member number:
2. What cover would you like to transfer? <input type="checkbox"/> Death Cover: \$ _____ <input type="checkbox"/> Total and Permanent Disablement Cover (TPD): \$ _____	
3. Members of Qantas Super's Gateway division can transfer cover as Fixed Dollar Basic Cover or Voluntary Cover. Please indicate your choice below: <input type="checkbox"/> Fixed Dollar Basic Cover in Gateway <input type="checkbox"/> Voluntary Cover - Please complete <b>Section 3 - Your occupational rating</b> if you are transferring your cover as Voluntary Cover.	

**Note** – Any existing cover transferred into Gateway will be transferred as Fixed Dollar Basic Cover. If you are not a member of Gateway, your insurance cover will be transferred as Voluntary Cover.

### Section 3. Your occupational rating

4. Please select your occupational group if you are applying to transfer your existing insurance as Voluntary Cover only:	
a) <b>Group 1</b> – Working mainly in a sedentary capacity or performing light manual duties within an office or retail environment, with less than 20% of time spent outdoors. <i>Examples include: Telephone Sales Consultants, Customer Service Agents, Customer Sales Agents, Executives, Senior Professional Group (SPG) positions</i>	<input type="checkbox"/>
b) <b>Group 2</b> - Flight crew, skilled trades workers performing a moderate amount of manual work. <i>Examples include: Avionics Maintenance Engineer (AME), Cabin Crew, Chef, Home duties, Licensed Aircraft Maintenance Engineer (LAME), Technical Crew, Pilots</i>	<input type="checkbox"/>
c) <b>Group 3</b> – Mainly performing manual work, or skilled workers performing heavy manual work. <i>Examples include: Airline Services Operators, Airline Services Attendants, Apprentices, Catering Service Attendants, Apprentices, Ground Crew/Ramp Services, Store Persons</i>	<input type="checkbox"/>

### Section 3. Your occupational rating (continued)

**Note** – If you have been unemployed or in full time home duties for more than 12 months please select Group 2. If you are still unsure of your occupation, please advise your job title and describe your main occupational duties:

### Section 4. Eligibility check\*

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| 5. Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6. Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 7. In the last 12 months have you had any illness or injury that:<br>a) caused you to take time off work for more than 10 consecutive working days, or<br>b) required modification to your normal working hours or duties? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months?  | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 9. Are you considering seeking any medical advice or treatment for any illness or injury that:<br>a) you have not already consulted a medical professional for, or<br>b) appears to be getting worse?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined or deferred?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 11. Was your previous cover accepted with any premium loadings, exclusions or any other special terms or conditions?   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |

If you answered Yes to Question 11, please provide details below:

\*If you answered Yes to any question in Q5 - Q10, you will need to complete the 'Apply for Cover' form that is available on our website and your additional cover will be subject to acceptance by the insurer. You can download this form at [qantassuper.com.au/forms](http://qantassuper.com.au/forms).

### Section 5. Information from the Insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

**Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.**

**Otherwise, you may not be able to rely on your insurance when it's needed the most.**

#### The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

## Section 5. Information from the Insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation (continued)

### Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

### Guidance for answering our questions

When answering our 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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

### Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we 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 know about any changes when they happen.

If after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

*It's important that you understand this information and the questions we ask, so if you have any queries please contact Qantas Super on 1300 362 967.*

## Section 6. Declaration and signature

- I have read and understand the Duty to take reasonable care on pages 3 - 4 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- My answers to the questions are true, accurate and complete and I have not deliberately withheld any information or material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and disclosure of personal information' on page 1 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- I understand that cover under a policy does not begin until acceptance by the Insurer, of which I will be notified in writing.
- I acknowledge that MetLife is accepting the transfer of my insurance cover on the basis that I complied with the duty of disclosure or the duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I understand that the transferred cover may be treated as not having commenced with MetLife if I did not comply with the duty of disclosure or duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- I have read and understood the Qantas Super Product Disclosure Statement and Qantas Super Voluntary Cover Insurance Guide.

## Election

- I understand that if my Qantas Super account has not received any contributions or other amounts for a continuous period of 16 months (**inactive**), superannuation legislation will prohibit Qantas Super from providing me with insurance cover unless I make an appropriate election (**election**).
- I understand Qantas Super will not be permitted to provide insurance cover from 1 April 2020, if my superannuation account has not had a minimum balance of at least \$6,000 (**low balance**) and/or I am under 25 years of age, unless I make an appropriate election (**election**).
- I direct Qantas Super to accept this application as an election to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- I understand this election will apply to all insurance cover through my account, including any cover for death, total and permanent disablement and income protection that I already hold in my account and that I am applying for by this application.
- I understand this election will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my election at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Qantas Super.

Signature of applicant

Date (dd/mm/yyyy)



Full name (please print)



**QANTAS SUPER**

Please return the completed form to

Qantas Super, GPO Box 4303, Melbourne VIC 3001

For assistance with the completion of this form, please contact us on **1300 362 967**.

**metlife.com.au**

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