



# BT Business Super BT Lifetime Super – Employer Plan Individual Insurance Consolidation Application

You can use this form if you are a current member of BT Business Super or BT Lifetime Super – Employer Plan and you wish to consolidate your existing insurance cover with another superannuation fund or other insurer into BT Super. Refer to the Product Disclosure Statement (PDS) of your BT Super Fund for information on premiums and conditions.

*Should you wish to consolidate cover held in more than one super fund and/or policy, please photocopy this form to provide all details relevant for each fund/policy being consolidated. Please ensure you have attached the required documentary evidence of your other policies or covers.*



*We recommend your waiting until you have received confirmation that your insurance consolidation has been approved before consolidating your super.*

## 1. YOUR PERSONAL STATEMENT

1.1 Please confirm (by crossing [X] one box below) of the following statements:

- (a) I will cancel my existing insurance cover once I receive confirmation from BT that my Individual Insurance Consolidation Application has been accepted
- (b) I will not consolidate my existing insurance cover into another division or section of my other fund or any other fund other than BT Super.
- (c) I will not apply for a continuation option or reinstate my existing cover with my other fund or insurer.

I agree to abide by these requirements.

Yes  No

**If you answered 'No' you will not be eligible to consolidate your existing insurance cover from your other fund or other insurer to BT Super. Do not return this form to BT.**

1.2 Are you currently absent from work or unable to carry out all of the duties of your current or usual occupation on a full-time basis, due to an injury or illness (even if you are not currently working on a full-time basis) or are you a non-working spouse member?

Yes  No

1.3 Have you been paid, or are you eligible to be paid, or have you lodged a claim for a Salary Continuance or Total & Permanent Disablement benefit with BT Super, another superannuation fund or life insurance policy?

Yes  No

1.4 Have you been diagnosed with an illness that reduces your life expectancy to less than 12 months from the date of application?

Yes  No

**If you answered 'Yes' to any of questions 1.2–1.4 you will not be eligible to consolidate your existing insurance cover from your other fund/insurance policy to BT Super. Do not return this form to BT.**

## 2. YOUR DETAILS

Member number (12–13 numbers)

BT Employer number (7–8 numbers)

Title

Mr  Mrs  Miss  Ms  Other

First names

Surname

Postal address

  
  


State

Postcode

Preferred contact number

Date of birth (dd/mm/yyyy)

 /  / 

Gender

Male  Female

Occupation

Industry

### 3. CONFIRMATION OF REQUIREMENTS

3.1 I confirm that my current level of cover under the other fund/ insurance policy is as follows:

(a) **Death cover**

(b) **Total & Permanent Disablement cover**

*Maximum amount of cover you can consolidate is \$2 million each for Death and Total & Permanent Disablement (TPD)*

Death cover needs to be greater than or equal to TPD cover amount.

(c) **Salary Continuance cover**

To be eligible for salary continuance cover under BT Super you must be permanently employed and working at least 15 hours per week, and be capable of working 30 hours per week.

**Salary Continuance (per month)**

*Maximum amount of cover you can consolidate is 75% of your salary up to a maximum of \$20,000 per month*

**Current Salary Continuance Waiting**

**Period** (eg 30, 60 or 90 days)

 days

*Percentage of Salary*

 %

**Current Salary Continuance Benefit**

**Period** (eg 2 or 5 years, to age 65)

*Forward Underwriting maximum limit, if any*

**Annual Salary\***

*\* If your salary differs from our records, you may be required to provide evidence or have your employer confirm your correct details to us.*

I understand that the consolidation of my current Death and TPD and Salary Continuance cover once accepted by the Insurer, will be subject to the terms and conditions of BT Super's insurance arrangements with the Insurer and that my salary continuance benefit period and waiting period (if applicable) will be matched to a BT Super offer where possible.

3.2 Is your cover under the other fund/insurance policy subject to any premium loadings and/or exclusions including but not limited to pre-existing conditions, exclusions, or restrictions in regards to medical or other conditions?

Yes  No

**If you answered 'Yes' provide details of the premium loadings, exclusions and/or restrictions, including a copy of the advice you received from the insurer or other fund advising you of the acceptance of your cover subject to these additional terms.**

**Important note: If any of your benefits from your existing fund or insurer, had more than two exclusions, or had a loading of more than +100% ie standard premium rates have been increased by more than 100%, then cover for that benefit cannot be consolidated to BT Super.**

### 4. YOUR OTHER FUND OR INSURANCE COMPANY'S DETAILS

You should check with your other fund or insurance company for information about your existing benefits so that you fully understand the effects of consolidating your insurance cover.

Please cross [X] the appropriate option(s) below to indicate if you are consolidating your insurance cover from a super fund or an insurance company.

- I am consolidating my insurance cover from a super fund.  
 I am consolidating my insurance cover from an insurance company.

Member account/policy number

Fund/Insurance company's name

Fund/Insurance company's postal address

  
  
 State  Postcode

Fund/Insurance company's telephone

- I have attached current proof of cover (this must be less than 60 days old)

### 5. ADVISER INFORMATION

Adviser name

Company name

BT Adviser number

**A**

Postal address

  
  
 State  Postcode

Country, if not Australia

Adviser phone number

Do you want your adviser to be able to track the progress of this application?

Yes  No

## 6. DUTY OF DISCLOSURE

### DUTY OF DISCLOSURE

Before you enter into a contract of life insurance with an Insurer, 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 that is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you extend, vary, reinstate or transfer a contract of insurance.

Any disclosure that you have made or ought to have made at the inception of a contract of life insurance being extended, varied, reinstated or transferred must be made as part of your application for the insurer to accept your application for cover. A transfer of an existing insurance cover does not release an applicant from the duty of disclosure under the Insurance Contracts Act 1984.

### NON-DISCLOSURE AND MISREPRESENTATION

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 entering into it. If your non-disclosure is fraudulent, the Insurer may void the contract at any time. An insurer who is entitled to void a contract of insurance may, within three years of entering into it, elect not to void it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the contribution that would have been payable if you had disclosed all relevant matters to the Insurer.

## 7. ACKNOWLEDGEMENT

By signing this form I acknowledge that:

- if I do not fully complete, sign and date this Individual Insurance Consolidation Application, I will not be eligible to consolidate my existing cover to BT Super
- if the Insurer accepts my application, my current amount of cover as at the consolidation date under my other fund(s)/insurance policy(ies) will be consolidated into BT Super subject to a maximum of \$2 million each for Death and Total & Permanent Disablement cover and \$20,000 per month for Salary Continuance cover up to 75% of my salary
- **my consolidated cover will not commence in BT Super until the Insurer accepts my application**
- **my additional cover may become void if I do not cancel my existing cover with my other fund/insurer**
- BT Financial Group (BT) and the Insurer may undertake appropriate enquiries and investigations to verify the answers I have provided
- BT 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 BT or the Insurer with access to the health and/or financial evidence I provided to any other fund and their insurer in an application for the cover
- should it become apparent to BT or the Insurer that I have not responded truthfully or satisfied the requirements that I confirmed in Section 1, then any insured benefit that may be payable to me, my beneficiaries or my estate by BT may be reduced by the insured amount paid or payable by my other fund/insurer; an associated section or division of the other fund/insurer; or any other fund or other insurance arrangement; or any policy issued under any option that I exercised, as a consequence of my failure to abide by these conditions
- I hereby declare that the information contained in this Individual Insurance Consolidation Application (whether written in my hand or not) is true and correct and that no information material to this application for consolidation has been withheld
- if the Insurer accepts my application, the terms and conditions as outlined in the Insurer's policy document will apply, and the terms and conditions of my other fund and/or my other insurer will cease to apply
- I have read the Duty of Disclosure notice and understand its contents and what is meant by my duty to disclose. I also understand that my duty to disclose continues after I have completed this application until the Insurer has accepted the risk
- **I understand that my total Death and Total & Permanent Disablement insurance will convert to a fixed sum insured**
- **I may lose related covers by consolidating my insurance and premiums.**

Your signature

Date (dd/mm/yy)

### NEED HELP CONSOLIDATING YOUR SUPER?

Did you know you could start saving on super fees by consolidating your super as well as your insurance and having it all in the one place today?

Yes, please contact me to help me consolidate my super with BT.

We recommend your waiting until you have received confirmation that your insurance consolidation has been approved before consolidating your super.

You can submit this form by mail: BT Super – Insurance  
GPO Box 2919  
Adelaide SA 5001

*Westpac Securities Administration Limited ABN 77 000 049 072 AFSL No.233731 RSE L0001083 is the Trustee of BT Business Super ABN 81 236 903 448 RSE R 1003970. BT Funds Management Limited ABN 63 002 916 458 AFSL No.233724 RSE L0001090 is the Trustee of the BT Lifetime Super – Employer Plan ABN 39 827 542 991 RSE R1001327.*

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