

## Group Insurance Continuation Option Form

### Group Salary Continuance.

- Integrity Life's Continuation Option allows you to continue the cover you held under your former employer's Group Insurance Policy (the Previous Policy) by taking out an Integrity Life Retail Policy (the New Policy).
- To be eligible for the New Policy you must:
  - Apply within 60 days of ceasing employment.
  - Be aged between 18 and under 60 years of age.
  - Be an Australian Resident.
  - Have commenced or be contracted to commence employment in an occupation suitable to us.
  - Not have submitted a claim or be eligible to claim in the previous 12 months under your Previous Policy or any other life insurance policy.
  - Not be a member of the armed forces of any country (including the army reserve).
  - Not have left your previous employment for reasons other than illness or injury.
- The New Policy will be limited to the amount of insurance previously provided to you under your employer's Group Insurance Policy. Any loadings and / or exclusions you currently have will also be applied to your New Policy. Any changes you have asked for will be referred to our underwriters who will contact you if they need any further information.
- Your New Policy will be limited to the types of benefits under your Employer Policy. Additional benefits may be available as part of the standard individual product offering. However, if you would like to access any of these, you must undergo full underwriting which will require you to provide additional information, including evidence of your health;
- Your New Policy is not effective until we accept your request to continue insurance and we issue you with a New Policy with Integrity Life.
- The ability to continue insurance cover under the New Policy is not available if you have or intend to lodge a claim or have received insurance payments for illness or injury under the previous policy, or any other policy which would affect Integrity's decision to offer you cover.
- This form is to be completed by the applicant, who is the person wanting to exercise their Continuation Option. Please provide honest and complete responses.



## **DUTY OF DISCLOSURE.**

Before you enter into a contract of life insurance with us, you have a duty, under the Insurance Contracts Act 1984, to tell us anything you know, or could be expected to know, which could influence our decision whether to provide you with insurance cover and, if so, on what terms.

This duty continues until we agree to insure you. This means you must advise us of any changes to the information you have provided to us up until the date we confirm in writing your application has been accepted or declined.

You also have the same duty to disclose to us before you extend, vary or reinstate a contract of life insurance in the future but we will remind you again.

You don't need to tell us anything that:

- diminishes the risk to us;
- is common knowledge;
- we know or in the ordinary course of business ought to know; or
- we waive your duty to tell us about.

If an eligible person or insured member does not tell us everything he or she should have, this may be treated by us as a failure by you to tell us something that you should have.

### **The consequences of failing to disclose details to us.**

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract. This means reducing your cover or changing it in a way that places us in the same position we would have been in had you told us.

If your non-disclosure is fraudulent, we may avoid the contract at any time. If we avoid the contract, we will not pay any claim under that contract.

## **YOUR PRIVACY.**

Your privacy is important to us.

We're committed to safeguarding people's privacy and the confidentiality of their personal information and are bound by the Australian Privacy Principles set out in the Privacy Act 1988 (Cth) (the Act).

We collect, your personal information (including sensitive information) to assess your application, administer the Policy and enhance customer service and products. If you do not provide all information requested, we may not be able to issue or administer the Policy.

We may disclose your information, where relevant, to other insurers, reinsurers, our service providers, our business alliance or as required by law within Australia or overseas. These laws

include the Australian Securities and Investment Commission Act 2001, Corporations Act 2001, Insurance Contracts Act 1984, Life Insurance Act 1995, Anti-Money Laundering and Counter Terrorism Financing Act 2006 and Income Tax Assessment Act 1997, as well as any amendments and any associated regulations. From time to time other acts may require or authorise us to collect your personal information.

Our aim is to always have accurate, complete, up-to-date and relevant information. If you would like to seek access to, or revise, your personal information, or feel that the information we currently have on record is incorrect or incomplete, please contact the Privacy Officer using the following contact details:

**Ph:** 1300 543 366

**Email:** [privacy@integrityife.com.au](mailto:privacy@integrityife.com.au)

**Post:** PO Box R1741

Royal Exchange NSW 1225

Our Privacy Policy provides more detail about how we handle your personal information. For the full version of our Privacy Policy, please refer to [integritylife.com.au/privacy-policy](http://integritylife.com.au/privacy-policy) or call us on 1300 54 33 66.

If you have any questions when completing this form, contact us on 1300 543 366.

## APPLICANT'S DETAILS.

Full Name of person to be insured:			
Title of person to be insured:			
Address:			
Date of birth:			
Phone:		Email:	
Name of employer plan (if known):			
Job Title:			
Date employment ceased:			
I agree to Integrity Life contacting me directly by:		Phone <input type="checkbox"/>	Email <input type="checkbox"/>

## CURRENT COVER DETAILS.

If you know the details of your cover under the Previous Policy, please provide them below. If you do not, we will confirm them with your Adviser/ Super Fund.

Cover Type	Amount of cover	Waiting period	Benefit period	Loadings / exclusions

The cover under your New Policy will be as per your current cover. If you wish to amend the cover please contact us on 1300 543 366.

## ADDITIONAL DETAILS.

Please provide honest and complete responses and remember your [Duty of Disclosure](#).

Please answer the following and if you are unable to select agree please provide further details at the end.

I am currently employed full time / contracted to work in the future full time, or working similar hours to my previous employment	<input type="checkbox"/> Agree
My occupational duties are expected to/ will be similar to my previous role	<input type="checkbox"/> Agree
I am not a member of the armed forces of any country (including the reserves)	<input type="checkbox"/> Agree
I have not made a claim in the last 12 months nor am I eligible to make a claim now on any life insurance policy	<input type="checkbox"/> Agree
I have not smoked tobacco or any other substance or used any product containing nicotine in any form in the last 12 months	<input type="checkbox"/> Agree
I am a permanent resident of Australia, and do not intend to live permanently overseas	<input type="checkbox"/> Agree
Please provide any further details here for questions you are unable to agree to:	

## DECLARATION AND SIGNATURE.

I wish to apply to Integrity Life Australia Limited for a New Policy on the basis set out in this Continuation Option form. If Integrity Life Australia Limited accept this form, I acknowledge that I will be bound by the terms and conditions of the Quotation and the Policy issued as a result of this Continuation Option Form.

I have read and understood my [Duty of Disclosure](#) and I am aware of the consequences of non-disclosure.

## SIGNATURE.

(or type your name if sending from a personal identifiable email address).

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Name of Applicant

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Signature of Applicant

Please email completed form to:  
[hello@integritylife.com.au](mailto:hello@integritylife.com.au)

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Date