

Changing your insurance cover



Use this form to change your insurance cover.

You can use this form to:

- cancel or decrease your Death and/or Total & Permanent Disablement (TPD) cover or Income Protection (IP) cover
- increase your IP waiting period
- decrease your IP benefit period
- opt out of the six-monthly IP automatic updates (Accumulation 2 only)
- opt out of receiving default Death and TPD cover in the future.

If you cancel or decrease your insurance cover and later choose to purchase additional insurance cover, your application will

be subject to you providing health evidence and acceptance by our Insurer. Our Insurer has the ability to accept, decline or impose restrictions, exclusions and/or loadings on the insurance premiums.

Income Protection cover is only available to Accumulation 1, Accumulation 2 and Personal Account members.

PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide to UniSuper on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, please call **1800 331 685**.

SECTION 1 YOUR DETAILS

▶ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.

UniSuper member number

If you're unsure of your member number, refer to your most recent UniSuper correspondence or call us on **1800 331 685**.

Title

 Mr Mrs Ms Dr Professor Other

Surname

Given name

Date of birth (DD/MM/YYYY)

Daytime contact number

Email address

Residential address (not PO Box)

Suburb/Town

State

Postcode

Country (if not Australia)

- To cancel cover, complete SECTION 2.
- To opt out of automatically receiving default Death and TPD cover in the future, complete SECTION 3.
- To decrease your Death and/or TPD cover, complete SECTION 4.
- To change your IP cover, complete SECTION 5.



SECTION 2 CANCELLING YOUR COVER

Please cancel my:

Death cover TPD cover IP cover

Your insurance cover will cease on the day we receive your request.

Note: If you have Death and TPD cover, and cancel only the Death cover, then you will have TPD-only cover. If you cancel only the TPD cover, then you will have Death-only cover.

SECTION 3 OPT OUT OF COVER

Do you want to opt out of ever receiving default Death and TPD cover in the future, even if your account closes and opens again at a later date (provided your member number doesn't change)?

No Yes

SECTION 4 DECREASING DEATH AND/OR TPD COVER

➤ Please refer to your online account, your most recent Benefit statement, or call us if you need assistance in completing this section.

Do you have **unitised** cover that you want to decrease?

No Yes. Please decrease my:

Death cover to units TPD cover to units

Do you have **fixed** cover that you want to decrease? (This must be in multiples of \$1,000)

No Yes. Please decrease my:

Death cover to \$ TPD cover to \$

Your insurance cover will cease or decrease on the day we receive your request.

SECTION 5 CHANGE INCOME PROTECTION COVER

➤ Please refer to your online account, your most recent benefit statement, or call us if you need assistance in completing this section.

Do you wish to **decrease** the amount of IP cover you have?

No Yes. How many units of IP cover would you like to **decrease** to?

units of cover (\$433 per month or \$100 per week sum insured)

Your insurance cover will cease or decrease on the day we receive your request.

Do you want to increase your Income Protection (IP) waiting period?

No Yes. I currently have a 30-day or 60-day IP waiting period and wish to increase my IP waiting period to:

60 days 90 days

Do you want to decrease your IP benefit period? This is the period during which you receive IP payments.

No Yes. I want to decrease my IP benefit period:

to a five-year benefit period* to a two-year benefit period

* If you're a Personal Account member with an occupation rating of Heavy manual or Special risk, you will receive a two-year benefit period.

Do you want to opt out of the six-monthly Income Protection (IP) cover automatic updates? (Accumulation 2 only)

No Yes. Your IP cover will remain fixed.

If you opt out of this automatic update, you cannot opt back in.

SECTION 6**MEMBER DECLARATION AND SIGNATURE**

▶ Please read this declaration before you sign and date your form.

- I declare that the information I have given on this form is true and correct.
- I acknowledge that I have received, read and understood the information in my UniSuper membership PDS and in the relevant *Insurance in your super* booklet and I understand that:
 - If I cancel or decrease cover and I want to apply for cover at a later date, I will need to provide health evidence and my application will be subject to the Insurer's acceptance.
 - If I opt out of ever receiving default cover in the future, this election will cease if my member number changes.
- I understand that all insurance cover is subject to the terms and conditions of the policy.
- I acknowledge that if I fail to provide all or part of the information required or consent to the Insurer obtaining such information, as required, this application will not be assessed and processed.
- I acknowledge that I have read *Your duty to take reasonable care* and understand my obligations under the *Insurance Contracts Act 1984* as explained in the PDS relevant to my membership category and *Insurance in your super* booklet.
- I acknowledge that I have read and understood the privacy information contained in the PDS relevant to my UniSuper membership category and consent to my personal information being used in accordance with UniSuper's Privacy Policy.
- I understand that if I am a Personal Account member with an occupation rating of Heavy manual or Special risk and my Income Protection benefit period is 'to age 65', I am only eligible to decrease my benefit period to a two-year benefit period.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
<small>DD</small>	<small>MM</small>	<small>YYYY</small>

Returning your form

Email: enquiry@unisuper.com.au

Post: UniSuper
Level 1, 385 Bourke Street
Melbourne Vic 3000

Need help?

- Email enquiry@unisuper.com.au
- Call **1800 331 685**.