

# Changing your insurance cover



## Save time, go online!

The quickest way to change your insurance cover is to log into your account at [unisuper.com.au](https://unisuper.com.au). This option isn't available for UniSuper members residing outside of Australia. Please complete this form if you reside outside Australia.

- reduce your Death and/or TPD cover (go to SECTION 4)
- reduce your Income Protection cover, increase your waiting period, or decrease your benefit period (go to SECTION 5)
- opt out of six-monthly Income Protection automatic updates (Accumulation 2 members only) (go to SECTION 6)

Before you complete this form, please read the *Insurance in your super* document at [unisuper.com.au/pds](https://unisuper.com.au/pds) to ensure that you understand the full terms and conditions that apply to insurance provided through UniSuper and the details regarding the options available under this application.

You should consider seeking advice from a qualified financial adviser before making a decision on your insurance. Our insurance calculator, available at [unisuper.com.au/insurance-calculator](https://unisuper.com.au/insurance-calculator), can help you determine what the right level of cover may look like for you and how much cover will cost.

You can use this form to:

- cancel your Death, Total & Permanent Disablement (TPD) and/or or Income Protection cover (go to SECTION 2)
- opt out of automatically receiving insurance cover in the future when eligible (go to SECTION 3)

## SECTION 1 MEMBER DETAILS

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

|   |   |   |                             |                             |                                    |                                |  |
|---|---|---|-----------------------------|-----------------------------|------------------------------------|--------------------------------|--|
| Member number   |   |   |                             |                             |                                    |                                |  |
| Title   | <input type="checkbox"/> Mr                   | <input type="checkbox"/> Mrs  | <input type="checkbox"/> Ms | <input type="checkbox"/> Dr | <input type="checkbox"/> Professor | <input type="checkbox"/> Other |  |
| Surname   |   |   |                             |                             |                                    |                                |  |
| Given name(s)   |   |   |                             |                             |                                    |                                |  |
|   | This includes your first and middle name(s).  |   |                             |                             |                                    |                                |  |
| Date of birth (DD/MM/YYYY)                                      |   |   |                             |                             |                                    |                                |  |
| Daytime contact number  |   |   |                             |                             |                                    |                                |  |
| Email address   |   |   |                             |                             |                                    |                                |  |
| Residential address (not PO Box)                                |   |   |                             |                             |                                    |                                |  |
| Suburb/Town   |   |   |                             |                             |                                    |                                |  |
| State   |   |   |                             |                             | Postcode                           |                                |  |
| Country (if not Australia)                                      |   |   |                             |                             |                                    |                                |  |
| Is your postal address different from your residential address? | <input type="checkbox"/> No. Go to SECTION 2. | <input type="checkbox"/> Yes. Please provide your postal address below. |                             |                             |                                    |                                |  |
| Postal address (PO Box if applicable)                           |   |   |                             |                             |                                    |                                |  |
| Suburb/Town   |   |   |                             |                             |                                    |                                |  |
| State   |   |   |                             |                             | Postcode                           |                                |  |
| Country (if not Australia)                                      |   |   |                             |                             |                                    |                                |  |



## SECTION 2 CANCEL YOUR INSURANCE COVER

➤ Complete this section if you have existing Death, TPD and/or Income Protection insurance cover and you want to cancel your cover.

If you cancel your insurance cover, you can apply for cover in the future—you'll need to provide health evidence that satisfies the Insurer. Your application for insurance cover may not be accepted or may be accepted with special conditions.

Please **cancel** my:

Death cover  TPD cover  Income Protection cover

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

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

## SECTION 3 OPTING OUT OF AUTOMATICALLY RECEIVING INSURANCE COVER

➤ Complete this section if you want to opt out of automatically receiving insurance cover.

If you opt out of insurance cover, you can apply for cover in the future—you'll need to provide health evidence that satisfies the Insurer. Your application for insurance cover may not be accepted or may be accepted with special conditions.

### 3A. OPT OUT OF AUTOMATICALLY RECEIVING INSURANCE COVER

Would you like to opt out of automatically receiving insurance cover when you meet the eligibility conditions under this membership and any future memberships?

Yes. This decision will apply even if you leave UniSuper and re-join, provided your member number doesn't change.  
Go to SECTION 4.

No. Continue.

### 3B. OPT OUT OF RECEIVING DEFAULT DEATH AND/OR TPD COVER

Would you like to opt out of automatically receiving default Death and/or TPD cover when you meet the eligibility conditions under this membership only?

#### Default Death and TPD cover

Yes. Go to SECTION 4.

No. Continue.

#### Default Death-only cover

Yes. Go to SECTION 4.

No. Continue.

#### Default TPD-only cover

Yes. Go to SECTION 4.

No. Continue.

## SECTION 4 REDUCE YOUR DEATH AND/OR TPD COVER

➤ Complete this section if you have existing Death and/or TPD cover and you want to reduce your Death and/or TPD cover. Log into your online account or refer to your most recent UniSuper benefit statement to help you complete this section.

### 4A. REDUCING YOUR UNITISED DEATH AND/OR TPD COVER

Do you have unitised cover that you want to reduce?

No  Yes. Please decrease my:  
 Death cover to  units  TPD cover to  units

**Note:** The number of units of cover you hold may stay the same but the dollar value of Death and/or TPD cover you have will change as you get older based on the age-based insurance curve. Refer to the *Insurance in your super* document for more details on unitised cover.

### 4B. REDUCING YOUR FIXED DEATH AND/OR TPD COVER

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

No  Yes. Please decrease my:  
 Death cover to \$   TPD cover to \$

**Note:** The amount of your TPD cover will be automatically reduced each year from age 61 so that your TPD cover amount will be reduced to zero upon reaching your 70th birthday.

Your insurance cover will be reduced effective the day we receive your request.

## SECTION 5 CHANGE YOUR INCOME PROTECTION COVER

➤ Complete this section if you have existing Income Protection cover with us and you want to reduce the amount of your Income Protection cover, increase your waiting period, or decrease your benefit period. Log into your online account or refer to your most recent UniSuper benefit statement to help you complete this section.

### 5A. REDUCING YOUR INCOME PROTECTION COVER

If your current Income Protection cover is more than 85% of your salary, you should consider reducing your Income Protection cover amount to avoid paying for Income Protection cover that you may not be able to claim on.

Do you wish to reduce the amount of Income Protection cover you have?

No  Yes. How many units of Income Protection cover would you like to reduce to?  
 Units of cover (one unit of cover is equivalent to \$100 per week, and may include an amount paid into superannuation)

Your insurance cover will be reduced effective the day we receive your request.

### 5B. INCREASING YOUR INCOME PROTECTION WAITING PERIOD

Do you want to increase your Income Protection waiting period?

No  Yes. I currently have a 30-day or 60-day Income Protection waiting period and wish to increase my Income Protection waiting period to:  
 60 days OR  90 days

### 5C. DECREASING YOUR INCOME PROTECTION BENEFIT PERIOD

Do you want to decrease your Income Protection benefit period?

No  Yes. I want to decrease my Income Protection benefit period to:  
 a five-year benefit period\* OR  a two-year benefit period

\* If you're a Personal Account member with an occupation classification of Heavy Manual or Special Risk, you will receive a two-year benefit period.

## SECTION 6 OPTING OUT OF AUTOMATIC UPDATES TO INCOME PROTECTION COVER (ACCUMULATION 2 MEMBERS ONLY)

➤ Complete this section if you're an Accumulation 2 member and you want to opt-out of the six-monthly salary review and automatic updates to your Income Protection cover.

I don't want UniSuper to review my salary on a six-monthly basis and automatically update my Income Protection cover amount in line with changes to my annual salary with my UniSuper participating employer.

**Note:** If you opt out of this automatic update, your Income Protection cover amount will remain at the current level as accepted by the Insurer until you apply to change it subject to the acceptance of the Insurer. You won't be eligible for automatic updates to your Income Protection cover in the future.

## SECTION 7 MEMBER DECLARATION AND SIGNATURE

➤ Please read this declaration before you sign and date this form.

I declare that:

- the information I have given on this form and any accompanying pages that form part of my application is true, complete and correct.
- I have read and understood the relevant UniSuper *Product Disclosure Statement* and *Insurance in your super* document available at [unisuper.com.au/pds](https://unisuper.com.au/pds).
- I have read and understood the privacy information in this form and consent to my personal information being used in accordance with UniSuper's *Privacy Policy* and the Insurer's *Privacy Policy*.

I acknowledge that:

- if I request to cancel or decrease my cover, increase my Income Protection waiting period, or decrease my Income Protection benefit period, 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 automatically receiving insurance cover under SECTION 3A of this form, I will not receive any default cover or transitioned cover that I may be eligible for and/or that I may become eligible for in the future, and the opt-out election will apply even if I leave and rejoin UniSuper (provided my member number has not changed).
- if I opt out of receiving default cover under SECTION 3B of this form, I will not receive any default cover that I may be eligible for during my current period of membership with UniSuper. However, the opt-out election will cease to apply if I leave UniSuper and rejoin in the future, in which case I may receive default cover automatically upon meeting eligibility criteria.
- if I am a Personal Account member with an occupation classification of 'Heavy Manual' or 'Special Risk' and I request to decrease my Income Protection benefit period under SECTION 5C of this form, I will receive a two-year benefit period regardless of the benefit period nominated on this form.
- if I am an Accumulation 2 member and I opt out of automatic updates to Income Protection cover under SECTION 6 of this form:
  - my Income Protection cover amount will not automatically change (increase or decrease) even if my salary changes,
  - if my salary decreases which results in my Income Protection cover amount being greater than 85% of my new salary, I may be paying for insurance cover that I may not receive a benefit for in the event of a claim and I understand I can request to reduce my Income Protection cover at any time, and
  - if my salary increases which results in my Income Protection cover amount being less than 85% of my new salary and I want more cover, I will need to provide health evidence and my application will be subject to the Insurer's acceptance.
- UniSuper or the Insurer may contact me to verify my instructions on this form.

Signature

Date

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| DD                   | MM                   | YYYY                 |

### Returning your form

Mail to: UniSuper  
Level 1, 385 Bourke Street  
Melbourne Vic 3000

Email to: [insurance@unisuper.com.au](mailto:insurance@unisuper.com.au)

### Need help?

- Email [insurance@unisuper.com.au](mailto:insurance@unisuper.com.au)
- Call **1800 331 685**.

### 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](http://unisuper.com.au/privacy). If you have any privacy related questions, please call **1800 331 685**.

### YOUR PRIVACY WITH METLIFE INSURANCE LIMITED ABN 75 004 274 882 AFSL 238096 ('METLIFE' OR THE 'INSURER')

The personal information you provide in this 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* (Cth) 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).