

Electing to keep your insurance cover form

Save time, go online!

The quickest way to elect to keep your insurance cover is via your online account. Log in at unisuper.com.au/login > go to *Your insurance* > look for the *Manage your insurance* section.

Complete this form if you want to keep your insurance while you're not receiving regular super contributions.

IMPORTANT INFORMATION

Super legislation requires us to protect our members' super accounts from unnecessary erosion by insurance fees.

This means that we'll cancel your existing Death, Total and Permanent Disablement (TPD) and/or Income Protection insurance cover (as applicable) if your account hasn't received any contributions or rollovers for a continuous period of 16 months. This period is known as account inactivity.

If you're not receiving regular contributions into your UniSuper account and you want to prevent your insurance cover from being cancelled due to account inactivity, you will need to elect to keep your cover via your online account or complete this form.

Please note, if your insurance has recently been cancelled and you want to reinstate it, you'll need to complete an *Insurance cover reinstatement* form, available at unisuper.com.au/forms.

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	<input type="text"/>
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Surname

Given name(s)

This includes your first name and middle name(s).

SECTION 2 YOUR INSURANCE ELECTION

☒ I wish to keep my insurance cover even if my account doesn't receive any contributions for 16 months or more. I understand that this election applies to all insurance cover that I currently hold with UniSuper and/or that I may subsequently receive in the future in my UniSuper account during the current period of fund membership.



SECTION 3 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've read and understood the relevant UniSuper *Product Disclosure Statement* and *Insurance in your super* document available at unisuper.com.au/pds.
- I've read and understood the duty to take reasonable care and understand my obligations under the *Insurance Contracts Act 1984* (Cth).
- I've read and understood the privacy information and consent to my personal information being used in accordance with UniSuper's *Privacy Policy* and the Insurer's *Privacy Policy*.
- Signing this form constitutes a valid election to maintain my cover with UniSuper, even in the event my account doesn't receive a contribution or rollover for a continuous period of 16 months.

I acknowledge that:

- This application and any insurance cover that is subsequently provided will be determined in line with UniSuper's insurance policy terms and conditions.
- If I fail to provide all or part of the information required or consent to the Insurer to obtain such information as it requires this application will not be assessed and processed.
- UniSuper or the Insurer may contact me to request additional information and to verify my instructions on this form.

Signature

Date

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

Returning your form

Electronically: use the Upload a document tool at unisuper.com.au/contact-us.

Via post: mail to UniSuper Level 1, 385 Bourke Street, Melbourne Vic 3000.

Need help?

- call 1800 331 685 or,
- visit unisuper.com.au/contact-us for more options, including chat.

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.

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* 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.