

# Insurance cover reinstatement form



## AVOID PROCESSING DELAYS

Check you're using the latest version of this form. Compare the issue date at the bottom of this page with the version available at [unisuper.com.au/forms](http://unisuper.com.au/forms).



## NEED HELP?

If you need help or more information, call us on **1800 331 685**.

## Who should use this form?

You can use this form to have your cover reinstated, as though it had never ceased, if your cover ceased on or after 1 April 2020 due to:

- having insufficient funds to pay insurance premiums when due,
- inactivity, or
- having an account balance under \$6,000 or you're aged under 25.

Inbuilt benefits provided to DBD members that cease can't be reinstated.

**Important: we won't be able to accept your form, if we receive it after 90 days of the date your cover ceased.**

## SECTION 1 — Your details

Please use **BLACK** or **BLUE BALLPOINT PEN** and print in **CAPITAL LETTERS**. Cross where required **X**

Member number

Title Mr  Mrs  Ms  Dr  Professor

Other

Surname

Given name

What number can we call you on if we have a question about this form?

Email address

## SECTION 2 — Eligibility

**You must answer all questions.**

Are you actively performing, or capable of actively performing, all of the duties of your usual occupation, free from any limitation due to illness or injury on a full-time basis (at least 30 hours per week)?

- No. You're not eligible to have cover reinstated.
- Yes

Have you applied for, are entitled to, or been paid a total and permanent disablement or terminal illness type benefit from any super fund or life insurance policy?

- Yes. You're not eligible to have cover reinstated
- No. Go to SECTION 3

## SECTION 3 — Declaration and signature

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

- I understand that if my cover is reinstated, my cover will be subject to the same conditions, limitations and/or exclusions (including the same pre-existing condition (PEC) exclusion period, if any), that applied prior to cover ceasing.
- I acknowledge that I've read and understood the Product Disclosure Statement and received all information I require to make the choice to reinstate my insurance cover.
- If my cover was ceased due to inactivity, I wish to keep all my insurance arrangements provided within my super fund, even if my account has not received a contribution or rollover for 16 months or more.
- I understand that I must pay premiums owing from when my insurance was cancelled and have enough money in my accumulation account to continue to pay premiums when due.
- I understand that if there's not enough in my super account to pay the cost of my insurance, my insurance cover will be cancelled.
- I understand my application to reinstate cover will not be processed if UniSuper does not receive my fully completed form within 90 days of the date cover ceased.

Signature

Date (DDMMYYYY)

form continues



## Privacy statement

We recognise the importance of protecting your personal information and are committed to complying with our privacy law obligations.

We collect your personal information to administer your account, ensure you're eligible for insurance cover, provide you with UniSuper membership benefits, services and products, verify your identity and improve our products and services. You consent to our collecting sensitive information about you, where collecting that information is reasonably necessary for us to perform one or more of our functions or activities. We usually collect personal and sensitive information directly from you, however, it may also be collected from third parties, such as your employer.

We may also collect this information from you because we're required or authorised by or under an Australian law or a court/tribunal order to collect that information.

If you don't provide this information, we may not be able to administer your account, provide you with a product or service or you may be disadvantaged in some other way.

We may disclose your information to any service provider we engage (for example mail-houses, auditors, insurers, actuaries, lawyers and research consultants) to carry out or help us provide your membership benefits, services and products. This includes overseas entities. The countries we may disclose personal information to are Japan, Canada and the United States of America. Where information is transferred overseas, we'll seek to ensure the recipient of the data has security systems to prevent misuse, loss or unauthorised disclosure in line with Australian laws and standards.

Our Privacy Policy contains information about how you can access any personal information we hold, how to correct your information and how to make a complaint about a breach of the Privacy Act. It's available at [unisuper.com.au](https://www.unisuper.com.au) or by calling us on **1800 331 685**.



### RETURN YOUR COMPLETED FORM TO:

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

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Reply Paid 67452  
Melbourne Vic 3000