

Changing your insurance cover



AVOID PROCESSING DELAYS

We make important changes to our forms at times. Check you're using the latest version by comparing the issue date at the bottom of this page with the version at unisuper.com.au/forms.

When to use this form

Use this form to cancel (opt out of) or to decrease your:

- ❖ Death and Total & Permanent Disablement (TPD) cover
- ❖ Income Protection cover for Accumulation 1, Accumulation 2 and Personal Account members
- ❖ Death-only cover or TPD-only cover.

You can also use this form to:

- ❖ increase your Income Protection (IP) waiting period
- ❖ decrease your IP benefit period
- ❖ opt out of the six-monthly IP cover automatic updates (Accumulation 2 only).

Important information

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

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

What can I do if I want to increase my cover or benefit period?

If you'd like to:

- ❖ increase your Death, TPD and Income Protection (IP) value,
- ❖ increase your IP benefit period, and/or
- ❖ decrease your IP waiting period,

you'll need to apply for cover through MemberOnline or by completing and returning the application form in the *Insurance in your Super* booklet available at unisuper.com.au/brochures.

Privacy information

UniSuper recognises the importance of protecting your personal information and is committed to complying with its privacy law obligations. For more information on how we collect and manage your information please refer to the Privacy statement at the end of this form.

SECTION 1 — Your details

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

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(s)

Date of birth (DDMMYYYY)

Contact number

Email address

@

Residential address, number and street (*not PO Box*)

Suburb/Town

State

Postcode

Country (*if not Australia*)

form continues >



SECTION 1 — Continued

Is your postal address different from your residential address?

> No. Go to SECTION 2.

> Yes. Please provide your postal address below.

Postal address, number and street *(or PO Box if applicable)*

Suburb/Town

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State

Postcode

Country *(if not Australia)*

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SECTION 2 — Cancelling and/or decreasing Death and/or TPD cover

Do you currently have **fixed** or **unitised** Death-only or Death and Total & Permanent Disablement (TPD) or TPD-only insurance cover?

> Unitised. Go to SECTION 3A

> Fixed. Go to SECTION 3B

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

SECTION 3A — Cancelling and/or decreasing unitised Death and/or TPD cover

Please **cancel** (opt out of) my:

> Death cover

> Death and TPD cover

> TPD cover

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

Do you want to **decrease** the number of units of cover you currently have?

> No. Go to SECTION 4

> Yes. Please decrease my:

> Death cover to units

> Death and TPD cover to units

> TPD cover to units

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

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

SECTION 3B — Cancelling and/or decreasing fixed Death and/or TPD cover

Please **cancel** (opt out of) my:

> Death cover

> Death and TPD cover

> TPD cover

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

Do you wish to **decrease** the amount of fixed Death and/or TPD insurance cover? (This must be in multiples of \$1,000)

> No. Go to SECTION 4

> Yes. Please decrease my:

> Death cover to
\$, ,


> Death and TPD cover to
\$, ,

> TPD cover to
\$, ,

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

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

SECTION 4 — Income Protection cover

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

Do you currently have Income Protection (IP) cover?

- > No. Go to SECTION 5
- > Yes. Do you want to **cancel** (opt out of) your IP cover?
- > No
- > Yes. Your insurance cover will cease on the day we receive your request. Go to SECTION 5

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:
- > From age 65 to a 5-year benefit period
- > From age 65 to a 2-year benefit period
- > From a 5-year benefit period to a 2-year benefit period.

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

- > No. Go to SECTION 5
- > Yes. Your IP cover will remain fixed.


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

SECTION 5 — Opt out of cover (reinstating or recommencing)

Do you want to opt out of having cover reinstated, recommenced or ever having default insurance cover automatically applied to your account again in the future (provided your member number doesn't change)?

- > No
- > Yes

SECTION 6 — Declaration

 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 opt out of Death, Death and TPD or Income Protection cover and I want to re-apply for cover at a later date, I will need to apply for underwriting and my application will be subject to the Insurer's acceptance.
 - If I opt out of having cover reinstated, recommenced or 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 the duty of disclosure 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.

Signature

Date (DDMMYYYY)



RETURN YOUR FORM TO:

UniSuper
Level 1, 385 Bourke Street
Melbourne Vic 3000



NEED HELP?

For more information:

- email enquiry@unisuper.com.au, or
- call **1800 331 685**.

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 or by calling us on **1800 331 685**.