

# Adjusting your Insurance Cover – Apply or increase

You can adjust your insurance cover to suit your personal circumstances. Please refer to the Product Disclosure Statement and Insurance guide for further information about your insurance options.

In considering your insurance needs you may wish to seek the advice of a licensed and appropriately authorised financial adviser.

It's important that you're aware of the consequences of not providing the Insurer all the information they require. Please read the Disclosure section in the Member Personal Statement before completing this form.

#### Use this form to:

You may be eligible to receive automatic default insurance cover for Death, Total and Permanent Disablement (TPD) and Income Protection (IP) when your super account balance reaches \$6,000 or over and you are aged 25 years or older. You can choose to receive default insurance cover sooner by opting-in. Please complete Step 2. Please note: The Member Personal Statement is not required to be completed.

You can reduce your Income Protection waiting period or increase your benefit payment period. Increases will be subject to assessment by the insurer, and you will need to complete a Member Personal Statement which is available from our website mylifemyinsurance.com.au/forms-publications. Once completed, send both documents to your Fund. Alternatively, you can apply for your insurance directly online by logging onto your account through MyLife Online and following the steps outlined, where you will be advised if further medical or blood tests are required. Please complete Step 3.

### If you need help

For assistance call our Service Centre on 1300 963 720.

Step 1 – Complete your personal details	Please print in black or blue pen, in uppercase, one character per box.
Member number	
Title Mr Mrs Ms Miss Other Date o	of birth
Given names	
Surname	
Postal address	
Suburb	State Postcode
Daytime telephone N	Mobile
Email	

## Step 2 – Opt in to default insurance cover You can choose to receive default insurance cover now by opting-in below. I wish to opt into: Income Protection cover Death and TPD cover Death cover only. Transport industry workers are not eligible to receive automatic default Income Protection cover. Important: By opting in to the above type(s) of default insurance cover now, you will not receive any other types of cover automatically in the future. If you'd like to apply for any additional insurance cover at a later date, you'll need to answer health questions and you'll be subject to approval by the Insurer. Death and TPD round up to nearest \$1,000 Step 3 – Choose level of cover IP round up to nearest \$1 Total level of Death cover requested Total level of Total & Permanent Disablement (TPD) cover requested (Must not exceed Death cover)

Salary includes packaged items, bonuses/commissions and salary sacrifice, but excludes Super Guarantee (employer) contributions.

(Must not exceed 85% of your salary as defined in the Insurance Guide)

Income Protection benefit period

2 years 5 years To age 65 To age 70

## Step 4 – Declaration and signature

I understand and agree that:

Monthly Income Protection benefit required

Income Protection waiting period

 $\bigcirc$  30 days  $\bigcirc$  60 days

- Any higher insurance cover will be subject to the provision of satisfactory evidence of good health to the insurer and will not be applicable until the trustee has advised me in writing of its acceptance of the increased insurance cover.
- Any reduction from my existing additional insurance cover will take effect from the date the trustee receives my request.
- The cost of insurance cover will be deducted from my account at the published premium rates, which are subject to change.
- I will provide further medical authorities as requested.
- This request replaces any previous instruction from me.
- Insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the insurer and as agreed between the Fund and the insurer from time to time.
- I have read MyLife MyInsurance's Privacy Statement available at **mylifemyinsurance.com.au/privacy**. I understand and consent to my personal information being collected and used by MyLife MyInsurance in accordance with this statement.
- I have read the duty to take reasonable care and am aware of the consequences of non-disclosure.
- I understand the duty to take reasonable care continues after I have completed this statement until my request has been accepted in writing.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Member Signature	Date
X	

Please return your completed form to MyLife MyInsurance, GPO Box 4303, Melbourne VIC 3001.

