

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.

Step 3 – Choose level of cover

Death and TPD round up to nearest \$1,000

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)

Monthly Income Protection benefit required

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

Income Protection waiting period

- 30 days 60 days

Income Protection benefit period

- 2 years 5 years To age 65 To age 70

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

Step 4 – Declaration and signature

I understand and agree that:

- 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

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

