Change your insurance

Elgas accumulation

About this form

You can use this form to apply for, increase, decrease or cancel your death and total and permanent disablement (TPD) or income protection (IP) insurance cover. For full details of insurance cover, please refer to the *Equip Super Corporate Product Disclosure Statement (PDS) for Elgas members*.

1 – Your member details

Please complete in pen using CAPITAL letters

Member number

Title

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

Sex

Male ☐ Female ☐

Date of birth (ddmmyyyy)

First name

Last name

Postal address (must be provided)

Suburb

State

Postcode

Country (if not Australia)

Business hours phone

After hours phone

Mobile

Email

Need help?

1800 682 626 **equipsuper.com.au** Equip Super, GPO Box 4303, Melbourne VIC 3001

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2 – Change your insurance cover

Cover applies automatically when you meet Equip Super's eligibility and cover conditions, unless you have already opted out of it previously. Below you can choose to opt out of default cover, and apply for or make changes to death and total and permanent disablement (TPD) or income protection (IP) insurance cover.

I would like to *opt out of* insurance cover	☐ Death cover ☐ TPD cover	If you opt out of cover and then decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.
I would like to apply for additional fixed cover	$ ___ , ___ , ___ Death cover $ ___ , ___ , ___ TPD cover	You can apply for more TPD than death cover. You can request any amount of death cover, but TPD cover is subject to a maximum of $3 million, including any existing cover. You will also need to complete a *Personal Statement*.
I would like to convert my existing default cover to fixed cover	☐ Yes	Converting default cover to fixed cover fixes both death and TPD cover.
I would like to cancel my default cover	☐ Death cover ☐ TPD cover	If you cancel your cover and then decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.
I would like to cancel my fixed cover	☐ Death cover ☐ TPD cover	If you cancel your cover and then decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

3 – Choose your level of income protection cover

You can either request a fixed dollar amount of IP insurance cover or IP cover based on your salary. IP cover is subject to a maximum $30,000 per month. IP payments are limited to a maximum of 87% of your monthly income depending on your selections below. Refer to your *Insurance in your super* guide for more details.

IP cover type (select one only)	☐ Fixed IP cover of $ ___ , ___ per month **OR** ☐ Salary based IP cover of ___ % of salary (choose any whole percentage between 50% and 75%) **OR** ☐ Salary based IP cover of 87% of salary	If you are applying for more IP cover than you have now, please refer to the *next steps* section below.
IP waiting period of	☐ 90 days ☐ 60 days ☐ 30 days	If you are changing your waiting period to a shorter time than you currently have, please refer to the *next steps* section below.
Cancel my income protection cover	☐ No IP cover	If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

If you are applying for IP cover and don't nominate a waiting period, the default waiting period of 90 days will apply. If you already have IP cover, you can elect to change your existing waiting period by selecting from the options above.

If you are changing your waiting period to a shorter time than your currently have, please refer to the *next steps* section below.

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Next steps

You'll need to complete a *Personal Statement* and return it to us with this form if you've requested:

- more death and TPD or IP cover.
- a shorter waiting period for your IP cover than you currently have.

The *Personal Statement* is available on our website or from our Helpline on **1800 682 626**. If you've applied for high levels of cover, our insurer may also request you provide further health evidence (such as blood tests or a medical examination). Any change in your cover will apply from the date we notify you in writing.

If you don't need to complete a *Personal Statement*, simply return this form to us and the change will be effective from the date that we receive your request.

Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustees' Privacy Statement, which you can view online at **equipsuper.com.au/privacy** or you can obtain a copy by contacting us on **1800 682 626**.

Togethr Trustees' Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

4 – Sign the form

By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made.
- understand that the provision of any higher insurance cover will be subject to underwriting and require the approval of the insurer and will not be provided until Equip Super has advised me in writing of the acceptance of the increased cover.
- understand that any reduction in death, TPD or IP cover will take effect from the date Equip Super receives the request.
- understand that this request replaces any previous instruction by me.
- understand that where I have elected to decrease or cancel any cover, I will need to apply, complete underwriting, and be approved by the insurer should I wish to increase or reinstate cover in future.
- acknowledge that I have read and understood the *Equip Super Corporate Product Disclosure Statement (PDS) for Elgas members* and agree to be bound by the terms and conditions outlined in it.

Signature

X

Date (ddmmyyyy)

Please return your completed form to Equip Super, GPO Box 4303, Melbourne VIC 3001

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