# Opt-out of increased insurance cover



### About this form

You can use this form to opt-out of an increase to your insurance cover that was recently accepted by our insurer with an exclusion, premium loading, or other individual conditions. If you opt-out, your cover will revert to your original cover you had immediately prior to the insurer accepting your recent application. If we receive this form within 28 days of the date we advised you that your application for increased cover had been accepted, then:

- we will remove your increased cover effective the date it was accepted,
- we will refund any premium you have paid for your increased cover, and
- you will not be able to claim for that portion of your cover.

Requests to opt-out that are received after 28 days will be processed effective the date that they are received. In this case, you will be charged a premium for your increased cover for the period that it applied.

#### 1 - Your member details

## Please complete in pen using CAPITAL letters

Title Sex Mr  Mrs  Ms  Miss  Other  Male  Fema	Date of birth (ddmmyyyy)	Member number
First name	Last name	
Postal address (must be provided)		
Suburb		
State Postcode Country (if not Austra	lia)	
Business hours phone After hou	rs phone	Mobile
Email		
2 – Opt-out of increased insurance cover		
Select each type of increased cover below that you want to opt-out of.  Death cover		
5 – Sign the form		
By signing this form I:		
<ul> <li>acknowledge that I have received all the information I require in order to exercise the choices I have made.</li> <li>understand that this request replaces any previous instruction by me.</li> </ul>		
<ul> <li>understand that this request replaces any previous instruction by</li> <li>understand that any increased cover that I opt-out of within 28 d of my cover.</li> </ul>		I will not be able to claim for that portion
<ul> <li>understand that I will need to apply, complete underwriting, and be approved by the insurer should I wish to increase cover in future.</li> </ul>		
Signature  Date (ddmmyyyy)		
X		

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

# Need help?





