

Change insurance cover

Corporate (AGL Loy Yang, Loy Yang B and Cardinal Health)



About this form

You can use this form to opt in to, apply for, increase, decrease or opt out of 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 AGL Loy Yang, Loy Yang B and Cardinal Health and the *Insurance in your super* guide.

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

2 – Change insurance cover

Death and total and permanent disablement (TPD) cover

Cover applies automatically when you meet Equip Super's eligibility and cover conditions, unless you have opted out of it previously. Below you can choose to opt in to, opt out of, apply for or change your level of insurance cover in Equip Super.

Opt in to insurance cover

☐

Default death and TPD cover

☐

Default death only cover

The level of default cover you may be eligible for is outlined in the *Insurance in your super* guide.

Apply for fixed additional voluntary cover of

\$

,

,

death cover

\$

,

,

TPD cover

The cover you apply for here will be in addition to any basic or default cover you already have. You will also need to complete a *Personal Statement* - refer to the *next steps* section on the following page for more information

You can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million in total and it cannot be higher than your death cover amount.

Opt out of insurance cover

☐

No death and TPD cover

☐

No TPD cover

If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

Need help?



1800 682 626



equipsuper.com.au



Equip Super, GPO Box 4303, Melbourne VIC 3001

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as trustee for Equipsuper ABN 33 813 823 017 USI 33 813 823 017 000

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Income Protection (IP) cover

You can request a fixed dollar amount of IP cover or you can request cover based on your salary. IP cover is subject to a maximum \$30,000 per month. IP payments are limited to a maximum of 85% of your monthly income depending on your selections below. Refer to the *Insurance in your super* guide for more details.

IP Cover type (one only)	<input type="checkbox"/> Fixed IP Cover of \$ <input type="text"/> , <input type="text"/> per month OR <input type="checkbox"/> Salary based IP cover of 75% of salary OR <input type="checkbox"/> Salary based IP cover of 85% of salary	If you are applying for more IP cover than you have now, please refer to the <i>next steps</i> section below.
IP benefit period of	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years	If you are changing your benefit period to a longer time than you have now or if you are changing your waiting period to a shorter time than you currently have, please refer to the <i>next steps</i> section below.
IP waiting period of	<input type="checkbox"/> 90 days <input type="checkbox"/> 60 days <input type="checkbox"/> 30 days	
Cancel my income protection cover	<input type="checkbox"/> 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.

Next steps

You'll need to complete a *Personal Statement* and return it to us with this form if you've requested an increase in your death, TPD or IP cover, a longer IP benefit period or a shorter IP waiting period than you currently have.

The *Personal Statement* is available on our website or from our Helpline **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 Together Trustee's 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**.

Together Trustee's 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.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercerc.com.au/privacy

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.

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3 – 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 this request replaces any previous instruction by me.
- 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 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 AGL Loy Yang, Loy Yang B and Cardinal Health* including the *Insurance in your super* guide and agree to be bound by the terms and conditions outlined in them.

Signature

Date (ddmmyyyy)

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

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