

Change insurance cover

Corporate (Dow)



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 Dow*.

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 – Select your level of voluntary death and TPD insurance

You can request a fixed dollar amount of voluntary cover. You can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million. Your TPD cover amount cannot be higher than your death cover amount. The cover you nominate will replace any existing voluntary death and TPD cover on your account. If you leave a cover amount blank, we will not change any existing amount of that cover. To cancel cover, please complete section 4.

I would like \$, , of death cover and \$, , of TPD cover.

3 – Income protection insurance (for Dow employee members only)

You can request IP insurance cover, subject to a maximum of \$30,000 per month. IP payments are limited to a maximum of 85% of your monthly income. Refer to your *Equip Super Corporate Insurance in your super* guide for more details.

IP cover option

☐

75% of salary

or

☐

85% of salary (10% of the 85% is paid as a superannuation contribution)

Waiting period option

☐

90 days

☐

60 days

☐

30 days

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 you currently have, please refer to the *next steps* section on the next page.

Need help?



1800 682 626



equipsuper.com.au



Equip Super, GPO Box 4303, Melbourne VIC 3001



4 – Cancel your insurance

Complete this section to cancel your insurance cover. Tick the box for the type of cover you wish to cancel. You won't be insured for that cover from the date we receive your cancellation request and you (or your beneficiaries) won't be able to make an insurance claim for that type of cover for an insurable event occurring after that date. If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

Please cancel my:

- | | |
|--|--|
| <input type="checkbox"/> Death and TPD basic cover (Dow employee members only) | <input type="checkbox"/> Death and TPD additional voluntary cover (if any) |
| <input type="checkbox"/> TPD cover so I only have death cover | <input type="checkbox"/> Income protection cover |

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 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 mercer.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.

5 – 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 Dow* and agree to be bound by the terms and conditions outlined in it.

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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equipsuper.com.au



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