

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 salary continuance (SC) insurance cover. For full details of insurance cover, please refer to the *Equip 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

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyy) <input type="text"/>	Member number <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>		
Postal address (must be provided) <input type="text"/>			
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country (if not Australia) <input type="text"/>	
Business hours phone <input type="text"/>	After hours phone <input type="text"/>	Mobile <input type="text"/>	
Email <input type="text"/>			

2 – Change insurance cover

Death and total and permanent disablement (TPD) cover

Cover applies automatically when you meet Equip'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.

I would like to <i>opt in to</i> insurance cover	<input type="checkbox"/> Default death and TPD cover <input type="checkbox"/> Default death only cover	The level of default cover you may be eligible for is outlined in the <i>Insurance in your super guide</i> .
I would like to apply for fixed <i>additional voluntary cover</i> of:	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> death cover \$ <input type="text"/> , <input type="text"/> , <input type="text"/> 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 <i>Personal Statement</i> - refer to the <i>next steps</i> 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.
I would like to <i>opt out of</i> insurance cover	<input type="checkbox"/> No death and TPD cover <input type="checkbox"/> No TPD cover	If you decide to apply for cover in the future, you'll need to provide detailed health evidence.

Need help?

☎ Call us on 1800 682 626 or 🌐 www.equipsuper.com.au 📍 Equip, GPO Box 4303, Melbourne VIC 3001

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Salary continuance (SC) cover

You can request a fixed dollar amount of SC insurance cover or you can request cover based on your salary. SC cover is subject to a maximum \$30,000 per month. SC 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.

I would like salary continuance cover of	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> per month <input type="checkbox"/> 75% of salary <input type="checkbox"/> 85% of salary	If you are applying for more SC cover than you have now, please refer to the <i>next steps</i> section below.
I would like a waiting period of	<input type="checkbox"/> 90 days <input type="checkbox"/> 60 days <input type="checkbox"/> 30 days	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.
I would like to cancel my salary continuance cover	<input type="checkbox"/> No SC cover	If you decide to apply for cover in the future, you'll need to provide detailed health evidence.

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 SC cover or a shorter waiting period for your SC cover 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 to provide further health evidence (such as blood tests, or a medical examination by your own doctor). 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 Equip's Privacy Statement, which you can view online at www.equipsuper.com.au/privacy or you can obtain a copy by contacting us on 1800 682 626.

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1800 682 626. You can also manage your communication preferences via Equip's secure website or by following any instructions in the emails we may send you.

Equip's Privacy 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, will also handle your personal information. You can view Mercer's Privacy Policy online at www.mercer.com.au/privacy.html.

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.

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 the provision of satisfactory health evidence to the insurer and will not be provided until Equip has advised me in writing of its acceptance of the increased cover.
- understand that any reduction in death, TPD or SC cover will take effect from the date Equip receives this request.
- understand that where I have elected to decrease or cancel any cover, the insurer will require health evidence should I wish to increase or reinstate cover in future.
- acknowledge that I have read and understood the *Equip Corporate Product Disclosure Statement (PDS) for AGL Loy Yang, Loy Yang B and Cardinal Health* including the *Insurance in your super guide* and *Financial Services Guide* and agree to be bound by the terms and conditions outlined in them.

Signature

Date (ddmmyyyy)

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

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