

# Change your insurance

## Corporate (DST/SS&C)



### About this form

You can use this form to apply for salary continuance (SC) insurance cover and to decrease or cancel your death and total and permanent disablement (TPD) cover. You cannot apply for additional death and/or TPD cover in the Corporate DST plan. For full details of insurance cover, please refer to the *Equip Corporate Product Disclosure Statement (PDS) for DST/SS&C* and the *Insurance in your super guide*.

### 1 – Your member details

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

### 2 – Select your level of insurance

#### Salary continuance cover

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 *Equip Corporate Insurance in your super guide for DST/SS&C* for more details.

#### SC cover percentage:

75% of salary or  85% of salary (the extra 10% paid as a superannuation contribution)

#### SC cover waiting period:

If you are applying for cover and don't complete this section, the default waiting period of 90 days will apply. If you already have SC cover, you can elect to change your existing waiting period by selecting from the options below.

I'd like a waiting period of:  90 days  60 days  30 days

#### Default death and total and permanent disablement (TPD) cover

If you have previously opted out of your default death and TPD cover, can you elect to reapply for it by ticking the box below. The default level of death and TPD cover is 3 x salary. Refer to the *Equip Corporate Insurance in your super guide for DST/SS&C* for more details.

I'd like to apply for default death and TPD cover.

#### Need help?

Call us on 1800 682 626 or [www.equipsuper.com.au](http://www.equipsuper.com.au) Equip, GPO Box 4303, Melbourne VIC 3001

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### 3 – Cancel your insurance

Complete this section to cancel your insurance cover. Tick the box for the type of cover you wish to cancel. Please note that your employer may be contributing to your insurance costs. Please check with them before you cancel your cover. 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'll need to provide detailed health evidence as part of your application.

Please cancel my:  Death and TPD cover  TPD cover only  SC cover

### Next steps

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

- you have requested SC cover or an increase in your current level of SC cover;
- a shorter waiting period for your SC cover than you currently have;
- you are applying for default death and TPD cover after having previously opted out.

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](http://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](http://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.

### 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 the provision of satisfactory evidence of good health 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 SC cover will take effect from the date Equip 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, the insurer will require evidence of good health 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 DST/SS&C 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

### Need help?

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