

Change your insurance

Elgas accumulation



1 – Your personal details

Please complete in pen using CAPITAL letters

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			
<input type="text"/>			
Suburb	State	Postcode	
<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 – Choose your level of death and TPD cover

You can apply for additional cover in units of \$10,000, subject to a minimum of five units and a maximum of 50 and the insurer's maximum cover limits (refer to the *Equisuper Corporate PDS for Elgas members* for more information). You can reduce your cover to the basic level of cover provided to Elgas members.

I would like to apply for or increase my additional death and TPD cover to units (\$10,000 per unit)

I would like to decrease my additional death and TPD cover to units (\$10,000 per unit)

I would like to cancel all my death and TPD cover OR my additional death and death and TPD cover only

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 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.

3 – Salary continuance cover

You can apply for salary continuance (SC) cover in Equip if you have no SC cover now and are a permanent employee working more than 15 hours per week. For full details on SC insurance cover, see the *Equisuper Corporate PDS for Elgas members*.

I would like to apply for SC cover

Select a benefit percentage 75 % of salary OR 85% of salary (10% of the 85% is paid as a superannuation contribution.)

Select a waiting period 30 days 60 days 90 days

I would like to cancel my SC cover

Do I need to complete the Hannover Life Personal Statement?

You will need to complete the Hannover Life Personal Statement (available from our website www.equisuper.com.au or Helpline **1800 682 626**) if you are an Equisuper Corporate member and you want to increase your cover or apply for new cover.

Upon reviewing your application for cover, there may be other circumstances in which Hannover Life may request that you complete this statement in order to satisfy their underwriting requirements.

Need help?

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

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equisuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000

Publication No: ESF_Ins_ElgasCoverApp_1019

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.

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 death, TPD or 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 *Equipsuper Corporate PDS for Elgas members* 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?

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

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equipsuper Superannuation Fund ABN 33 813 823 017 USI 33 813 823 017 000

Publication No: ESF_Ins_ElGasCoverApp_1019