

Change insurance cover

Corporate (Rio Tinto, QAL, Yancoal, Glencore or Kestrel employees)



About this form

You can use this form to opt in to, opt out of or change your death and total and permanent disablement (TPD) and to apply for or change your salary continuance (SC) insurance cover. For full details of cover, please refer to the *Equip Corporate Product Disclosure Statement (PDS) for Rio Tinto, QAL, Yancoal, Glencore or Kestrel employees*.

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 – 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, out of or to 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 default death and TPD cover varies depending on whether you are a permanent, non-permanent or casual employee - refer to the <i>PDS</i> for details.
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 opt out of cover, then later decide to apply for cover, you will need to provide detailed evidence of health.
For permanent employees only I would like to change my level of cover to	<input type="text"/> <input type="text"/> <input type="text"/> % of death and TPD cover <input type="text"/> <input type="text"/> <input type="text"/> % of death only cover	The death and TPD cover percentage for a permanent employee is based on your salary for your future service to your 65th birthday. You can choose cover in 5% increments, for example, 5%, 10%, 15%, 20% and so on. If you select 15% or higher, please refer to the <i>next steps</i> section on the following page.
For non-permanent or casual employees I would like to change my level of cover to	<input type="text"/> <input type="text"/> Units of death and TPD cover <input type="text"/> <input type="text"/> Units of death only cover	Refer to the <i>PDS</i> for the value of each unit of cover based on your age.

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, subject to a maximum of \$30,000 per month. SC payments are limited to a maximum of 85% of your monthly income. If you do not nominate a waiting period, the default is 90 days. Refer to your *Equip Corporate Insurance in your super* guide for more details.

I would like salary continuance cover of \$, per month

I would like a waiting period of 90 days 60 days 30 days

If you are applying for SC cover or changing your waiting period to a shorter time than you currently have, please refer to the *next steps* section below.

I would like to cancel my salary continuance cover **No SC cover**

If you decide to apply for cover in the future, you'll need to provide detailed health evidence.

3 – Next steps

If you applied for between 15% and 30% death and TPD cover in section 2 **and** it has been less than 30 days of the date on your Equip welcome letter, please complete section 4 below. **Otherwise, you'll need to complete a Personal Statement and return it to us with this form if you have:**

- applied for more death and TPD or SC cover **and** it has been more than 30 days than the date on your Equip welcome letter; or
- applied for SC cover or more SC cover than you currently have; or
- requested 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.

4 – Previous claims, work and health status

Refer to section 3 above to see if you need to complete this section.

- a) Is there any injury or illness which restricts you, or is likely to restrict you in the future, from carrying out, on a full-time basis, all the identifiable duties of your current employment? (**Full-time** means more than 30 hours a week on an ongoing basis. It is not necessary that you actually work full-time but only that you have the physical and mental capacity to do so.) Yes No
- b) Do you have, or have you ever had, any disease, illness or injury, or any other conditions (other than colds, flu or mild asthma) which:
- i) Has required 10 working days (or more) in a row or 15 days in total off work during the last 12 months; or
- ii) Is currently causing you symptoms and requiring treatment? Yes No
- c) Have you ever been declined death, TPD or salary continuance cover from any insurance company? Yes No
- d) In the last 12 months have you had death, TPD or salary continuance cover accepted with a loading or exclusion? Yes No

If you answer **Yes** to any of the above questions, your default cover will be subject to underwriting.

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5 – Occupation ratings

The premiums you pay for death and TPD insurance cover vary based on your occupation rating. Occupation ratings reflect the different levels of risks associated with different roles and duties. For example, a member who works primarily in an office-based role is considered low risk, whereas someone operating heavy machinery is considered a higher risk.

The default occupation rating is **Standard**. By answering the questions below, you may be eligible to pay lower insurance premiums under the White collar or Professional occupation ratings. We may check your occupation rating if you make a claim so contact us if you need help with these questions.

White collar You'll qualify for our white collar rating if you can answer 'yes' to the first two questions and 'no' to the last question.	1) Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	2) Do you spend at least 80% of your time on administrative type duties in an office environment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3) Do you perform any manual or physical work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Professional You'll qualify for our professional rating if, as well as satisfactorily answering the three questions above, you can also answer 'yes' to these three additional questions.	4) Do you have a tertiary qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	5) Do you earn greater than \$100,000 per annum (pro rata for part time)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	6) Are you a senior manager or executive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	By senior manager or executive we mean that you're responsible for the work of other supervisory, managerial or professional employees or you manage a key business function in your organisation.	

Duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure and the terms of that insurance. This duty of disclosure continues after you have completed this statement until after the cover has been issued by the insurer. The same duty applies before you extend, vary or reinstate the contract. You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, the insurer may apply the following rights separately to each type of cover. If you do not tell the insurer something that you are required to tell the insurer, and they would not have insured you on the same terms if they had been told, they may avoid your cover within 3 years of issuing it.

If the insurer chooses not to avoid your cover, they may, at any time, reduce the amount for which you have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, for death cover, the insurer may only exercise this right within 3 years of issuing the cover. If the insurer chooses not to avoid the cover or reduce the amount for which you have been insured, they may, at any time, vary the cover in a way that places them in the same position they would have been in if they had been told everything they should have been told. However, this right does not apply to death cover.

If the failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the cover as if it never existed.

Our duty of disclosure

We, the trustee, also have a duty to tell the insurer anything that we know that may affect their decision to offer you cover. The consequences of non-disclosure are the same as described above.

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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.

6 – 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 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 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)* and *Financial Services 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, GPO Box 4303, Melbourne VIC 3001

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