

Change insurance cover



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 MyFuture Product Disclosure Statement (PDS)* 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 opt in to insurance cover (tick both boxes if you want to opt in to death and TPD cover)	<input type="checkbox"/> Default death cover <input type="checkbox"/> Default TPD cover	The level of default cover you may be eligible for is outlined in the <i>Insurance in your super</i> guide.
I would like to convert my existing cover	<input type="checkbox"/> to fixed cover <input type="checkbox"/> from salary-based or fixed cover to age-based cover <input type="checkbox"/> from age-based or fixed cover to salary-based cover	You can only request to convert your existing cover to salary based cover if you're working with one of our participating employers that provide us with your salary information.
I would like to have a total amount of Fixed cover as follows:	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> death cover \$ <input type="text"/> , <input type="text"/> , <input type="text"/> TPD cover	You can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million. Please refer to the <i>next steps</i> section on the following page to see if you also need to complete a <i>Personal Statement</i> .
I would like to opt out of insurance cover (tick both boxes if you want to opt out to death and TPD cover)	<input type="checkbox"/> No death 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

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_ChangeInsurance_1020

Salary continuance (SC) cover

You can request a fixed dollar amount of SC insurance cover and if you're working with one of our participating employers that provide us with your salary information, you also have the option to 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 *Equip MyFuture Insurance in your super* guide for more details.

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

3 – 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. For most members (but not all) the default occupation rating is **Standard**.

You should review the descriptions below and select the occupation rating that describes your work. By selecting a rating, you may be eligible to pay less for your cover. Your response will only be used to determine if you are eligible to pay lower premiums than the occupation rating assigned to your account. We may check your occupation rating if you make a claim so contact us if you're not sure which rating applies to you.

<input type="checkbox"/> Blue collar	<input type="checkbox"/> Standard	<input type="checkbox"/> White collar	<input type="checkbox"/> Professional
<ul style="list-style-type: none"> You are currently employed You don't perform any duties of a <i>hazardous occupation</i> 	<ul style="list-style-type: none"> You are currently employed You don't perform any duties of a <i>or hazardous occupation</i> You don't perform any manual or physical work OR if you do, it is only light manual duties (example occupations for light manual duties may include retail or sales personnel, computer technicians, supervisors of manual work or professionals who do some fieldwork) 	<ul style="list-style-type: none"> You are currently employed You don't perform any duties of a <i>or hazardous occupation</i> You don't perform any manual duties or physical work You spend at least 80% of your time on administrative type duties in an office environment 	<ul style="list-style-type: none"> You are currently employed You don't perform any duties of a <i>or hazardous occupation</i> You don't perform any manual duties or physical work You spend at least 80% of your time on administrative type duties in an office environment You have a tertiary qualification You earn greater than \$100,000 per annum (pro rata for part time) You are senior manager or executive responsible for the work of other supervisory, managerial or professional employees or you are managing a key business function in your organisation.

Hazardous occupations include security guards and crowd control. The full list of hazardous occupations can be found in the *Insurance in your super* guide.

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.

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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.

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.

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 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 MyFuture Product Disclosure Statement (PDS)* 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)

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

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