

Change your insurance

Elgas accumulation



About this form

You can use this form to apply for, increase, decrease or cancel your death and total and permanent disablement (TPD) or income protection (IP) insurance cover. For full details of insurance cover, please refer to the *Equip Super Corporate Product Disclosure Statement (PDS) for Elgas members*.

1 – Your member details

Please complete in pen using CAPITAL letters

Member number

Title

Mr Mrs Ms Miss Other

Sex

Male Female

Date of birth (ddmmyyyy)

First name

Last name

Postal address (must be provided)

Suburb

State

Postcode

Country (if not Australia)

Business hours phone

After hours phone

Mobile

Email

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 *Equip Super Corporate PDS for Elgas members* for more information). You can reduce your cover to the basic level of cover provided to Elgas members.

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

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 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 will need to complete underwriting and be approved by the insurer.

Need help?

1800 682 626 equipsuper.com.au Equip Super, GPO Box 4303, Melbourne VIC 3001



3 – Choose your level of income protection cover

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

Apply for IP cover with a benefit percentage of 75% of salary or 85% of salary (10% of the 85% is paid as a superannuation contribution)

And a waiting period of 90 days 60 days 30 days

I would like to cancel my IP cover

You won't be insured for that cover from the date we receive your cancellation request and you 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 will need to complete underwriting and be approved by the insurer.

Do I need to complete a Personal Statement?

You will need to complete a *Personal Statement* (available from our website equipsuper.com.au or by calling our Helpline on **1800 682 626**) if you are an Equip Super 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 the insurer may request that you complete this statement in order to satisfy their underwriting requirements.

Privacy

The personal information you provide on this form will be used in accordance with Together Trustee's Privacy Statement, which you can view online at equipsuper.com.au/privacy or you can obtain a copy by contacting us on **1800 682 626**.

Together Trustee's Privacy Collection 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 (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercer.com.au/privacy

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 underwriting and require the approval of the insurer and will not be provided until Equip Super has advised me in writing of the acceptance of the increased cover.
- understand that any reduction in death, TPD or IP cover will take effect from the date Equip Super 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, I will need to apply, complete underwriting, and be approved by the insurer should I wish to increase or reinstate cover in future.
- acknowledge that I have read and understood the *Equip Super Corporate Product Disclosure Statement (PDS) for Elgas members* and agree to be bound by the terms and conditions outlined in it.

Signature

Date (ddmmyyyy)

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

Need help?

 **1800 682 626**  equipsuper.com.au  Equip Super, GPO Box 4303, Melbourne VIC 3001

