

# Change insurance cover

Corporate (Pitcher Partners and client employees)



## 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 Pitcher Partners employees or client employees*.

## 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

## Need help?



1800 682 626



[equipsuper.com.au](http://equipsuper.com.au)



Equip Super, GPO Box 4303, Melbourne VIC 3001



## 2 – Change your death and TPD insurance

Cover applies automatically when you meet Equip Super'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 Super.

Opt in to insurance cover	<input type="checkbox"/> Default cover <input type="checkbox"/> Default death only cover	The level of default cover you may be eligible for is outlined in the <i>Insurance in your super guide</i> .
Request total fixed cover of	\$ <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. Your TPD cover cannot be greater than your death cover. 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> .
Change my salary based cover to	<input type="checkbox"/> fixed cover <b>OR</b> <input type="checkbox"/> multiples of cover <input type="text"/> death multiples and <input type="text"/> TPD multiples	If you already have salary based cover or if you are an employee of Pitcher Partners, Judo Bank or K Dean Nominees, you can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million and it cannot be higher than your death cover amount. 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> .
Opt out of insurance cover	<input type="checkbox"/> No death or TPD cover <input type="checkbox"/> No death cover	If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

## 3 – Income Protection (IP) insurance

You can request a fixed dollar amount of IP insurance cover, subject to a maximum of \$30,000 per month. IP payments are limited to a maximum of 85% of your monthly income. Refer to your *Equip Super Corporate Insurance in your super guide* for more details.

I would like IP cover of: \$  ,  per month

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

If you are applying for IP cover and don't nominate a waiting period, the default waiting period of 90 days will apply. If you already have IP cover, you can elect to change your existing waiting period by selecting from the options above. If you are changing your waiting period to a shorter time than you currently have, please refer to the *next steps* below.

### Next steps

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

- more death and TPD or IP cover
- a shorter waiting period for your IP cover than you currently have.

The *Personal Statement* is available on our website or from our Helpline on **1800 682 626**. If you've applied for high levels of cover, our insurer may also request you provide further health evidence (such as blood tests or a medical examination). 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.

### Need help?

 1800 682 626  [equipsuper.com.au](http://equipsuper.com.au)  Equip Super, GPO Box 4303, Melbourne VIC 3001



## Privacy

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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](http://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 [mercerc.com.au/privacy](http://mercerc.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

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### 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 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 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 Pitcher Partner employees and client employees* 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**

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