

# Change your cover

1800 005 166

[info@caresuper.com.au](mailto:info@caresuper.com.au)

GPO Box 1547, Hobart TAS 7001

If you have Category D insurance cover, use this form to tell us you want to:

- Cancel your cover
- Reduce your cover by 50%
- Reinstate your cover to 100% of default cover applicable for your age

## Section 1

### Your details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Preferred phone

Email

## Section 2

### Change your cover

If you reduce your cover by 50% and later reinstate it back to 100% of default cover applicable for your age:

- The increased portion of cover that is reinstated will be limited cover for at least 2 years from the date cover is reinstated. See the Insurance guide (Category D) for more information.

Complete this section to change your cover. Select one option.

Reduce your cover by 50%.

Reinstate your cover back to 100% of the cover amount applicable for your age. (Where you've previously reduced your cover.)

## Section 3

### Cancel your cover

If you cancel your cover, you won't be eligible for default cover again.

Complete this section to cancel your cover.

Cancel your cover.



## Section 4

### Member declaration

By applying to change or cancel my cover, I understand and confirm:

- I have read the insurance section of the current CareSuper *Member PDS* and the *Insurance guide (Category D)* available at [caresuper.com.au/pds](https://caresuper.com.au/pds).
- Any cover I currently have, and the insurance fees payable, will change or cease from the date CareSuper receives this fully completed form.
- I'm authorising CareSuper to treat this *Change my cover* form as an election to be provided with cover even if:
  - my account hasn't received any contributions or other amounts for a continuous period of 16 months
  - I'm not working in a dangerous occupation, and my superannuation account has not reached a minimum balance of at least \$6,000 and/or I am under 25 years of age.
- This election will apply to my current and future insurance cover through my account.
- Insurance costs will continue to be deducted from my account as outlined in the *Insurance guide (Category D)* available at [caresuper.com.au/pds](https://caresuper.com.au/pds). I've considered these and the appropriateness of my cover, and don't require any further information.
- I'm aware that my insurance cover will cease if I don't have enough money in my account to pay the insurance costs.
- I also understand that I can, at any future time, reduce or cancel my insurance cover by contacting CareSuper.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at [caresuper.com.au/privacy-policy](https://caresuper.com.au/privacy-policy) or by calling us on **1800 005 166**.

Your signature

Date (DD MM YYYY)

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Return the completed, signed and dated form via:

- upload using the Contact Us portal in **Member Online**
- email to [info@caresuper.com.au](mailto:info@caresuper.com.au)
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001