

Manage your cover

About this form

If you hold Category A, Category B, Category C or Legacy insurance cover you can use this form to:

- Cancel your cover or benefits
- Reduce your cover amounts
- Increase your waiting period / decrease your benefit period
- Apply to convert your cover to Fixed cover

Note: If you wish to increase any cover, apply for new cover, decrease your waiting period or increase your benefit period please complete the relevant **Apply for Cover** application or apply online through **Member Online**.

Privacy - Use and disclosure of personal information

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at metlife.com.au/privacy.

Your privacy as a member of CareSuper

The information you provide in this form is collected and held by **CareSuper** to administer your insurance within your CareSuper account. If you don't provide the requested information, CareSuper may be unable to properly administer your insurance. Your personal and sensitive information will only be disclosed to CareSuper staff as required, MetLife Insurance Limited, our legal or other professional advisors if reasonably necessary and where required to by law.

The CareSuper Privacy policy provides information about overseas disclosure of personal information, how you may access and seek correction of your personal and sensitive information as well as how you can make a complaint about a breach of the Australian Privacy Principles or the Privacy Act 1988. You can access the CareSuper Privacy policy at caresuper.com.au/privacy-policy.

Section 1. Member details

		CareSuper member number		
Title	Given name(s)		Surname	
Residential address		Suburb	State	Postcode
Postal address (if different to above)		Suburb	State	Postcode
Date of birth (dd/mm/yyyy)	Sex at birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address		
Preferred contact number		Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm) <input type="checkbox"/> Any time		

Section 2. Reduce your cover

If you want to reduce your cover amounts, complete section A) or B) to reduce your death and TPD cover and section C) to reduce your income protection cover.

A) Fixed death and TPD cover

Enter the new amount of Fixed cover you require (must be less than your existing cover amount). Must be in multiples of \$1,000.

Death cover: \$ _____ no change to current cover amount

TPD cover: \$ _____ no change to current cover amount

B) Age-based death and TPD cover

If you have default C or default C 150% cover, Legacy default cover or tailored age-based cover, you can reduce your death and TPD cover by multiples of 25% to a minimum of 25%.

Choose the multiple you would like to reduce your cover to (must be less than your existing cover level):

Death cover

25% 50% 75% 100%
 125% 150% 175%

TPD cover

25% 50% 75% 100%
 125% 150% 175%

C) Income protection cover

Enter the new amount of cover you require (must be less than your existing cover amount).

Income Protection cover \$ _____ per month no change to current cover amount

I'd like to increase my waiting period to:

60 days 90 days I don't want to make any changes to my waiting period

I'd like to decrease my benefit period to:

2 years 5 years I don't want to make any changes to my benefit period

Section 3. Cancel your cover

I wish to cancel the following insurance cover:

Death cover TPD cover Income Protection cover All insurance cover

Section 4. Convert your cover

Please complete this section if you want to convert your default or age-based Death and TPD cover to Fixed cover:

Death and TPD cover

There are a few things about fixed cover that you should be aware of:

- The amount of cover you hold will stay the same and won't reduce as you get older. The cost of your cover will generally increase each year on your birthday
- Your TPD cover will reduce proportionally each year from age 61 through to age 69, if you have category A, B or C insurance cover
- Any restrictions that applied to your cover will continue to apply to your new fixed cover
- You should review your cover periodically to make sure it's still appropriate for you
- If you need additional cover, or if you would like to convert your cover back to age-based cover, you will need to apply to the insurer
- You won't be eligible for default cover in the future

I want to convert my death and TPD cover to Fixed cover

Section 4. Convert your cover (continued)

Please complete this section if you want to convert your default income protection cover to Fixed cover (category B only):

Income Protection cover

There are a few things about fixed income protection cover that you should be aware of:

- If you're 54 and over, you can't convert your default income protection cover to fixed cover
- Your cover amount will increase each year with indexation and your cover will no longer be reviewed and based on your salary
- Any restrictions that applied to your cover will continue to apply to your new fixed cover
- You should review your cover periodically to make sure it's still appropriate for you
- You won't be eligible for default cover in the future

I want to convert my default income protection cover to Fixed cover

Section 5. Declaration and signature

By signing this form I am making the following statements:

- I have fully read and understood this form.
- The answers to the questions in this insurance application are honest, complete and accurate.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- If I do not provide all of the information required from me or I refuse to consent to MetLife obtaining that information, I understand that my application will not be assessed.
- I have read the *insurance* section of the current CareSuper Member PDS and the relevant *Insurance guide*.
- Any cover I currently have, and the premium payable, will change or cease from the date CareSuper receives this fully completed form.
- I understand that my insurance cover will be provided in accordance with the group insurance policies between CareSuper and MetLife which may change from time to time without my consent.
- I understand my CareSuper account must have adequate funds to meet the premiums payable at all times and that increases or changes to my insurance premiums may apply.

Election

- I understand that if my CareSuper account has not received any contributions or other amounts for a continuous period of 16 months (**inactive**), superannuation legislation will prohibit CareSuper from providing me with insurance cover unless I make an appropriate election (**election**).
- I understand CareSuper will not be permitted to provide insurance cover, if my superannuation account has not had a minimum balance of at least \$6,000 (**low balance**) and/or I am under 25 years of age, unless I make an appropriate election (**election**).
- I direct CareSuper to accept this application as an election to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- I understand this election will apply to all insurance cover through my account, including any cover for death, total and permanent disablement and income protection that I already hold in my account and that I am applying for by this application.
- I understand this election will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my election at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting CareSuper.

Warnings if you are cancelling your cover

- I understand that I will not be able to make an insurance claim for events or conditions arising after my cover is cancelled.
- If I decide to restart my cover, I understand that it may be subject to a health assessment and acceptance by MetLife Insurance Limited (the insurer) and I may not be able to get cover.
- I understand the importance of seeking independent financial advice to help me understand my insurance needs and make a decision on cancellation.
- If I am replacing my cover with alternative cover provided through another insurance policy, I understand that I should not cancel my cover with CareSuper until the replacement cover is in place.
- If I cancel all of my Legacy insurance cover, I will not be eligible for Legacy cover again.

Signature

Signature of applicant

Date (dd/mm/yyyy)



Full name (please print)



Please return the completed form to
CareSuper, GPO Box 1547, Hobart TAS 7001 or email info@caresuper.com.au
For assistance with the completion of the form, please contact us on **1800 005 166**
Monday to Friday 8am - 7pm AEST/AEDT.

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