

# Request to reduce or cancel insurance cover form



## INSTRUCTIONS FOR COMPLETING THIS APPLICATION.

- If you wish to reduce your cover you should complete Sections 1, 2 and 4
- If you wish to cancel your cover you should complete Sections 1, 3 and 4

If you would like to change another aspect of your insurance, such as the waiting period and/or benefit period, you will need to complete the **Insurance application** form.

Complete this form in blue or black pen using BLOCK LETTERS and tick  where applicable.

### 1. YOUR PERSONAL DETAILS

Member account number \_\_\_\_\_ Date of birth (DD/MM/YYYY) \_\_\_\_\_ Title \_\_\_\_\_

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Residential address (required) \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

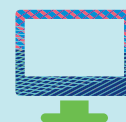
Postal address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Email \_\_\_\_\_

Gender  Male  Female



You can reduce or cancel your insurance via the Insurance section in MemberOnline at [caresuper.com.au/login](https://caresuper.com.au/login)

## 2. REDUCE COVER

I wish to reduce my current level of cover and require the following amount of cover.  
(Please enter the new level of cover you require below.)

Please note:

- If you want different levels of death and TPD cover, enter either the number of units OR fixed cover amount for each in 1 and 2 below.
- If you want equal amounts of death and TPD cover, enter either the number of units OR fixed cover amount in 3 only.
- Fixed cover must be in multiples of \$1000.

Please refer to your relevant **Member Guide Product Disclosure Statement (PDS)** and **Insurance Guide** to determine the number of income protection units you require.

### NEW LEVEL OF COVER

Please enter the new level of cover you require:

Unit-based cover	and/or	Fixed cover (must be in multiples of \$1,000)
1. Death cover _____ units		1. Death cover \$ _____
2. TPD cover _____ units		2. TPD cover \$ _____
3. Death and TPD cover _____ units		3. Death and TPD cover \$ _____
4. Income protection cover _____ units		4. Income protection cover not applicable

If you have previously applied for indexed fixed cover, it will stop being indexed when you reduce your cover.

## 3. CANCEL COVER

I wish to cancel the following insurance cover. Tick (✓) the appropriate box.

1. Death cover only
2. TPD cover only
3. Death and TPD cover
4. Income protection cover only
5. All insurance cover

## 4. DECLARATION AND SIGNATURE

I have read the relevant **Member Guide PDS** and **Insurance Guide** and considered my insurance needs, and I elect to reduce or cancel my insurance cover under CareSuper's Group Policy, as selected on this form. I understand that for the cover types selected:

- Any cover I currently have, and the premium payable, will reduce or cease from the date that CareSuper processed this fully completed application.
- If I wish to increase or apply for cover with CareSuper in the future I will be required to provide information, including evidence of good health satisfactory to the insurer, and any cover I apply for will not commence until the insurer has accepted my application for cover in writing. I am aware that if I apply for cover in future it may be subject to exclusions and/or loadings if approved by the insurer.

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Member's signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date (DD/MM/YYYY)

### IMPORTANT

If you are under 30 years of age and have reduced but not cancelled your cover, your cover will automatically increase in line with the default for 30 years of age. The increase at age 30 will only apply to the cover type held on the day before your 30th birthday. For example, if you have death only cover, the increase will apply only to death cover.



### YOU MUST SIGN AND DATE THIS FORM

The form won't be valid if you don't sign it.

### ONCE YOU'RE DONE

Return this completed form to:

**CareSuper**  
**Locked Bag 20019**  
**Melbourne VIC 3001**

For more information call **1300 360 149**.