

Keep or cancel my cover form



CHANGES TO SUPER LAWS CAME INTO EFFECT ON 1 JULY 2019.

By law we are required to cancel insurance cover on inactive accounts – those that haven't received a contribution or rollover for 16 consecutive months – unless the member tells us to keep their cover.

By completing this form you are opting to keep your insurance cover and agreeing to keep paying fees from your super account if your account becomes inactive.

You can also cancel your cover by completing this form.

Your cover will not continue indefinitely. Cover may cease if you reach the maximum insurable age. Existing policy terms and cessation provisions also apply.

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

YOUR PERSONAL DETAILS

Member account number

Surname

Given names

KEEP MY COVER

- I would like my insurance to continue in the event that my superannuation account becomes inactive (has not received any contributions or other amounts for a continuous period of 16 months).

CANCEL MY COVER

- I want all my insurance to be **removed from my account**.

DECLARATION AND SIGNATURE

By electing to **keep my cover**, I confirm:

- This election will apply to my current and future insurance cover through my account, including death, total and permanent disablement and income protection.
- I understand the effect this election may have on my benefits, and that information on my benefits is available in the **CareSuper Member Guide Product Disclosure Statement**, and I may further change or cancel my insurance at any time.
- Fees for my insurance cover will continue to be deducted from my account.
- I understand cover will not continue indefinitely. Cover can cease on reaching maximum insurable age. Additional existing policy terms and cessation provisions apply.

By electing to **cancel my cover**, I confirm:

- I have read the relevant Member Guide PDS and have considered my insurance needs and I elect to cancel all of my insurance cover under CareSuper.
- If I want to increase or apply for cover with CareSuper in the future I understand 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. I am aware any future application may be subject to exclusions, loadings or rejected.

Full name

Member's signature

Date (DD/MM/YYYY)



If you wish to keep your insurance cover, we need to receive your form before your account becomes inactive for a continuous period of 16 months. Otherwise, super laws require us to cancel your cover.



YOU MUST SIGN AND DATE THIS FORM

ONCE YOU'RE DONE

Return this completed form to:

**CareSuper
Locked Bag 20019
Melbourne VIC 3001**

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