

Elect to have insurance cover



IMPORTANT INFORMATION

From 1 April 2020, we can only provide standard insurance cover to eligible members if they have reached an account balance of \$6,000, and who are at least age 25. This is due to the Government's Putting Members' Interests First laws, which aim to ensure members only receive insurance cover they need or want.

By completing this form you are electing to have standard insurance cover commence when you receive your first mandated employer contribution or when we process this form, whichever is later, even if you haven't met the above age and balance requirements.

You can also make an election online at caresuper.com.au/insuranceelection.

See your **Insurance Guide** for more information about standard cover.

MY 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 A gender not listed here

! IMPORTANT

By law, if you don't make an election to have standard cover, it will commence automatically if you're eligible and meet the age and account balance requirements, as long as you've received a mandated employer contribution. Insurance fees will be paid from your account. You can cancel this cover at any time.

BY ELECTING TO HAVE INSURANCE COVER:

- I confirm I want standard insurance cover with CareSuper even if:
 - I am under age 25
 - My account balance has not reached \$6,000, or
 - My account is or becomes inactive (including where it has not received contributions or transfers-in for 16 continuous months). I understand I can cancel my cover at any time
- I understand the level of cover provided to me will be the cover that's outlined in my relevant Insurance Guide
- I understand that the cost of my insurance cover will be deducted from my investment options based on CareSuper's rules, and I confirm that this election will continue to apply even if I change my investment options
- Cover will not continue indefinitely. I understand cover may be cancelled if there's not enough in my super account to pay for my fees, or if I reach the maximum insurable age. Policy terms and conditions apply.



Member's signature

_____/_____/_____
Date (DD/MM/YYYY)

Full name



YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it. (We cannot accept digital signatures.)

ONCE YOU'RE DONE

Return this completed form and any supporting documents by:

1. Attaching and submitting it online at: **caresuper.com.au/getintouch**

2. Posting it to:
**CareSuper
Locked Bag 20019
Melbourne VIC 3001**

For more information call **1300 360 149**