

Corporate request to reduce or cancel insurance cover form



INSTRUCTIONS FOR COMPLETING THIS FORM

Use this form if you're a member of a corporate insurance arrangement and wish to reduce or cancel your cover. Check the **Corporate Insurance PDS** and your relevant **Corporate Insurance Guide** to determine which of the options you're eligible for on this form.

- 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, you will need to complete the **Corporate 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 _____

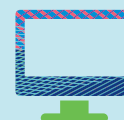
Gender Male Female A gender not listed here

2. REDUCE YOUR COVER

You may only be eligible to reduce any additional cover you have with CareSuper, not your standard cover. Check your relevant **Corporate Insurance Guide** to determine if this applies to your corporate insurance arrangement. If you're not sure what your options are, contact us before you complete this form.

- 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 on page 2.)

Please refer the **Corporate Insurance PDS** and your relevant **Corporate Insurance Guide** to determine the amount of cover you want.



You may be able to reduce or cancel your insurance via the Insurance section in **MemberOnline** at caresuper.com.au/login. You can also call **1300 360 149**.

NEW LEVEL OF COVER

a. Age-based cover

Refer to your relevant **Corporate Insurance Guide** for the age-based death and TPD cover amounts (if any) relevant to your corporate insurance arrangement.

The cost of your cover will reduce to the same level as your cover. For example, if you choose to reduce to the 75% level then the cost goes down to the 75% level too.

Tick (✓) the appropriate box.

Reduce my age-based cover to a percentage of:

Death cover:

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

TPD cover:

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

If you request to reduce your age-based cover to a percentage that is higher than what you currently have, your request will not be processed.

Not sure how much cover you currently have? Go to MemberOnline at caresuper.com.au/ login or call us on 1300 360 149.

EXAMPLE: HOW TO CALCULATE A PERCENTAGE OF STANDARD AGE-BASED DEATH AND TPD COVER

Eileen is 38 and in the General occupational category. She's interested in reducing her standard age-based death and TPD cover to the 75% level and wants to check the amounts and costs of cover.

Eileen is currently in the 150% Corporate Insurance Arrangement.

The standard amount of both death and TPD cover in Eileen's **Corporate Insurance Guide** is \$406,500. The cost is \$6.14 per week for death cover and \$7.02 per week for TPD cover.

Amount of death cover	Amount of TPD cover
$(\$406,500 \div 1.5) \times 0.75 = \$203,250$	$(\$406,500 \div 1.5) \times 0.75 = \$203,250$

Cost of death cover + cost of TPD cover = total cost per week

Cost of death cover	+	Cost of TPD cover
$(\$6.14 \div 1.5) \times 0.75 = \3.07	+	$(\$7.02 \div 1.5) \times 0.75 = \3.51
Total cost per week = \$6.58		

! Age-based cover does not apply for certain Corporate Insurance Arrangements. Please refer to your relevant **Corporate Insurance Guide** for more information.

b. Fixed cover

Please enter the amount of fixed cover you require (must be less than your existing cover amount).

Must be in multiples of \$1,000. A minimum of \$10,000 applies.

1. Death cover \$ _____
2. TPD cover \$ _____

If you have previously applied to index your fixed cover, it will stop being indexed when you reduce your cover. Tick (✓) below if you wish to index your reduced amount of fixed cover.

- Yes, index my new amount of fixed cover annually by 5% to account for inflation.

3. Income protection insurance \$ _____ per month

Income protection insurance is automatically indexed by 5% annually to account for inflation.

Please complete the following if applicable:

I would like to increase my waiting period to: 60 days 90 days

I would like to decrease my benefit period to: 2 years 5 years

Refer to your relevant **Corporate Insurance Guide** to calculate the insurance fees for your new amount of cover.

If you want to cancel all your cover, please complete section 3.



Certain Corporate Insurance Arrangements will not allow for cover to be reduced or death cover to be higher than TPD cover. Please refer to your relevant **Corporate Insurance Guide** for more information.

3. CANCEL YOUR COVER

I wish to cancel the following type(s) of insurance cover. Tick (✓) as appropriate.

- 1. Death cover
- 2. TPD cover
- 3. Income protection insurance
- 4. All insurance cover

4. DECLARATION AND REQUEST FOR CHANGE OF COVER

I have read the **Corporate Insurance PDS, Target Market Determination** for Corporate Insurance and the relevant **Corporate 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 insurance fees payable, will reduce or cease from the date that CareSuper processed this fully completed application.
- I understand that I will not be able to make a claim for insurance benefits for events or conditions that arise after my cover has cancelled.
- 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 and I may not be able to get cover.
- If I cancel my cover then die or become totally and permanently disabled, any benefit I or my beneficiaries receive will consist of my super account balance only.
- I can access independent financial advice and I should check if I have insurance cover elsewhere before cancelling my cover and if I'm replacing my cover with alternative cover, I should consider not cancelling until the replacement cover is in place.



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**

TABLE B: AGE-BASED DEATH AND TPD COVER AMOUNTS (\$)

Age	General		Office		Professional	
	Death cover	TPD cover	Death cover	TPD cover	Death cover	TPD cover
15	20,000	50,000	38,000	95,000	53,250	133,000
16	20,000	50,000	38,000	95,000	53,250	133,000
17	20,000	50,000	38,000	95,000	53,250	133,000
18	22,000	55,000	50,000	125,000	70,000	175,000
19	28,000	70,000	57,250	143,000	80,000	200,200
20	35,250	88,000	71,250	178,000	99,750	249,200
21	43,250	108,000	83,250	208,000	116,500	291,200
22	53,250	133,000	93,250	233,000	130,500	326,200
23	62,000	155,000	96,000	240,000	134,500	336,000
24	69,250	173,000	108,000	270,000	151,250	378,000
25	78,000	195,000	115,250	288,000	161,250	403,200
26	85,250	213,000	127,250	318,000	178,000	445,200
27	91,250	228,000	131,250	328,000	183,750	459,200
28	98,000	245,000	135,250	338,000	189,250	473,200
29	103,250	258,000	135,250	338,000	189,250	473,200
30	273,000	273,000	340,000	340,000	476,000	476,000
31	285,000	285,000	343,000	343,000	480,200	480,200
32	298,000	298,000	343,000	343,000	480,200	480,200
33	305,000	305,000	343,000	343,000	480,200	480,200
34	313,000	313,000	345,000	345,000	483,000	483,000
35	307,250	307,250	345,000	345,000	483,000	483,000
36	296,000	296,000	335,250	335,250	468,500	468,500
37	284,750	284,750	322,500	322,500	450,750	450,750
38	271,000	271,000	305,750	305,750	427,000	427,000
39	257,250	257,250	293,250	293,250	409,750	409,750
40	243,750	243,750	285,000	285,000	398,250	398,250
41	230,000	230,000	272,500	272,500	380,750	380,750
42	216,250	216,250	255,750	255,750	357,250	357,250
43	204,500	204,500	244,500	244,500	341,500	341,500
44	194,750	194,750	227,000	227,000	317,800	317,800
45	179,000	179,000	212,000	212,000	296,800	296,800
46	161,000	161,000	196,000	196,000	274,400	274,400
47	146,000	146,000	187,000	187,000	261,800	261,800
48	136,000	136,000	177,000	177,000	247,800	247,800
49	129,000	129,000	167,000	167,000	233,800	233,800
50	118,000	118,000	152,000	152,000	212,800	212,800
51	108,000	108,000	139,000	139,000	194,600	194,600
52	98,000	98,000	126,000	126,000	176,400	176,400
53	92,000	92,000	114,000	114,000	159,600	159,600
54	84,000	84,000	105,000	105,000	147,000	147,000
55	77,000	77,000	98,000	98,000	137,200	137,200
56	70,000	70,000	92,000	92,000	128,800	128,800
57	62,000	62,000	86,000	86,000	120,400	120,400
58	52,000	52,000	76,000	76,000	106,400	106,400
59	46,000	46,000	66,000	66,000	92,250	92,250
60	39,000	39,000	54,250	54,250	76,250	76,250
61	31,000	31,000	42,750	42,750	59,750	59,750
62	25,000	25,000	34,250	34,250	48,000	48,000
63	24,000	24,000	33,000	33,000	46,200	46,200
64	24,000	24,000	33,000	31,000	46,200	43,400
65	24,000	N/A	33,000	N/A	46,200	N/A
66	22,000	N/A	30,300	N/A	42,400	N/A
67	22,000	N/A	30,300	N/A	42,400	N/A
68	22,000	N/A	30,300	N/A	42,400	N/A
69	19,000	N/A	26,150	N/A	36,600	N/A

Note:

1. TPD cover ceases at age 65 and death cover (including terminal illness) ceases at age 70, unless cover ceases for some other reason.
2. If you are under age 15, you can elect to receive standard cover when you turn age 15, subject to satisfying the commencement of cover conditions on page 16 of the **Insurance Guide** and other terms and conditions. Limited cover may apply depending on when you make the election.