

Keep or cancel my cover form



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

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

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

You can also cancel your insurance cover by completing this form.

Your insurance cover won't continue indefinitely. Insurance 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'd like my insurance cover to continue in the event my super account becomes inactive (hasn't received any contributions or other amounts for a continuous period of 16 months).

CANCEL MY INSURANCE COVER

- I'd like all my insurance cover 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 (TPD) and income protection insurance.
- 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 cover at any time.
- CareSuper will continue to deduct insurance fees from my account.
- I understand insurance cover won't continue indefinitely. Insurance cover can cease on reaching maximum insurable age. Additional existing policy terms and cessation provisions apply.

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

- I've read the relevant **Member Guide PDS** and have considered my insurance cover needs and elect to cancel all my insurance cover under CareSuper.
- If I'd like to increase or apply for insurance cover with CareSuper in the future I understand I'll need to provide information, including evidence of good health satisfactory to the insurer, and any insurance cover I apply for won't commence until the insurer has accepted my application. I'm aware any future application may be subject to exclusions, loadings or rejected.

Full name

Member's signature

Date (DD/MM/YYYY)



If you'd like 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 insurance cover.



YOU MUST SIGN AND DATE THIS FORM

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

ONCE YOU'RE DONE

Upload this completed form to the 'Contact us' section of your MemberOnline account or at caresuper.com.au/getintouch

OR

Post to:
CareSuper
Locked Bag 20019
Melbourne VIC 3001

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