

Request to reduce or cancel insurance cover form



INSTRUCTIONS

Use this form if you're an Employee Plan member, Personal Plan member and 125% and 150% standard cover member.

- If you'd like to reduce your insurance cover complete sections 1, 2 and 4
- If you'd like to cancel your insurance cover you complete sections 1, 3 and 4

If you'd like to change another aspect of your insurance cover, you'll need to complete the **Insurance application** form available at caresuper.com.au/forms.

If you're part of a corporate insurance arrangement (CIA), complete the **Corporate request to reduce or cancel insurance cover** 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 _____

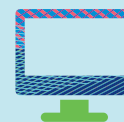
Postal address (if different from above) _____

Suburb _____ State/territory _____ Postcode _____

Mobile _____ Daytime telephone _____

Email _____

Gender Male Female A gender not listed here



You can reduce or cancel your insurance via the Insurance section in MemberOnline at caresuper.com.au/login

2. REDUCE YOUR INSURANCE COVER

- I'd like to reduce my current amount of insurance cover.
(Please enter the new amount of insurance cover you require on page 2.)

Please refer to the **Member Guide Product Disclosure Statement (PDS)**, **Insurance Guide** and **Fact sheet** (if applicable to you) to determine the amount of insurance cover you want.

NEW LEVEL OF INSURANCE COVER

a. Age-based cover

Refer to Table B in this form for details of the standard death cover and total and permanent disablement (TPD) cover amounts. You can reduce your insurance cover to 25%, 50%, 75%, 100%, 125%, 150% or 175% of standard cover.

Tick (✓) the appropriate box.

Reduce my age-based cover to a multiple of:

Death cover:

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

TPD cover:

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

b. Fixed cover

Please enter the new 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 \$ _____ No change to current cover amount
2. TPD cover \$ _____ No change to current cover amount
3. Income protection insurance \$ _____ per month No change to current cover amount

Please complete the following if applicable:

I'd like to increase my waiting period to:

- 60 days 90 days I don't want to make any changes to my waiting period

I'd like to decrease my benefit period to:

- 2 years 5 years I don't want to make any changes to my waiting period

Refer to the **Insurance Guide** and **Fact sheet** (if applicable to you) to calculate the insurance fees for your new amount of cover.

3. CANCEL YOUR INSURANCE 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 INSURANCE COVER

I've read the **Member Guide PDS**, **Insurance Guide**, **Fact sheet** (if applicable to you) and **Target Market Determination** for CareSuper Superannuation 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 insurance 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 won't 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'll 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'm 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.
- 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.
- 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.

X

Member's signature

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

Full name

If you request to reduce your age-based cover to a multiple that's higher than what you currently have, your request won't be processed.

To find out how much insurance cover you currently have go to MemberOnline at caresuper.com.au/ login or call us on 1300 360 149.



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 for this form.)

ONCE YOU'RE DONE

Upload this completed form and any supporting documents 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.

Additional information

TABLE A: COST OF 100% STANDARD COVER – AGE-BASED DEATH AND TPD COVER

Standard weekly fees in \$

Age	General				Professional			
	Death Cover		TPD Cover		Death Cover		TPD Cover	
	M	F	M	F	M	F	M	F
15	0.16	0.07	0.20	0.13	0.19	0.07	0.23	0.13
16	0.16	0.07	0.20	0.13	0.19	0.07	0.23	0.13
17	0.16	0.07	0.20	0.13	0.19	0.07	0.23	0.13
18	0.17	0.07	0.22	0.15	0.21	0.08	0.27	0.17
19	0.22	0.10	0.28	0.19	0.28	0.11	0.31	0.19
20	0.28	0.12	0.35	0.24	0.34	0.13	0.38	0.24
21	0.35	0.15	0.43	0.29	0.42	0.16	0.50	0.28
22	0.44	0.18	0.54	0.38	0.50	0.20	0.56	0.44
23	0.52	0.21	0.65	0.45	0.59	0.28	0.77	0.45
24	0.58	0.24	0.73	0.50	0.67	0.32	0.87	0.51
25	0.67	0.31	1.01	0.71	0.77	0.37	1.24	0.70
26	0.74	0.38	1.35	0.90	0.85	0.44	1.45	1.02
27	0.79	0.42	1.66	1.09	0.88	0.49	1.85	1.23
28	0.86	0.51	2.02	1.41	0.94	0.58	2.18	1.54
29	0.91	0.59	2.47	1.73	0.98	0.65	2.72	1.81
30	2.46	1.73	2.88	2.04	2.83	1.82	3.10	2.19
31	2.68	1.97	3.28	2.40	2.94	2.12	3.59	2.39
32	2.97	2.28	3.94	2.86	3.13	2.39	4.14	3.04
33	3.16	2.51	4.44	3.27	3.31	2.76	4.69	3.41
34	3.36	2.64	4.98	3.72	3.61	2.87	5.09	3.89
35	3.47	2.77	5.36	4.12	3.61	2.96	5.46	4.26
36	3.52	2.95	5.62	4.42	3.59	3.05	5.75	4.67
37	3.60	2.95	5.84	4.75	3.71	3.20	5.96	4.92
38	3.74	2.91	6.08	4.73	4.01	3.03	6.22	4.83
39	3.89	2.96	6.21	4.78	4.00	3.06	6.44	4.87
40	3.92	3.04	6.26	4.95	4.12	3.21	6.64	5.04
41	4.01	3.17	6.48	5.07	4.23	3.28	6.86	5.25
42	4.06	3.23	6.63	5.35	4.24	3.42	6.98	5.61
43	4.31	3.45	6.90	5.57	4.58	3.67	7.33	5.89
44	4.44	3.55	7.09	5.67	4.63	3.72	7.49	5.97
45	4.36	3.40	6.96	5.49	4.55	3.53	7.45	5.80
46	4.20	3.30	6.73	5.28	4.58	3.42	7.20	5.63
47	4.00	3.19	6.46	5.12	4.37	3.46	6.97	5.52
48	3.96	3.18	6.36	5.11	4.32	3.51	6.93	5.60
49	3.98	3.29	6.35	5.24	4.30	3.58	6.90	5.74
50	3.93	3.19	6.24	5.09	4.20	3.43	6.77	5.51
51	3.87	3.13	6.19	5.03	4.21	3.39	6.64	5.45
52	3.83	3.02	6.12	4.85	4.09	3.28	6.59	5.27
53	3.93	3.09	6.28	4.94	4.19	3.30	6.70	5.26
54	3.80	3.01	6.12	4.80	4.09	3.24	6.54	5.16
55	3.72	2.95	6.01	4.80	4.02	3.18	6.49	5.13
56	3.66	2.86	5.89	4.60	4.00	3.11	6.42	5.01
57	3.54	2.73	5.70	4.37	3.92	3.02	6.28	4.82
58	3.38	2.52	5.41	4.05	3.79	2.81	6.08	4.53
59	3.39	2.47	5.43	3.95	3.77	2.76	6.06	4.42
60	3.27	2.38	5.49	4.04	3.61	2.62	6.08	4.47
61	2.93	2.14	5.38	3.97	3.23	2.36	5.92	4.36
62	2.64	1.93	5.36	3.89	2.92	2.12	5.89	4.29
63	2.77	2.02	5.57	4.04	3.05	2.23	6.13	4.45
64	3.00	2.19	6.15	4.45	3.30	2.41	6.65	4.83
65	3.22	2.35	6.66	4.83	3.55	2.59	7.19	5.24
66	3.14	2.29	7.22	5.23	3.45	2.53	7.80	5.68
67	3.31	2.42	7.82	5.67	3.64	2.67	8.45	6.16
68	3.49	2.54	8.47	6.15	3.85	2.81	9.16	6.67
69	3.17	2.32	9.18	6.66	3.50	2.55	9.93	7.22
70	3.52	2.58	N/A	N/A	3.89	2.84	N/A	N/A
71	3.92	2.87	N/A	N/A	4.33	3.16	N/A	N/A
72	4.38	3.20	N/A	N/A	4.83	3.52	N/A	N/A
73	4.89	3.58	N/A	N/A	5.40	3.94	N/A	N/A
74	5.46	3.99	N/A	N/A	6.03	4.40	N/A	N/A

Notes:

- Insurance fees and cover amounts for age-based cover are different for the General and Professional occupational categories. To change your occupational category you must apply to our insurer, either through MemberOnline or by using our **Changing your occupational category** form. A request to change your occupational category will be effective after acceptance of your request. We'll write to you to confirm your new occupational category.
- Insurance fees shown are based on binary gender (male/female) pricing. If we are not advised of your gender your insurance fees will be based on the female gender, this will be updated once we are advised of your gender by either yourself or your employer. If you do not identify as male or female, please contact us and we will notify you of the insurance fees that will be applicable to you.
- Insurance fees include an amount that contributes to CareSuper's costs of providing insurance.
- Figures are rounded to two decimal places for disclosure only and actual insurance fees may differ due to the effects of rounding.
- TPD cover ceases at age 70 and Death cover (including terminal illness) ceases at age 75.

TABLE B: AMOUNT OF DEATH AND TPD COVER PROVIDED BY 100% STANDARD COVER

Age-based death and TPD cover amounts (\$)

Age	General		Professional	
	Death cover	TPD cover	Death cover	TPD cover
15	20,000	50,000	53,250	133,000
16	20,000	50,000	53,250	133,000
17	20,000	50,000	53,250	133,000
18	22,000	55,000	70,000	175,000
19	28,000	70,000	80,000	200,200
20	35,250	88,000	99,750	249,200
21	43,250	108,000	116,500	291,200
22	53,250	133,000	130,500	326,200
23	62,000	155,000	134,500	336,000
24	69,250	173,000	151,250	378,000
25	78,000	195,000	161,250	403,200
26	85,250	213,000	178,000	445,200
27	91,250	228,000	183,750	459,200
28	98,000	245,000	189,250	473,200
29	103,250	258,000	189,250	473,200
30	273,000	273,000	476,000	476,000
31	285,000	285,000	480,200	480,200
32	298,000	298,000	480,200	480,200
33	305,000	305,000	480,200	480,200
34	313,000	313,000	483,000	483,000
35	307,250	307,250	483,000	483,000
36	296,000	296,000	468,500	468,500
37	284,750	284,750	450,750	450,750
38	271,000	271,000	427,000	427,000
39	257,250	257,250	409,750	409,750
40	243,750	243,750	398,250	398,250
41	230,000	230,000	380,750	380,750
42	216,250	216,250	357,250	357,250
43	204,500	204,500	341,500	341,500
44	194,750	194,750	317,800	317,800
45	179,000	179,000	296,800	296,800
46	161,000	161,000	274,400	274,400
47	146,000	146,000	261,800	261,800
48	136,000	136,000	247,800	247,800
49	129,000	129,000	233,800	233,800
50	118,000	118,000	212,800	212,800
51	108,000	108,000	194,600	194,600
52	98,000	98,000	176,400	176,400
53	92,000	92,000	159,600	159,600
54	84,000	84,000	147,000	147,000
55	77,000	77,000	137,200	137,200
56	70,000	70,000	128,800	128,800
57	62,000	62,000	120,400	120,400
58	52,000	52,000	106,400	106,400
59	46,000	46,000	92,250	92,250
60	39,000	39,000	76,250	76,250
61	31,000	31,000	59,750	59,750
62	25,000	25,000	48,000	48,000
63	24,000	24,000	46,200	46,200
64	24,000	24,000	46,200	43,400
65	24,000	24,000	46,200	43,400
66	22,000	24,000	42,400	43,400
67	22,000	24,000	42,400	43,400
68	22,000	24,000	42,400	43,400
69	19,000	24,000	36,600	43,400
70-74	19,000	N/A	36,600	N/A

- Notes:
1. TPD cover ceases at age 70 and death cover (including terminal illness) ceases at age 75, unless cover ceases for some other reason. See page 23 of the **Insurance Guide** for more information about when cover ceases.
 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 21 of the **Insurance Guide** and other terms and conditions. Limited cover may apply depending on when you make the election.