

# Corporate request to reduce or cancel insurance cover form



## INSTRUCTIONS

Use this form if you're a member of a corporate insurance arrangement (CIA) and would like to reduce or cancel your insurance cover. Check the **Corporate Insurance Arrangement (CIA) PDS** and your relevant **Corporate Insurance Arrangements (CIA) Guide** and **CIA Fact sheet** (if applicable to you) to determine which of the options you're eligible for on this form.

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

If you'd like to increase your insurance cover, you'll need to complete the **Corporate insurance application** form available at [caresuper.com.au/corporateinsurance](https://caresuper.com.au/corporateinsurance).

If you're an Employee Plan, Personal plan or 125% and 150% standard cover member, complete the **Request to reduce or cancel insurance cover** form available at [caresuper.com.au/forms](https://caresuper.com.au/forms).

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 \_\_\_\_\_

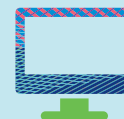
Postal address (if different from above) \_\_\_\_\_

Suburb \_\_\_\_\_ State/territory \_\_\_\_\_ Postcode \_\_\_\_\_

Mobile \_\_\_\_\_ Daytime telephone \_\_\_\_\_

Email \_\_\_\_\_

Gender  Male  Female  A gender not listed here



You can cancel your insurance via the Insurance section in **MemberOnline** at [caresuper.com.au/login](https://caresuper.com.au/login). You can also call us on **1300 360 149**.

## 2. REDUCE YOUR INSURANCE COVER

You may only be eligible to reduce any tailored cover you have with CareSuper, not your standard insurance cover. Check your relevant **CIA Guide** and **CIA Fact sheet** (if applicable to you) 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'd like to reduce my current level of insurance cover and require the following amount of insurance cover. (Please enter the new level of insurance cover you require below.)

Please refer the **CIA PDS** and your relevant **CIA Guide** and **CIA Fact sheet** (if applicable to you) to determine the amount of insurance cover you'd like.

### NEW LEVEL OF COVER

#### Death and total and permanent disablement (TPD)

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.

Death cover                    \$ \_\_\_\_\_  No change to current cover amount

TPD cover                     \$ \_\_\_\_\_  No change to current cover amount

#### Income protection cover

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

\$ \_\_\_\_\_ 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 benefit period

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

If you'd like to cancel all your insurance cover, please complete section 3.

To find out how much insurance cover you currently have, go to MemberOnline at [caresuper.com.au/login](https://caresuper.com.au/login) or call us on **1300 360 149**.



Certain CIAs won't allow for insurance cover to be reduced or death cover to be higher than TPD cover. Please refer to your relevant **CIA Guide** and **CIA Fact sheet** (if relevant) for more information.

### CLAIM BENEFIT INDEXATION (FOR 5-YEAR AND TO AGE 65 BENEFIT PERIODS)

If you receive income protection benefits for longer than 12 months your monthly benefit amount will be increased by the lesser of CPI and 5% every 12 months to help keep up with the cost of living.

### 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 **CIA PDS, Target Market Determination** for Corporate Insurance and the relevant **CIA Guide** and **CIA Fact sheet** (if applicable to you) 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:

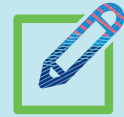
- Any cover I currently have, and the insurance fees payable, will reduce or cease from the date that CareSuper processed this fully completed application.
- I understand that I won't be able to make a claim for insurance benefits for events or conditions that arise after my insurance cover has cancelled.
- If I wish to increase or apply for insurance cover with CareSuper in the future I'll be required 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 for cover in writing. I'm aware that if I apply for insurance 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 insurance cover.
- If I cancel my insurance 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 insurance cover with alternative cover, I should consider not cancelling until the replacement insurance 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 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](https://caresuper.com.au/getintouch)

OR

Post 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.