

Vary Your Insurance Cover for Accumulation Plan Members



Who should use this form?

You should complete this form if you want to apply for, change or cancel your insurance cover in the Accumulation Plan.

Before you start

If you are increasing the level of your insurance cover, you will be required to provide evidence of your health by way of a Personal Statement which is available from our website. You can select between Death cover or Death and Total and Permanent Disablement (TPD) cover.

If you are a **defined benefit member**, you can only apply for insurance in the Accumulation Plan if you have a sufficient balance in the Accumulation Plan to allow for the deduction of insurance premiums. As a general rule, if you do not currently have a balance in the Accumulation Plan, you will need to make regular contributions that are at least equal to your fortnightly insurance premium multiplied by 1.5. To commence regular contributions to the Accumulation Plan, please complete the *Regular Contributions* form which is available from our website, or by calling our Member Service Centre. If you currently have a significant balance in the Accumulation Plan, you may not need to make regular contributions. If you are unsure whether you have a sufficient balance in the Accumulation Plan, please call our Member Service Centre.

Please complete this form in pen using CAPITAL letters and mark with an [X] where applicable.

Section 1

Your personal details

Member number	<input type="text"/>																		(leave blank if you are a new ESSSuper member)
Title	<input type="text"/>	Mr	<input type="text"/>	Mrs	<input type="text"/>	Ms	<input type="text"/>	Miss	<input type="text"/>	Other	(please specify)		<input type="text"/>						
Surname	<input type="text"/>																		
Given names	<input type="text"/>																		
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address	<input type="text"/>																		
Suburb	<input type="text"/>																		
State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> Mark with an [X] if your postal and residential address are the same. If your residential address is different, please specify below.																			
Residential address	<input type="text"/>																		
Suburb	<input type="text"/>																		
State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Section 3

Apply for or change your Death and TPD cover

Only complete this section if you want to apply for or change your existing level of Death and TPD cover. The maximum level of Death and TPD cover is \$2,000,000.

You can apply for units of cover or fixed cover, **but not both**. If you are switching between units of cover and fixed cover, the type of cover you choose will apply to all your Death and/or Death & TPD cover. For this option, please complete Section 4.

Units of cover

Complete this section to apply for or change the number of units of Death or Death & TPD cover. Please write the total number of units of Death or Death & TPD cover you want, including any cover you may already have.

I would like a total of:

Death cover	TPD cover
Number of units required <input type="text"/> <input type="text"/>	Number of units required <input type="text"/> <input type="text"/>

Note: Your TPD cover cannot be greater than Death cover. You cannot apply for TPD cover without death cover.

OR

Fixed cover

Complete this section to apply or change fixed Death or Death & TPD cover. Please write the total amount of Death or Death & TPD cover you want, including any cover you may already have.

I would like a total of:

Amount of Death cover required	Amount of TPD cover required
\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , 0 0 0 . 0 0	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , 0 0 0 . 0 0
Cover must be in multiples of \$1,000.	Cover must be in multiples of \$1,000.

Note: Your TPD cover cannot be greater than Death cover. You cannot apply for TPD cover without death cover. You must be under 61 to apply for fixed cover.

Any Income Protection you currently have will continue unless you advise ESSSuper otherwise.

If you are increasing the level of your insurance cover, you will be required to complete a *Personal Statement* which is available from our website.

Section 4

Converting existing Death and TPD cover

Complete this section if you are applying to convert your existing Death or TPD cover.

You can apply for units of cover or fixed cover, **but not both**. If you are switching between units of cover and fixed cover, the type of cover you choose will apply to all your Death and/or TPD cover.

From Unit based cover to Fixed cover

I wish to convert my existing Death and/or TPD cover to fixed cover.

Note: You must be aged 60 or under for this option.

OR

From Fixed cover to Unit based cover

I wish to convert my existing Death and/or TPD fixed cover to unit based cover.

Section 5

Income protection cover

Only complete this section if you want to apply for, change or increase your current level of Income Protection cover. The maximum level of Income Protection cover is equal to 85% of your gross monthly salary. It cannot exceed the maximum of \$25,000 per month.

My gross annual salary is \$ 00 (Refer to 'Insurance in the Accumulation Plan')

I would like to apply for a total of units of **Income Protection** cover

(Use the table on page 9 of 'Insurance Guide (A.P. 2)' to work out how many units you need to achieve the maximum cover). Please note, Income Protection only commences payment once other income sources are exhausted. Refer to Income From Other Sources on page 2.

I confirm that each of these statements are true and correct with respect to me:

I am presently employed to work, on average, a minimum of 15 hours per week, **AND**

I have never applied for, been entitled to apply for, or been paid a Total and Permanent Disablement benefit from a superannuation fund or insurance policy, and I am not presently applying for, or entitled to apply for, a disability benefit of any type, **AND**

I have not been absent from work due to accident or illness for a total of 4 or more weeks within the last 12 months.

I would like a waiting period of: (please choose **ONE** option only)

90 days (default)

60 days

30 days

Note: 90 days is the default waiting period if you do not make a selection.

I would like a benefit period of: (please choose **ONE** option only)

2 years (default)

Up to age 65 (not available for automatic acceptance and some operational occupations may not be able to access cover)

Note: 2 years is the default waiting period if you do not make a selection.

If you are increasing the level of your insurance cover, you will be required to complete a *Personal Statement* which is available from our website.

Section 6

Cancel my cover

Complete this section if you would like to cancel your Death and TPD and/or Income Protection insurance cover.

I would like to cancel my:

Death cover

TPD cover

Income Protection cover

Note: You cannot retain TPD only cover.

Section 7

Declaration

I declare that:

- I have read and understood the *Accumulation Plan Product Disclosure Statement (PDS)* including Insurance guide (AP.2) available from ESSSuper.
- I have read and understood the section relating to my duty of disclosure and insurance arrangements in the Insurance guide (AP.2). I have not withheld any information which may affect any decision to provide insurance and I am aware of the consequences of non-disclosure.
- I acknowledge insurance cover is subject to exclusions and conditions as outlined in the PDS and policy documents.
- I have read and accept the statements relating to privacy in ESSSuper’s Privacy Statement, appearing on the ESSSuper website (at esssuper.com.au) and in the relevant PDS. ESSSuper will collect and use the information contained in this form to administer the public sector superannuation scheme of which I am a member, or a beneficiary of a member. This information may be disclosed to third parties to administer my membership, or claim, or as required or authorised by law.
- the information supplied by me in this Application form is true, correct and complete.

Signature of account holder

Date / /

Please forward this completed form to ESSSuper GPO Box 1974, Melbourne Vic 3001
 or email a scanned signed copy of the form to info@esssuper.com.au
 T 1300 650 161 | F 1300 766 757 | esssuper.com.au

At ESSSuper, we treat the privacy and confidentiality of our members’ personal information seriously. We are committed to complying with the guidelines of the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001 (Vic)*. To obtain a copy of ESSSuper’s privacy policy go to our website at esssuper.com.au