

# FirstChoice Employer Super Reduce or Cancel Insurance Cover



Please use this form to reduce or cancel the insurance cover held in your FirstChoice Employer Super account.

If you want to reduce your insurance cover, please complete Sections 1 and 2.

If you want to cancel your insurance cover, please complete Sections 1 and 3.

SAVE FORM

PRINT FORM

Please complete this form using **BLACK INK** and print well within the boxes in **CAPITAL LETTERS**. Start at the left of each answer space and leave a gap between words.

Please complete and sign this form and return to us via:

**ePost:** upload a scanned copy via FirstNet (our secure online account portal) or

**Post:** Colonial First State Reply Paid 27 Sydney NSW 2001

## 1 ACCOUNT DETAILS

Fields marked with an asterisk (\*) must be completed

**FirstChoice Employer account number\***

0 6 5

If you do not know your account number, please fill in your details below.

Title

Mr  Mrs  Miss  Ms  Other

Date of birth\*

dd/mm/yyyy

Given name(s)\*

Surname\*

Employer name

Postal address

Unit number  Street number  Street name

Suburb  State  Postcode

Country

## 2 REDUCE INSURANCE COVER

I request you to reduce my cover to the new amount nominated below

Type of Insurance cover	New amount of Insurance cover
Death cover including Terminal Illness cover <sup>1</sup>	\$
Total and Permanent Disablement (TPD) cover <sup>1</sup>	\$
Salary Continuance Insurance (SCI) cover	\$ per month

1 Total and Permanent Disablement (TPD) cover amount cannot exceed the Death cover amount.

And/or

I request you to increase my waiting period and/or shorten my benefit period for my Salary Continuance Insurance (SCI) cover

Waiting period	Benefit period
<input type="checkbox"/> 60 Days	<input type="checkbox"/> 2 Years
<input type="checkbox"/> 90 Days	<input type="checkbox"/> 5 Years

**Note:** Please don't complete the above if you want a longer Salary Continuance Insurance (SCI) benefit period or a shorter waiting period. Instead, you'll need to complete an insurance application form, which is subject to approval by the insurer.

## 3 CANCEL INSURANCE COVER

I request you to cancel all insurance cover

OR

I request you to cancel the specific insurance cover selected below:

- Death cover including Terminal Illness cover  
(note if you wish to keep TPD cover, you cannot cancel Death cover)
- Total and Permanent Disablement (TPD) cover
- Salary Continuance Insurance (SCI) cover

**Note:** When cancelling cover it is recommended that you do not cancel existing cover until any replacement cover you are arranging is in place.

## 4 DECLARATION

If I have requested that my cover be reduced or I have requested that some, but not all, of my cover be cancelled, I understand that:

- if I currently have 'employer selected cover' (default cover), my reduced cover will be treated as a fixed amount of 'investor selected cover'
- my amount of cover, and the cost of my cover, may change in accordance with the insurance policy terms
- I can cancel or reduce my insurance cover at any time
- my insurance cover may end in circumstances set out in the Product Disclosure Statement and Insurance Booklet (for example if there are insufficient funds in my account to meet insurance premiums)
- by keeping the insurance cover, future premiums will continue to be deducted from my account and may reduce my super.

If I have requested that any of my cover be cancelled, I understand that:

- I will no longer have insurance premiums deducted from my super account for cover that I have cancelled
- I won't be able to claim for any insured events that occur after my cover is cancelled (but I will be able to make a claim for any insured events that occurred before my cover is cancelled)
- if I want insurance cover in the future, I will need to complete a new insurance application and provide information about my medical history. I understand that the insurer may accept or decline my application.

### Signature of member

Print name

Date signed

If this form is signed under Power of Attorney, the Attorney declares that they have not received a notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it).

We recommend you review your insurance arrangements regularly and speak to your financial adviser before you apply to cancel or reduce your cover. If you don't have an adviser, you can find one on our website at [colonialfirststate.com.au/findadviser](http://colonialfirststate.com.au/findadviser)

For general information about insurance in super, go to [colonialfirststate.com.au/insurance](http://colonialfirststate.com.au/insurance)

Please send the completed form to one of the following:

Mail: Colonial First State Reply Paid 27, Sydney NSW 2001

or upload a scanned copy via FirstNet (our secure online account portal)

If you have any questions or require assistance, please call 1300 654 666