

Application to reduce insurance cover

ARI - Corporate Offer



right by your side

Use this form to reduce your Corporate Offer insurance cover through Brighter Super.

Please complete this form to make the following changes to your insurance cover:

- Reduce your Death only and/or Death and Total and Permanent Disablement (TPD) cover amount
- Reduce your Total and Permanent Disablement cover
- Reduce the benefit amount for your Income Protection (IP) cover

For details on the premium that will apply, please refer to the *Corporate Offer Insurance Guide* and the *Corporate Plan Summary* for your employer plan (if you are a Corporate Employee member¹).

Personal Details Brighter Super respects your privacy. All personal information collected is protected in line with Brighter Super's Privacy policy.

Member number	Title	Given name/s		
Surname	Date of birth / /		Gender	
Email*	Phone number			
Residential address				
Suburb/town		State	Postcode	
Postal address (if different to above)		State	Postcode	

* The email address provided may be used to send information of a sensitive and personal nature.

1 Instructions

Please tick (✓) the relevant box below:

- I would like to reduce my fixed-dollar Death only or Death and TPD cover (complete section 2)
- I would like to reduce my salary-based Death and TPD cover - (complete section 3)
(this cover is only available to Corporate Employee members¹)
- I would like to reduce my Income protection cover amount (complete section 4)

Please note: If, after reducing your current cover, you choose to apply for cover again, any new cover will be provided subject to the terms and conditions of the policy in place at the date of acceptance. Any reapplication of Death Only, Death & TPD and/or Income Protection cover may be subject to acceptance based on evidence of your health.

Important information

You should read the *Corporate Offer Insurance Guide* and the *Corporate Plan Summary* for your employer plan (if you are a Corporate Employee member) for a summary of the terms and conditions of the Insurance policies. For a copy visit our website at brightersuper.com.au or call us on **1800 444 396**.

¹ Corporate members are employees of the Suncorp Group, ConocoPhillips Australia Operations Pty Ltd, Arcadis Australia Pacific Pty Ltd, NRI Australia Limited, Australian Regional Wholesalers P/L, the Perron Group, Rexel Electrical Supplies Pty Ltd, Technology One Limited, RACT Insurance Pty Ltd, LJ Hooker Corporation Ltd, Knight Frank and NTI Limited.

2 Reduce my Death only or Death and TPD cover

Please complete this section if you want to reduce your Death and/or TPD cover.

I would like to reduce my insurance cover as follows:

- Reduce my Death cover to a benefit of: \$,,
- Reduce my TPD cover to a benefit of: \$,,
- Reduce my insurance to Death only cover with a benefit of: \$,,
(No TPD cover is needed).

Please note:

You cannot have TPD without Death cover and your TPD cover can't be greater than your Death cover.

You are unable to have both default and voluntary insurance cover at the same time unless you are a Corporate Employee member. If you are not a Corporate Employee member and you alter your default Death or TPD insurance cover, all of your existing default cover will change to fixed cover.

Refer to section 3 if you're a Corporate Employee member and wish to reduce your salary-based Death and TPD cover.

3 Reduce my salary-based Death and TPD cover

Please complete this section if you want to reduce your salary-based Death and TPD cover. Otherwise, you will need to complete section 2 if you wish to reduce any fixed cover that you hold.

This section only applies to employees of Corporate Employers who have salary-based default Death and TPD cover.

I would like to reduce my insurance cover as follows:

- Reduce my salary-based Death cover to a benefit of: \$,,
- Reduce my salary-based TPD cover to a benefit of: \$,,
- Reduce my salary-based insurance to Death only cover with a benefit of: \$,,
(No TPD cover is needed).

Please note:

If you reduce both your salary-based Death and TPD cover, your new cover amount will be fixed at the dollar (\$) amount you have nominated (provided it is less than the salary-based Death and TPD cover amount you currently hold).

Alternatively, if you are reducing your salary-based TPD cover only, your new TPD cover amount will be fixed at the dollar (\$) amount you have nominated (provided it is less than the salary-based TPD cover amount you currently hold) and your Death cover will remain linked to your reported salary.

Once you reduce salary-based Death and/or TPD cover, you will not be able to change your cover back to salary-based cover. Please refer to the Corporate plan summary for employer plan for more information.

4 Reduce my Income protection cover

Please complete this section if you wish to reduce the amount covered for your Income Protection benefit.

It is important for you to understand that the monthly benefit payable under Income Protection is the **lesser** of:

- the level of cover you apply for; or
- 75% of your Pre-Disability Salary, plus your additional 10% super contribution if applicable.

See the *Corporate Offer Insurance guide* and your *Corporate Plan Summary* (if you are a Corporate Employee member) for the maximum percentage of Income Protection cover you can hold.

Benefits are payable for a maximum of 2 years and only after a 30² day waiting period.

I would like to reduce my insurance cover as follows:

- Reduce my Income Protection cover to: \$, per month.

² A 60 day waiting period applies to employees of Suncorp Group.

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Member Declaration

By submitting this request to reduce my existing cover, I declare that:

- I understand that Corporate Offer insurance cover through Brighter Super will be provided to me on the terms contained in the insurance policies for Brighter Super Corporate Offer members as changed from time to time.
- I have read and understood the *Corporate Offer Insurance guide* and the *Corporate Plan Summary* for my employer plan (if applicable).
- I understand if I complete this form and I work in the Energy Industry or Local Government & Associated Industries my request will be invalid and I will need to complete the relevant form for my account.
- I understand that my application will be invalid and will not be processed if I do not complete this form correctly or I do not sign and date this form.
- If I have chosen to cancel part or all of my cover, I will not be entitled to the part, or all, of the cover that I have applied to cancel from the date my application is received by Brighter Super;
- I understand that my insurance cover and premium payable will change according to the instructions I have given in this form from the date that Brighter Super receives this fully completed application.
- Should I wish to apply for or increase my insurance cover through Brighter Super in the future, I will be required to provide health information to the Insurer and my insurance cover will not start until the Insurer accepts my application for cover.

Signature

Date signed

/ /

Please sign in blue or black pen - Brighter Super does not accept digital signatures on this form.

Now you have completed this form and signed the declaration, please send it to us by:

Email (scanned copy)
insurance@brightersuper.com.au.

Post Brighter Super
GPO Box 264
Brisbane Qld 4001

