

Change of Insurance Cover



Please send this completed form to:

Mercy Super
PO Box 8334, WOOLLOONGABBA QLD 4102

Contact details

Phone: 1300 368 891 or (07) 3163 8867
Email: information@mercysuper.com.au

If you wish to change your level of insurance cover, please complete and return this form. If applicable, the *Request for Insurance* form must also be completed and returned to the Fund for this form to be processed.

Please complete in a black or blue pen and BLOCK letters. This form is invalid if the Declaration is not signed. Please note for your protection, an original copy of this form must be provided.

1. Your personal details

Your member number (if known)

Your payroll number (if known)

Surname

(Mr Mrs Ms Miss Dr)

Given names

Date of birth

Postal address

Suburb

State

Postcode

Email

Telephone

Mobile number

2. Select your cover option

Life and Total and Permanent Disablement (TPD) Cover

You can apply for any combination of number of units of Life and TPD Cover, subject to the maximum benefit limits (\$10 million for death and \$3 million for TPD). However, TPD cover is only available *in conjunction with* Life cover.

I wish to apply for:

(number) of Units of Life Cover in total (this includes any Cover you may have at the date of this application)

(number) of Units of TPD Cover in total (this includes any Cover you may have at the date of this application)

I do not wish to have Life and Total and Permanent Disablement Cover

Income Protection insurance

I wish to apply for Income Protection Insurance from the following options:

(please tick) 30 Day Waiting Period and a 2 Year Benefit Period 90 Day Waiting Period and a 2 Year Benefit Period

30 Day Waiting Period and a 5 Year Benefit Period 90 Day Waiting Period and a 5 Year Benefit Period

30 Day Waiting Period and a to Age 70 Benefit Period 90 Day Waiting Period and a to age 70 Benefit Period

My annual salary is \$ or I wish to be covered for \$ per annum*

I do not wish to have any Income Protection insurance

* Cover is limited to 85% of your income.

3. Medical information

Please complete the *Request for Insurance* form (available from the Fund or our website www.mercysuper.com.au) in order for the Insurer (MLC Pty Ltd ABN 90 000 000 402) to underwrite your request for Life and Total and Permanent Disablement Cover and/or Income Protection Insurance.

Please note: The Insurer may request further information in order to complete their underwriting.

4. Voluntary contributions

Your member number (if known)

Your payroll number (if known)

Surname

(Mr Mrs Ms Miss Dr)

Given names

Date of birth

You may wish to make a voluntary contribution to offset your insurance premiums. Complete this section if you would like to make a voluntary contribution as either a post-tax or a salary sacrifice (ie pre-tax) contribution into your account.

Please note: If you are a Defined Benefit Category Member you are required to make a voluntary contribution to offset the insurance premiums and that you have a choice of making these contributions on either a pre-tax (salary sacrifice) or after-tax basis.

Voluntary Contribution preference

(✓ please tick)

I wish to make an annual Voluntary Contribution into my account of \$

Please make cheques payable to Mercy Super or contact us for direct bank deposit details.

OR

I wish to make extra payments into my account as a (please tick ✓ one):

Voluntary Salary Sacrifice Contribution \$ per fortnight (\$10.00 minimum)

Voluntary After-tax Contribution \$ per fortnight (\$10.00 minimum)

5. Declaration

Please **read and sign** the following Declaration:

Insurance

I declare that the information I have provided on this form and the attached *Request for insurance* is complete and correct.

I have received and had the opportunity of reading the relevant MLC Ltd Group Life Policy and/or the Income Protection Policy (which can be obtained on the Fund website or on request).

I understand that my requested increase in the Insured Benefit will not be implemented until my application has been accepted. Once accepted, the increase in the Insured Benefit will take effect from the date that the Insurer accepts my request and that premiums will become payable from that date. If my application is not accepted my insured benefit will not be increased.

Contributions

I understand that:

- the premiums for my Income Protection Insurance will be deducted from my superannuation account;
- if I have chosen to make a voluntary post-tax or voluntary salary sacrifice contribution that these contributions will come into effect from the next available pay after the Fund receives this request;
- financial advice is not a requirement before participating in salary sacrificing for superannuation purposes, but is encouraged to ensure that my personal and financial requirements and objectives have been considered;

- salary sacrifice superannuation contributions are not eligible to attract the Government Co-Contribution and may affect any Government assistance payments that I may be receiving;
- where I am a Defined Benefit Category member I will be required to make a voluntary contribution to offset the insurance premiums and that I have a choice of making these contributions on either a pre or after-tax basis,
- a copy of this side of this form may be provided to my employer if required to arrange voluntary contributions.

I further understand that my Life, Total and Permanent Disablement and Income Protection Insurance will cease if my voluntary contributions are not sufficient to cover the cost of my premiums.

General

I declare that:

- The details provided above are true and correct in every detail and I authorise Mercy Super to update its records accordingly.
- I understand the information that I have provided will be used only for the purpose of administering my account.
- I have had the opportunity of reading the Fund's Privacy Policy and understand and approve how my personal information may be used.
- I have received and had the opportunity of reading the Fund's Member Booklets, including any Supplementary Product Disclosure Statements. I understand that the Fund's Financial Services Guide is available upon request and that it can also be read on the Fund's website.

Member's signature

Date

FUND USE ONLY

Processed by:

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Checked by:

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