



Adjusting your insurance cover

Use this form to adjust the level of insurance cover you have with your ElectricSuper Division 5 Accumulation Scheme Account

1. Your details

Title: Mr Ms Mrs Other _____

Date of birth: ____ / ____ / ____

Given names:

Surname:

Residential address (required):

Suburb:

State:

Postcode:

Postal address (if different):

Suburb:

State:

Postcode:

Daytime phone number:

Mobile number (if different to daytime number):

Email address:

Secondary email address:

Membership number:

2. Choose your new level of cover

I wish to change the level of insurance I have with ElectricSuper to:

- | | |
|---|--|
| <input type="checkbox"/> No cover (all cover will be cancelled) | <input type="checkbox"/> Level 5 (30%) |
| <input type="checkbox"/> Level 1 (9%) | <input type="checkbox"/> Level 6 (35%) |
| <input type="checkbox"/> Level 2 (15%) | <input type="checkbox"/> Level 7 (40%) |
| <input type="checkbox"/> Level 3 (20%) | <input type="checkbox"/> Level 8 (45%) |
| <input type="checkbox"/> Level 4 (25%) | <input type="checkbox"/> Level 9 (50%) |

The different levels of insurance (above) relate to the percentage that is used in the formula to calculate your insurance cover.

The formula is:

Your salary x the percentage for your insurance level x (months until age 60 ÷ 12) = your amount of Death and TPD cover

Health evidence

You may need to provide evidence about your health to receive additional cover.

We will contact you to ask for the information we need.

You will not receive additional cover above Level 2 until the assessment of your health evidence is complete, unless you die by accident while your health evidence is being assessed.

Cancelling your cover

If you are choosing your cancel your cover and then re-apply for cover at a later time, you will need to provide health evidence at that time before any cover is available.

3. Sign the form

If my request is agreed to, I understand that:

- provision of higher insurance cover (or the reinstatement of cover after cancellation) will be subject to me providing satisfactory evidence of good health to the insurer and will not be provided until ElectricSuper has advised me in writing of its acceptance of the increased insurance cover.
- any reduction in my insurance benefit will take effect from the date ElectricSuper receives my request.
- I will not receive any cover above Level 2 until my application, including any health information I am asked to provide, is assessed, except if I die by accident while my health evidence is being assessed.
- the insurance premium that applies to my chosen level of insurance will be deducted from my account.
- this request replaces any previous instruction by me.

Signature:

Date:

____ / ____ / ____

Lodge your form

inquiries@electricsuper.com.au

or

ElectricSuper
Level 1, 89 Pirie Street
Adelaide SA 5000

Your privacy

Refer to www.electricsuper.au/privacypolicy for information on how your provided information is used and how we treat your privacy.

Queries

inquiries@electricsuper.com.au
www.electricsuper.au

Issued by the Electricity Industry Superannuation Board ABN 57 923 283 236 as Trustee of the Electricity Industry Superannuation Scheme.

Disclaimer: The information relating to ElectricSuper is subject to change from time to time. The ElectricSuper Rules (the 'Rules') are the final authority when any discrepancy arises between the Rules and any other information about the scheme. The Electricity Industry Superannuation Board recommends that you consult a licensed or appropriately authorised financial consultant before taking action regarding your superannuation.