Adjusting your insurance cover
- retained and spouse members

Use this form to adjust the level of insurance cover you have with ElectricSuper

This form is for Retained and Spouse Division 5 members
If you are an Active Division 5 member, use the "Adjusting your insurance cover (Accumulation Scheme)" form.

1. Your details

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Other

Date of birth (dd/mm/yyyy)

Given name(s)

Surname

Residential address (required)

Suburb/Town | State | Postcode

Postal address (if different)

Unit number | Street number | Street name

Suburb/Town | State | Postcode

Telephone (business hours) | Mobile

Email address

Secondary email address

Membership number

You can check your current level of insurance cover via the online portal at electricsuper.au or call 1300 307 844.
For more information regarding insurance options with ElectricSuper visit electricsuper.au/insurance/insurance-division-5

2. Your Death and Total and Permanent Disability cover

I wish to change my amount of Death and Total and Permanent Disability insurance cover

☐ No cover (all Death and Total and Permanent Disability cover will be cancelled).

☐ I wish to apply for cover of ☐ units

3. Your Disability Income cover not available to spouse members

I wish to change my amount of Disability Income insurance cover

☐ No cover (all Disability Income cover will be cancelled)

☐ I wish to apply for cover of ☐ units (each unit is worth $500 of cover per month)

4. Declaration and signature

If my request is agreed to, I understand that:

- provision of insurance cover (or the reinstatement of cover after cancellation) will be subject to me providing satisfactory evidence of good health to the insurer when requested and will not be provided until ElectricSuper has advised me in writing of its acceptance of the insurance cover.
- any reduction in my insurance benefit will take effect from the date ElectricSuper receives my request.
- the insurance premium that applies to my chosen level of insurance will be deducted from my ElectricSuper account.
- this request replaces any previous instruction by me.

Signature

(dd/mm/yyyy)

Health evidence

You will need to provide evidence about your health to receive additional cover. We will contact you to ask for the information we need.

Cancelling your cover

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

Lodge your form

electricsuper.admin@rs.mpms.mufg.com

or

Post to: ElectricSuper
PO Box 126 Parramatta NSW 2124

Your privacy

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

Queries

1300 307 844
www.electricsuper.au

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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.

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