



Adjusting your insurance cover

Retained and Spouse members

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

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. 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. Sign the form

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:

Date:

____/____/____

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 re-apply for cover at a later time, you will need to provide health evidence at that time before any cover is available.

Lodge your form

inquiries@electricsuper.com.au
or
ElectricSuper
Level 1, 89 Pirie Street
Adelaide SA 5000

Your privacy

See 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.