

Adjusting your Insurance Cover – Apply or increase

You can adjust your insurance cover to suit your personal circumstances. Please refer to the Product Disclosure Statement and Insurance guide for further information about your insurance options.

In considering your insurance needs you may wish to seek the advice of a licensed and appropriately authorised financial adviser.

Use this form to:

Increase or apply for insurance cover

You can reduce your Income Protection waiting period or increase your benefit payment period. Increases will be subject to assessment by the insurer, and you will need to complete a Member Personal Statement which is available from our website mylifemyinsurance.com.au/forms-publications. Once completed, send both documents to your Fund. Alternatively, you can apply for your insurance directly online by logging onto your account through **MyLife Online** and following the steps outlined, where you will be advised if further medical or blood tests are required.

If you need help

For assistance call our Service Centre on **1300 963 720**.

Step 1 – Complete your personal details

Please print in black or blue pen,
in uppercase, one character per box.

Member number

Title Mr Mrs Ms Miss Other

Date of birth / /

Given names

Surname

Postal address

Suburb

State

Postcode

Daytime telephone

Mobile

Email

Step 2 – Choose level of cover

Death and TPD round up to nearest \$1,000
IP round up to nearest \$1

Total level of Death cover requested

\$

Total level of Total & Permanent Disablement (TPD) cover requested

\$ (Must not exceed Death cover)

Monthly Income Protection benefit required

\$ (Must not exceed 85% of your salary as defined in the Insurance Guide)

Income Protection waiting period

30 days 60 days

Income Protection benefit period

2 years 5 years To age 65 To age 70

Salary includes packaged items, bonuses/commissions and salary sacrifice, but excludes Super Guarantee (employer) contributions.



Step 3 – Declaration and signature

I understand and agree that:

- Any higher insurance cover will be subject to the provision of satisfactory evidence of good health to the insurer and will not be applicable until the trustee has advised me in writing of its acceptance of the increased insurance cover.
- Any reduction from my existing additional insurance cover will take effect from the date the trustee receives my request.
- The cost of insurance cover will be deducted from my account at the published premium rates, which are subject to change.
- I will provide further medical authorities as requested.
- This request replaces any previous instruction from me.
- Insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the insurer and as agreed between the Fund and the insurer from time to time.
- I have read MyLife MyInsurance's Privacy Statement available at www.mylifemyinsurance.com.au/privacy. I understand and consent to my personal information being collected and used by MyLife MyInsurance in accordance with this statement.
- I have read the duty of disclosure and am aware of the consequences of non-disclosure.
- I understand the duty of disclosure continues after I have completed this statement until my request has been accepted in writing.
- I consent to my information being collected, disclosed and used in the manner set out in this form.

Member Signature

X

Date

/ /

Please return your completed form to MyLife MyInsurance, GPO Box 4303, Melbourne VIC 3001.

