

Election to maintain insurance cover

Use this form if you want to maintain insurance cover in the event of future account inactivity.

Please read this information before you complete the form

You can elect to maintain insurance cover if your account becomes inactive for a period of 16 months or more.

Note: you can not use this form to increase the amount of cover you currently hold. If you would like to increase your cover, please use the *Insurance application/variation form* at www.primesuper.com.au/member/publications/forms/.

Please use pen and BLOCK letters to complete this form. Any boxes should be marked with 'X'. Please make sure you have completed all relevant sections.

1 Your details

Member number

Given name

Surname

2 Election to maintain my insurance cover

I elect to maintain the following insurance cover which I currently hold, if my account is inactive (i.e. no contributions) for a period of 16 months or more.

Death only (including terminal illness)

Death & TPD

Income Protection

3 Your Declaration

By electing to keep my cover, I confirm:

- This election will apply to my current and future insurance cover in my Prime Super account – including death, total and permanent disablement and income protection cover (if applicable).
- I understand the effect this election may have on my benefits and that I may review information on my benefits in the Member Guide.
- Fees for my insurance cover will continue to be deducted from my account.
- I understand that personal information provided on this form will be used to action my request.
- I understand that my insurance cover will lapse if I do not have a sufficient account balance to pay insurance premiums.
- I understand that cover does not continue indefinitely - cover can cease when I reach the cover expiry age and if other insurance policy conditions apply.

By signing this request form, I am making the following statements:

- I understand the effect this election may have on my benefits, and do not require further information.
- I declare that the information provided is true and correct.
- I understand that personal information provided on this form will be used to action my request.
- I understand that my insurance cover will lapse if a sufficient account balance is not maintained to pay insurance premiums.
- I understand that if I have elected to reduce my level of cover, I will have to provide medical (health information) to be assessed by the insurer, if I subsequently want to increase my insurance cover in the future.

Member signature

Date

Return this form to us via by mail or email

mail: Prime Super
Reply Paid 85860
PARRAMATTA NSW 2124
No stamp required

email: administration@primesuper.com.au
visit: primesuper.com.au
call: 1800 675 839