



# Insurance reduction/ cancellation/opt-out form

Use this form to reduce, cancel or opt-out of your existing cover including Death only, Death and TPD and/or Income Protection.

## Please read this information before you complete the form

Ensure you read the Member Guide, relevant Product Disclosure Statement and your Member Statement to identify your current insurance cover with the fund.

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 personal details

Surname	Given names	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member number	Email <sup>1</sup>	
<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YYYY)	Mobile number	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Other/Previous names (if applicable)		
<input type="text"/>		
Residential address		
<input type="text"/>		
Town/Suburb/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation		
<input type="text"/>		
Employer		
<input type="text"/>		

<sup>1</sup> Please ensure the email address provided is your personal address as we may send information of a sensitive and personal nature to it.

## 2 Reducing/cancelling your existing cover

**A. I want to reduce my current level of cover and require the following units/level of cover. (Please note that the amounts you enter here will REPLACE your existing level of cover)**

	Units of cover	Fixed cover
Death only (including terminal illness)	<input type="text"/> units	\$ <input type="text"/>
Death & TPD	<input type="text"/> units	\$ <input type="text"/>
Income protection	Not applicable	\$ <input type="text"/> per month

### B. I want to opt-out of my insurance cover within Prime Super

I am a new Prime Super member and wish to opt-out of Default insurance. I understand that this means I will have no insurance in the Fund and any premiums I have paid will be refunded to my member account. I understand that by requesting this I am opting out of insurance from the inception of my account and that I will not be eligible to make any retrospective insurance claims. If at some point in the future I choose to take out insurance through Prime Super, my application will be subject to the standard underwriting process which may include the need to provide detailed health and medical information.

To be eligible for this option, you must cancel your cover within 60 days from the date of the letter confirming your insurance cover has commenced, eg. your welcome letter. If it is after the 60 day period, you can still cancel your default insurance cover but any premiums paid will not be refunded to your member account.

### C. I want to cancel my insurance cover with Prime Super

I wish to cancel the following insurance I hold with Prime Super. I understand that any cancellation I request will be effective once my application has been received by Prime Super. I also understand that should I choose to take out insurance cover through Prime Super in the future, my application will be subject to underwriting and may include the need to provide detailed health and medical information.

TPD only

Death & TPD

Income protection

## 3 Member declaration

I agree that a photocopy or an electronically transmitted image of this authorisation shall be considered as effective and valid as the original signed authorisation.

Full name

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](mailto:administration@primesuper.com.au)  
**visit:** [primesuper.com.au](http://primesuper.com.au)  
**call:** 1800 675 839