

Election to maintain all or some insurance cover

Use this form if you want to maintain or reduce your insurance cover.

Please read this information before you complete the form box

Use this form if you want to elect to maintain or reduce your insurance cover even if your account becomes inactive for a period of 16 months or more, and/or your account has not had a balance of \$6,000 or more and/or you are under the age of 25.

Changes in insurance will apply when the form has been received and processed.

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/.

If you are completing a printed copy of this form, please use pen and BLOCK letters.

1 Your details

Member number

Given name

Surname

2 Election to maintain all my insurance cover

I elect to maintain my insurance cover even if:

My account is inactive (no contributions) for a period of 16 months or more

My account balance has not had a balance of \$6,000 or more and/or I am under the age of 25

* If your account becomes active within 60 days of cover ceasing, cover starts from the latter of the date we accept your application and the date your contribution is received into your account.

3 Election to maintain all or some of my insurance cover

I would like to maintain all of my existing cover

I would like to maintain the following reduced 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"/>
Death & TPD		\$ <input type="text"/>
Income protection		\$ <input type="text"/> per month

4 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 Prime Super Member guide (PDS).
- 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