

Insurance cancellation form

IC - Corporate Offer



right by your side

Use this form to cancel all or part of your insurance cover.

Before cancelling your cover you should read the *Corporate Offer Insurance guide* and the *Corporate plan summary* for your employer plan (if applicable) for a summary of the terms and conditions of the Insurance policies. For a copy visit our website at brightersuper.com.au or call us on **1800 444 396**.

Personal Details Brighter Super respects your privacy. All personal information collected is protected in line with Brighter Super's Privacy policy.

Member number	Title	Given name/s		
Surname	Date of birth		Gender	
Email ¹		Phone number		
Address				
Suburb/town		State	Postcode	

1 Cancel my insurance cover

Please select (✓) the applicable option(s) below:

- I wish to cancel my Death cover
- I wish to cancel Total and Permanent Disablement cover
- I wish to cancel my Income Protection cover

Please note: If you have salary-based Death and TPD cover and you cancel your TPD cover, your Death cover will remain linked to your reported salary. You cannot have TPD or Income Protection cover without Death cover.

2 Member Declaration

By submitting this request to change my existing cover, I acknowledge that:

- I understand that if I request to cancel my Death cover only whilst holding TPD or Income Protection cover, this form will be invalid as both TPD and Income Protection cover require you to hold Death cover to be maintained.
- I understand if I complete this form and I work in the Energy Industry or Local Government & Associated Industries my request will be invalid and I will need to complete the relevant form for my account.
- I understand that my election in this form will not be processed if I do not complete this form correctly or I do not sign and date this form.
- I understand that my insurance cover and premium payable will change according to the instructions I have given in this form from the date that Brighter Super receives a validly completed application.
- I will not be entitled to the part, or all, of the cover that I have applied to cancel from the date that Brighter Super receives a validly completed application.
- Should I wish to apply for or increase my cover with Brighter Super in the future, I will be required to provide medical information to the insurer and my cover will not commence until the insurer has accepted my application for cover in writing.

Signature	Date signed
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Please sign in blue or black pen - Brighter Super does not accept digital signatures on this form.