

# Insurance cover election form

## ICE - Corporate Offer



right by your side

### Use this form if you want make the following changes to your insurance cover:

- Obtain default insurance cover prior to reaching age 25 and/or your balance reaching \$6,000.
- Make an election to keep your current insurance benefits even if no contributions or rollovers have been received for 16 months.
- Reinstate cover after it has lapsed due to Superannuation legislation - Protecting Your Super (PYS).
- You are a Corporate member<sup>1</sup> and wish to retain your default insurance cover after leaving your Corporate Employer.

By completing this form you are either making the choice to obtain the default insurance cover offered by the Fund or to keep your current levels of insurance cover and agree to keep paying premiums.

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

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

## 1 Opt-in to default cover

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

- I wish to opt-in to the below default insurance cover detailed in the *Corporate Offer Accumulation account Product Disclosure Statement (PDS)*, the *Corporate Offer Insurance guide* and the *Corporate Plan Summary* (if applicable).

The amount and type of insurance you automatically receive is determined by factors such as your age, the date you join Brighter Super, and how you are employed.

## 2 Elect to maintain cover

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

- I wish to maintain my insurance cover even if no contributions or rollovers have been received for 16 months and my account is considered inactive under the Protecting Your Super legislation.

<sup>1</sup> Corporate members are employees of the Suncorp Group, ConocoPhillips Australia Operations Pty Ltd, Arcadis Australia Pacific Pty Ltd, NRI Australia Limited, Australian Regional Wholesalers P/L, the Perron Group, Rexel Electrical Supplies Pty Ltd, Technology One Limited, RACT Insurance Pty Ltd, LJ Hooker Corporation Ltd, Knight Frank and NTI Limited.

### 3 Elect to reinstate cover - Insurance cover lapsed due to inactivity

Please complete this section if you are a Brighter Super Corporate Offer member and you want to reinstate your insurance cover, where your cover has been cancelled due to your account being inactive for 16 months under the Protecting Your Super (PYS) legislation.

Reinstatement of cover is subject to certain conditions. By completing this form, your previous insurance cover (which may be Death Only, Death & TPD, Income Protection cover or a combination of these types of cover) with the Fund will be reinstated at the level it was prior to the cancellation for inactivity and will continue until you cancel it. The reinstated cover will be subject to the same terms and conditions, including any restrictions, loadings or exclusions which applied to the cover immediately prior to the cancellation.

**You must have been a member of the Fund at all times during this period and have not instructed us to cancel your cover. You need to have enough money in your account to pay for outstanding insurance fees and return this form within 60 days of your insurance being cancelled. If we receive your form more than 60 days after your cover has been cancelled, you will need to complete the *Corporate Offer insurance application form*, and your application will be subject to assessment and acceptance by the Insurer.**

You can change or cancel your insurance cover at any time by completing the relevant Insurance form for Brighter Super Corporate Offer members available at [brightersuper.com.au](http://brightersuper.com.au).

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

I wish to reinstate my insurance cover that was cancelled due to inactivity and then maintain my insurance cover even if no contributions or rollovers have been received for 16 months.

### 4 Elect to retain existing default cover

Please complete this section if you are a Corporate member and you wish to retain your existing default cover after your Corporate Employer has ceased making additional contributions to pay for your default cover.

Select (✓) the applicable option(s) below:

I wish to opt-in to retain the default cover I currently hold

I wish to retain only my default Death and TPD Cover

**Please note: There is a time limit to retain your existing default cover. You must return your validly completed form within 60 days from the date Brighter Super are notified that you have ceased employment with your corporate employer.**

## Important information

You should read the *Corporate Offer Insurance guide* and the *Corporate Plan Summary* for your employer plan for a summary of the terms and conditions of the Insurance policy. For a copy visit our website at [brightersuper.com.au](http://brightersuper.com.au) or call us on **1800 444 396**.

Before deciding to replace any existing cover, you should compare and consider the policy terms and conditions to work out if the insurance cover is right for you.

If you decide to replace existing cover you hold with another Superannuation Fund or insurer, please do not cancel your existing cover until we have told you that your application has been accepted, and on what terms. This is because there are some risks associated with replacing your existing cover, such as:

- If you have experienced any new health issues you may not be covered for these under your new cover.
- A claim may have been accepted under your existing cover if the health issue did not exist when you first took out the existing cover.
- You may also be subject to waiting periods before you can make a claim on the new cover.

## 5 Member Declaration

By submitting this request to opt-in or retain my insurance cover, I acknowledge that:

- I have read and understood the insurance information contained in the *Corporate Offer Accumulation account Product Disclosure Statement (PDS)*, the *Corporate Offer Insurance guide* and the *Corporate Plan Summary* for my employer plan (if applicable).
- 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.
- The answers that I have provided to all questions in this application are true and correct.
- I understand that by opting in to default cover or electing to maintain my insurance cover, premiums will continue to be deducted until such time as I cancel my insurance cover or eligibility for cover ends.
- I understand that by completing section 3 of this form, I am reinstating the same amount of cover and types of cover that I held before my insurance cover was cancelled.
- I understand that the reinstated cover will be subject to the same terms and conditions, including any restrictions, loadings or exclusions which applied to the cover I held immediately prior to the cancellation (section 3).
- I understand that the insurance cover will not be reinstated if my validly completed form is not received by the Fund within 60 days of the date my cover was cancelled due to inactivity (section 3).
- I understand that if there are insufficient funds in my account to pay the cost of my insurance, my insurance cover will not be reinstated (section 3).
- I understand that my insurance cover will be cancelled if my validly completed form is not received by the Fund within 60 days of the date Brighter Super was notified that I have ceased employment with my corporate employer (section 4).
- I understand that my election(s) 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 the effect this election may have on my account balance, and do not require further information.
- I acknowledge that the Fund collects my personal details and have read the *Privacy Statement*.

**Signature**

**Date signed**

/ /

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

**Now you have completed this form and signed the declaration, please send it to us by:**

**Email** (scanned copy)  
insurance@brightersuper.com.au.

**Post** Brighter Super  
GPO Box 264  
Brisbane Qld 4001

