

Application to reduce insurance cover

ARI - Local Government & Associated Industries



right by your side

Use this form to reduce your insurance cover through Brighter Super.

Please complete this form to make the following changes to your insurance cover:

- Reduce your Death and/or Total and Permanent Disablement (TPD) cover
- Reduce the benefit amount for your Income Protection cover
- Increase the waiting period that applies to your Income Protection cover

For details on the premium that will apply, please refer to the *Brighter Super Insurance guide - Local Government and Associated Industries*.

If you are a Defined Benefit member, you are unable to reduce your standard insurance cover as it is provided as part of the package of benefits you receive.

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	
Email¹		Phone number		
Residential address				
Suburb/town		State	Postcode	
Postal address (if different to above)		State	Postcode	

¹ The email address you provide may be used to send information of a sensitive and personal nature.

1 Insurance Instructions

Please tick (✓) the relevant box below:

- I would like to reduce my unit based Death and/or TPD cover (Section 2)
- I would like to reduce my fixed dollar Death and/or TPD cover (Section 3)
- I would like to reduce my Income Protection cover amount (Section 4)
- I would like to increase my Income Protection cover waiting period (Section 5)

Please note:

If after reducing your current cover, you choose to apply for cover again, any new cover will be provided subject to the terms and conditions of the policy in place at the date of acceptance. Any reapplication of Death Only, Death & TPD and/or Income Protection cover may be subject to acceptance based on evidence of your health.

Important Information

You should read *Brighter Super Insurance guide - Local Government and Associated Industries* for a summary of the terms and conditions of the Policy. For a copy visit brightersuper.com.au or call us on **1800 444 396**.

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ZURICH

Zurich Australia Limited (Zurich)
ABN 92 000 010 195 AFSL 232510

2 Reduce my unit based Death and/or TPD cover

Please complete this section if you are wanting to reduce your unit based Death and/or TPD cover. For the value of each unit of cover, please refer to the *Brighter Super Insurance guide - Local Government and Associated Industries*.

I would like to reduce my unit based insurance cover as follows:

- Reduce my Death and TPD cover to a total of _____ units.
- Reduce my Death only cover to a total of _____ units.
- Reduce my insurance cover to Death cover only _____ units.
(No TPD cover is needed)

Please note:

You cannot have TPD cover without Death cover and your TPD cover can't be greater than your Death cover.

To reduce your Death and TPD cover to a dollar (\$) amount you will need to fix your cover, which can be done through your Member Online account or by completing the relevant insurance form for Local Government and Associated Industry members available on our website brightersuper.com.au.

3 Reduce my fixed dollar Death and/or TPD cover

Please complete this section if you have previously converted from unit based cover to a fixed dollar amount. I would like to reduce my fixed dollar insurance cover as follows:

- Reduce my Death cover to a total benefit of \$, ,
- Reduce my TPD cover to a total benefit of \$, ,
- Reduce my insurance to Death only cover with a total benefit of \$, ,
(No TPD cover is needed).

Please note: You cannot have TPD cover without Death cover and your TPD cover can't be greater than your Death cover.

4 Reduce my Income Protection cover amount

Please complete this section if you wish to reduce the amount covered for your Income Protection benefit.

It is important for you to understand that the monthly benefit payable under Income Protection is the **lesser** of:

- the level of cover you apply for; or
- 75% of your Pre-Disability Salary.

We recommend that you carefully consider the weekly benefit payable, and the information contained in the *Brighter Super Insurance guide - Local Government and Associated Industries*, when determining the level of cover that is appropriate for you.

Benefits are payable for a maximum of 2 years and only after your waiting period.

I would like to reduce my Income Protection cover as follows:

- Reduce my Income Protection cover to a total benefit of \$, per month.
-

5 Increase my Income Protection cover waiting period

Please complete this section if you wish to increase the waiting period that applies to your Income Protection cover.

- Yes, I would like to increase my Income Protection waiting period to:
 - 60 days
 - 90 days
 - 120 days
 - 180 days
 - 395 days

6 Member Declaration

By submitting this request to reduce my existing insurance cover, I declare that:

- I understand that insurance cover through Brighter Super will be provided to me on the terms contained in Brighter Super's Insurance policy for members in the Local Government and Associated Industries as changed from time to time.
- I have read and understood Brighter Super's *Insurance guide - Local Government and Associated Industries*.
- I understand if I complete this form and I work in the Energy Industry or I am a Brighter Super Optimiser member my request will be invalid and I will need to complete the relevant form for my account.
- I understand that my application will be invalid and will not be processed if I do not complete this form correctly or I do not sign and date this form.
- If I have chosen to cancel part or all of my cover, I will not be entitled to the part, or all, of the cover that I have applied to cancel from the date my valid application is received by Brighter Super;
- 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 this validly completed application.
- Should I wish to apply for or increase my insurance cover through Brighter Super in the future, I will be required to provide health information to the Insurer and my insurance cover will not start until the Insurer accepts my application for cover.

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:

Preferred Method

Website (Secure file upload)
brightersuper.com.au/contact-us

Alternative Options

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

Post Brighter Super
GPO Box 264
Brisbane Qld 4001

