

Insurance Cancellation form

IC - Local Government & Associated Industries



right by your side

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

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

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**.

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		
Address		State	Postcode	

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

1 Cancel my insurance cover

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

- I wish to cancel my Death cover².
- I wish to cancel Total and Permanent Disablement cover.
- I wish to cancel my Income Protection cover.

² You are unable to cancel your Death cover only whilst holding Total and Permanent Disablement 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 Total and Permanent Disablement cover, this form will be invalid.
- 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 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.

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