

Insurance cover election form

ICE - Local Government & Associated Industries



right by your side

Use this form if you want to obtain default insurance cover, or to make an election to keep your current insurance benefits even if no contributions or rollovers have been received for 16 months.

By completing this form, you are either making the choice to obtain the default insurance cover offered by Brighter Super 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.

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 Opt-in to default cover (Local Government Employer)

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

- I wish to opt-in to the default insurance cover as detailed in Brighter Super's *Product Disclosure Statement - Local Government and Associated Industries* and *Insurance guide - Local Government and Associated Industries* that is available to members joining through an "Local Government Employer".

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.

If you are employed by a Queensland local government employer, your insurance will be recalculated automatically each year in line with the salary your employer provides subject to a minimum of your existing level of cover.

2 Opt-in to default cover (Public offer member)

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

- I wish to opt-in to the default insurance cover as detailed in Brighter Super's *Product Disclosure Statement - Local Government and Associated Industries* and *Insurance guide - Local Government and Associated Industries* that is available to members joining through the Brighter Super website as a public member.

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



3 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.

Important information

Insurance cover is provided by Zurich Australia Limited (Zurich) ABN 92 000 010 195 AFSL 232510 and subject to terms and conditions of the insurance policy issued by Zurich to Brighter Super.

You should read the *Brighter Super Insurance guide - Local Government and Associated Industries* for a summary of the terms and conditions of the insurance policy. You can download the guide from brightersuper.com.au or contact Brighter Super on **1800 444 396** if you would like a copy of the policy.

Privacy and personal information

Brighter Super respects your privacy. All personal information collected on this form is protected in line with *Brighter Super's Privacy Policy*. To find out more about how we collect and manage your personal information, please refer to our *Privacy Policy* available from our website brightersuper.com.au.

4 Member Declaration

By submitting this election form I declare that:

- I have read and understood the insurance information contained in the *Brighter Super Product Disclosure Statement* and *Insurance guide - Local Government and Associated Industries*.
- 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 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.
- I consent to the collection, use and disclosure of my personal information in accordance with the Brighter Super *Privacy Policy* and the *Zurich Privacy Policy*.
- 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 the effect this election may have on my account balance, and do not require further information.

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

