

Change waiting period form - Local Government & Associated Industries



right by your side

Complete this form to change the waiting period that applies to your Income Protection insurance cover with Brighter Super.

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

Member number		Account number	
Title	Given name/s		
Surname		Date of birth / /	Gender

1 Opt-in to waiting period offer

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

☐ I wish to opt-in to reduce my waiting period to 90 days.

☐ I declare that I'm currently "At Work".

Which means you:

a. are:

i. gainfully employed and working at the relevant time and not on leave - you are actively performing all the usual duties of your normal occupation, working your usual hours free from any limitation due to illness or injury; or

ii. gainfully employed and not working at the relevant time for reasons other than injury or illness or are on leave approved by your employer - you are, in the Insurer's opinion, capable of actively performing all the usual duties of your normal occupation and capable of working your usual hours free from any limitation due to illness or injury; and.

b. are not in receipt of, or entitled to claim, income support benefits from any source including (but not limited to) workers' compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits)

2 Member Declaration

By submitting this form I declare that:

- I have read and understood the enclosed letter and Brighter Super's *Insurance guide - Local Government & Associated Industries*.
- The answers that I have provided to all questions in this application are true, correct and completed.
- I understand that if my application is accepted, I will be notified in writing and the waiting period for my insurance cover will change in accordance with the direction I have made in this form.
- I understand that if my application is accepted, my insurance costs will change or increase, and these costs will be deducted from my Brighter Super account.
- I acknowledge that if I do not complete this form correctly, or I do not sign and date this Declaration, my application will not be considered by the Insurer.

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



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**.

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

