

INSURANCE COVER REINSTATEMENT FORM



Use this form if you want to reinstate your insurance cover, where your cover has been cancelled after 1 July 2019 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 or 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. *Please note: that if you are not At Work on the date cover is to be reinstated, your cover will be provided as Limited Cover until you have been At Work for 30 consecutive days.*

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 premiums and premiums for at least the next 2 months. You need to return this form within 30 days of your insurance being cancelled.

You can change or cancel your insurance cover any time via the Member Portal or by completing a *Change of Insurance* Form available online at energysuper.com.au

Please complete the form in BLOCK letters using blue or black pen. Print an 'X' to mark boxes where applicable.

YOUR PERSONAL DETAILS

Energy Super member number (if known):

Surname:

Title: Mr Mrs Ms Miss Dr

Given names:

Date of birth: (DD/MM/YYYY) / /

Residential address:

State: Postcode:

Postal address (if same as above, write "as above"):

State: Postcode:

SECTION 2: ELECTION TO MAINTAIN COVER

I wish to opt-in to maintain my insurance cover even if no contributions or rollovers have been received into my account for more than 16 months.

MEMBER DECLARATION

By signing this form I'm electing to reinstate my insurance cover and declare that:

- I have read and understood the *Energy Super Insurance Guide*.
- I understand that by electing to reinstate 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 the 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.
- I understand that the insurance cover will not be reinstated if my application form is not received by the Fund within the required 30 day time frame.
- I understand that my request for reinstatement of my insurance cover 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 understand that to reinstate my cover, my account must have enough fund to pay the premiums for the period my cover was cancelled and at least two future months.
- I understand that if there is insufficient funds in my super balance to pay the cost of my insurance, my insurance cover will not be reinstated.
- I acknowledge that the Fund collects my personal details and have read the *Privacy Statement* set on page 2.

Signature:

Date: (DD/MM/YYYY)

/ /

PRIVACY STATEMENT – YOUR PRIVACY IS IMPORTANT TO US

LGIAsuper (the issuer of the Energy Super product) respects your privacy. All personal information collected via this form is protected in line with LGIAsuper's Privacy policy. To find out more about how we collect and manage your personal information, please refer to our privacy policy available at energysuper.com.au.

RETURN THIS FORM

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E member@energysuper.com.au
(as a scanned email attachment)

TALK TO US

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