

# INSURANCE COVER RECOMMENCEMENT FORM

**This form is not applicable to Public Offer members.**

Use this form if you want to recommence your insurance cover, where your cover has been cancelled after 1 April 2020 due to your account being less than \$6,000 under the Putting Members' Interests First (PMIF) legislation. Re commencement of cover is subject to certain conditions. By completing this form your default 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 recommence at the default cover level applicable on the date your insurance cover is to recommence and will continue until you cancel it.

The recommenced cover will be Limited Cover which will apply for at least 12 consecutive months from the date your insurance cover recommenced. Limited Cover will be converted to Standard Cover once you have been At Work for 30 consecutive days immediately prior to the expiry of the 12 month period. If you are not At Work for 30 consecutive days immediately prior to the expiry of the 12 month period, Limited Cover will continue 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 the premiums for your cover.**

You can change or cancel your insurance cover any time via [energysuper.com.au](http://energysuper.com.au) or by completing a *Change of Insurance* Form available online at [energysuper.com.au](http://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):	<input type="text"/>
Surname:	<input type="text"/>
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>	
Given names:	<input type="text"/>
Date of birth: (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Residential address:	<input type="text"/>
	State: <input type="text"/> Postcode: <input type="text"/>
Postal address (if same as above, write "as above"):	<input type="text"/>
	State: <input type="text"/> Postcode: <input type="text"/>
SECTION 1: ELECTION TO RECOMMENCE DEFAULT COVER	
<input type="checkbox"/>	I wish to recommence the default cover applicable to me
<input type="checkbox"/>	I confirm that I am not eligible to be paid a benefit and I have not made, nor am I entitled to make a claim in relation to Terminal Illness, Total and Permanent Disablement, Total Disablement or Partial Disablement under any insurance policy.
SECTION 2: ELECTION TO MAINTAIN COVER	
<input type="checkbox"/>	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 recommence my insurance cover and declare that:

- I have read and understood the *Energy Super Insurance Guide*.
- I understand that by electing to recommence 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 recommencing the types of default cover and default cover level available to me at the date the cover is to recommence.
- I understand that the my cover will only recommence from the date the Fund receives this form, completed to its satisfaction.
- I confirm that I am not eligible to be paid a benefit and I have not made, nor am I entitled to make a claim in relation to Terminal Illness, Total and Permanent Disablement, Total Disablement or Partial Disablement under any insurance policy.
- I understand that my request for recommencement 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 recommence my cover, my account must have enough fund to pay the premiums for the cover which is to recommence.
- 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 recommenced.
- I acknowledge that the Fund collects my personal details and have read the *Privacy Statement* below.

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](http://energysuper.com.au).

## RETURN THIS FORM

### Energy Super

PO Box 10530

Brisbane Adelaide Street QLD 4000

F 07 3229 7523

E [member@energysuper.com.au](mailto:member@energysuper.com.au)  
(as a scanned email attachment)

## TALK TO US

T 1300 436 374

E [info@energysuper.com.au](mailto:info@energysuper.com.au)

W [energysuper.com.au](http://energysuper.com.au)

### Energy Super

Level 10, 123 Eagle Street

Brisbane QLD 4000

PO Box 10530

Brisbane Adelaide Street QLD 4000