# **OPT IN TO INSURANCE COVER**



For peace of mind when life doesn't go to plan. Use this form to opt in to our basic insurance cover.

You can complete this form by typing directly onto it, or by using a black pen and capital letters. Use a (🗸) to mark boxes.

1. YOUR DETAILS	
Member no.	
Date of birth (DD MM YY)	Title (e.g. Ms)
Given name(s)	
Family name	
Email	
Phone (home)	Phone (work)
Phone (mobile)	
Postal address	
No./Street	
Suburb/Town	
State/Territory	Postcode Postcode
Residential address select if same as postal address above	
No./Street	
Suburb/Town	
State/Territory	Postcode Postcode

# 2. OPT IN TO BASIC INSURANCE COVER

In accordance with the Putting Members' Interests First (PMIF) legislation, new members joining the Fund must be at least 25 years of age and have a super balance of at least \$6,000 to obtain Basic insurance cover automatically. If you are aged 15 or over\* and wish to obtain Basic Insurance Cover before you become eligible for it automatically, mark the box below. Please note that when you opt in to receive Basic insurance cover, it will not be cancelled in the future, even if your account becomes inactive, unless you tell us that you wish to cancel your cover. Your insurance may still be cancelled if your account has insufficient money to continue to pay for your insurance premiums.

I choose to receive basic insurance cover and keep my cover even if:

- · I'm under the age of 25.
- My super account balance is under \$6,000.
- · My super account becomes inactive (i.e. it receives no contributions or rollovers in 16 months).

<sup>\*</sup> If you are under the age of 15, insurance is not available to you. You may elect to opt-in to receive insurance once you turn 15.





Tick both boxes if you have basic and voluntary cover and want to keep each of them.

### 3. KEEP EXISTING INSURANCE COVER

Your insurance will be cancelled if your super account becomes inactive (i.e. it receives no contributions or rollovers in over 16 months), unless you tick the appropriate box below. I choose to keep my basic cover even if my super account becomes inactive. I choose to keep my voluntary cover even if my super account becomes inactive. 4. DECLARATION I declare that: · I understand how this choice might affect my benefits and I don't need further information. The information provided is true and correct. · I've read and understood the Product Disclosure Statement and relevant fact sheets, including the terms and conditions of my insurance. E.g. the types of cover, when it starts and ends, and how it can be cancelled. Name Date (DD MM YY) Signed

## **SEND YOUR COMPLETED FORM BACK TO US AT:**

Mail Active Super, PO Box N835, Grosvenor Place NSW 1220

**Email** admin@activesuper.com.au

#### **Privacy Collection Statement**

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) ('Active Super') for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, Active Super may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other service providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at activesuper.com.au/privacy-policy or by calling us on 1300 547 873. It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

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