Insurance Cover Reduction Form

AGESTSuper
straightforward.simple.fair.

If you are unsure about the insurance cover you have in AGEST please call us on 1300 724 378.
If you wish to increase any cover, you need to complete our application to increase insurance cover.

You cannot use this form to convert Death Only cover to Death and Total and Permanent Disablement (TPD) or to shorten your waiting period for income protection benefits.

1. Personal details

Membership number

Title (please tick)

☐ Miss ☐ Ms ☐ Mrs ☐ Mr ☐ Dr

First name(s)

Family name

Date of birth

Gender ☐ F ☐ M

Telephone numbers

Home

Work

Mobile

Email address (work or home)

2. Cancel ALL insurance cover in AGEST

☐ I wish to cancel all AGEST insurance cover applicable to the membership account noted above. This includes any Death Only, Death and Total Permanent Disablement (TPD) and income protection cover.

You can now proceed straight to section 4 (authorisation)

3. Reducing or converting your insurance cover in AGEST

3(a) Reduce or cancel your death only cover

Please reduce my existing death only cover:

From ☐☐ units **To** ☐☐ units

OR, if you have fixed dollar death only cover and you wish to reduce it, please indicate the new 'lower' amount below:

$ ____ . ____ fixed dollar cover

3(b) Reduce or cancel your death & TPD cover

Please reduce my existing death & TPD cover:

From ☐☐ units **To** ☐☐ units

OR, if you have fixed dollar death & TPD cover and you wish to reduce it, please indicate the new 'lower' amount below:

$ ____ . ____ fixed dollar cover

3(c) Convert your death & TPD cover to death only cover

Please change my death & TPD cover:

From ☐☐ units of death & TPD cover

To ☐☐ units of death only cover

OR, if you have fixed dollar death & TPD cover and you wish to change to death only cover, please indicate the new amount of death only cover below (the amount you nominate cannot be higher than your current level of cover):

$ ____ . ____ fixed dollar cover

3(d) Income protection changes

Please reduce my existing income protection cover per month to:

$ ____ . ____

☐ Please stop indexing my income protection cover by 5% per annum.

Tick either box below to *extend* your income protection waiting period:

☐ 60 days or ☐ 90 days

4. Authorisation

- I understand that if I wish to increase my cover in future, I will need to be underwritten by AGEST's insurer.
- I understand that my request is effective from the date it is received by AGEST and that insurance premiums already deducted from my AGEST account will only be reimbursed if AGEST receives this form within 60 days of issuing to me notification of my membership in the fund.

Signature

Date

When you have completed this form, please send it to:

AGEST Administration, Locked Bag 20, Wollongong NSW 2500
or fax it to us on **1300 664 378** (or **+61 2 4253 6108** from overseas)

This page has been left blank intentionally