

CHANGE INCOME PROTECTION INSURANCE LEVEL OF COVER



SUPER SA
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using a **BLACK PEN** and return the signed **ORIGINAL** to Super SA.

1. Personal Details

Account ID

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Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (M)

(W)

(H)

* By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

¹ Members who currently earn a salary under \$122,000 per annum are ineligible for the maximum level of cover above the AAL.

Members who joined Triple S IP Insurance before 3 September 2018 are not subject to the AAL.

Members who are subject to the Maximum Salary Cap will have their cover limited to the lesser of their salary or the Maximum Salary Cap (\$584,000).

Maximum level of cover for members with IP Insurance who were earning a salary above the \$584,00 (Maximum Salary Cap) on 3 September 2018 will be based on their salary on 3 September 2018.

Complete this form if you wish to:

- limit your existing level of cover to the Automatic Acceptance Limit (AAL)
- apply to increase cover to the Maximum Salary Cap.

If you are happy with your current Income Protection (IP) Insurance you do not need to complete this form.

How to use this form:

1. Complete Sections 1 and 2
- 2 (a) If you are applying to increase your cover, complete Sections 3, 4 and 5 OR
(b) If you are applying to decrease your existing level of cover to the AAL, complete Sections 3 and 5.
3. Complete Section 5.

2. Employment Details

Your Agency

Employment status

Full-time Part-time Casual

Employment classification

Annual salary (before tax, excluding superannuation)

3. Level of cover

Refer to the Triple S IP Insurance fact sheet for further information about the IP levels of cover including the AAL and eligibility for maximum level of cover.

Increase:

I am currently subject to the AAL and wish to apply to be covered up to the maximum level of cover for which I am eligible¹.

I understand that my premiums will be based on my salary up to \$584,000 (Maximum Salary Cap) or my salary at 3 September 2018 if above the Maximum Salary Cap, and my age.

Now complete Sections 4 and 5.

OR.....continued over the page



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Decrease:

I earn a salary above \$122,000 per annum and wish to have my IP Insurance cover limited to a notional salary of \$122,000 (AAL).

I understand that my premiums will be based on a salary of \$122,000 (AAL) and my age.

I understand that if I apply to increase my IP Insurance cover in the future I will be required to provide information about my health and that limitations may be applied to my cover for any medical conditions.

Now complete Section 5.

4. Personal Statement

Please complete this Personal Statement if you would like to apply to increase your IP Insurance.

If you need more space please attach additional pages.

1. Height: _____ cm Weight: _____ kg

2. Are you, or have you been, a smoker or used² any sort of tobacco product³ in the last 5 years?

Yes No

3. Do you have an illness/medical condition(s)⁴ or disability?

Yes No

If no, please proceed to question 7

4. What is the exact nature of the illness/medical condition(s)⁴ or disability?

If more than one condition, please attach additional information.

5a. When did you first suffer from the above illness/medical condition(s)⁴ or disability?

² Use of tobacco includes smoking, chewing or sucking of a tobacco product or any other activity involving the consumption of a tobacco product.

³ A tobacco product means a cigarette, cigar, cigarette or pipe tobacco, tobacco prepared for chewing or sucking, or snuff.

⁴ A "medical condition" is any illness, disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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5b. Have you had any recurrence or symptoms arising from the illness/medical condition(s)⁴ or disability?

Yes No

5c. Is/are the illness/medical condition(s)⁴ or disability getting worse?

Yes No

6a. Are you receiving treatment (including medication) for the illness/medical condition(s)⁴ or disability?

Yes (If yes, please give details) No

6b. What was the nature of any treatment?

7a. Have you ever consulted a doctor about some other illness/medical condition(s)⁴ or disability?

Yes No

If yes, please give details:

7b. What was the exact nature of the illness/medical condition(s)⁴ or disability?

If more than one condition, please attach additional information.

7c. When did you first suffer from the above illness/medical condition(s)⁴ or disability?

⁴ A "medical condition" is any illness, disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

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7d. Have you had any recurrence or symptoms arising from the illness/medical condition(s)⁴ or disability?

Yes No

7e. What was the nature of the treatment?

8. Have you ever had any surgical procedures in relation to any illness/medical condition(s)⁴ or disability?

Yes No

If YES, please give details:

9. Please provide the name(s) of doctor(s) for your most recent consultation(s) due to all illnesses/medical condition(s)⁴ or disability.

Doctor's name

Doctor's address

Postcode

Doctor's name

Doctor's address

Postcode

Doctor's name

Doctor's address

Postcode

Doctor's name

Doctor's address

Postcode

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5. Member Declaration

- I understand that I am required to provide all information relating to medical advice, examination or treatment received by me and all information as to any illness/medical condition(s)⁴ or disability suffered by me, or any symptoms suffered by me that may indicate an illness/medical condition(s)⁴ or disability.
- I understand that an insurance entitlement may be reduced or not payable if the cause of my death or disability is caused wholly or partly by a pre-existing illness/medical condition(s)⁴ or disability, or an illness/medical condition(s)⁴ or disability arising out of a pre-existing illness/medical condition(s)⁴ or a prescribed activity.
- I understand that non-disclosure will result in my insurance entitlement being withheld, reduced or denied.
- I authorise any hospital, doctor or other person who has treated or examined me to provide Super SA with any further information or medical reports on my illness/medical condition(s)⁴, disability or injury, medical history, consultations, prescriptions or treatment. A photocopy of this authorisation is as valid as the original.
- Super SA may provide a copy of this authority to the third party to obtain necessary information.
- I understand that Super SA and its medical adviser(s) will use this information for the purpose of considering my application for insurance.
- I understand I will have to pay the cost of providing any medical evidence to support my application.
- I understand that the *Southern State Superannuation Regulations 2009* prescribe the Triple S insurance arrangements.

Signature: 

Date: / /

Please ensure that all the sections of this form have been completed including:



- your height and weight and
- details of your medical practitioner(s).

Incomplete sections will cause delays in processing. If you fail to disclose any relevant information, your insurance entitlement may be withheld, reduced or denied.

⁴ A 'medical condition' is any disease, injury, disability, disorder, syndrome, infection, behaviour and atypical variations of structure and function that impact on or affect the physical and/or mental condition, and impairs normal function.

Contact us

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