



Flexible Rollover Product

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	Complete this form if you wish to:
Super ID:	 apply for Flexible Rollover Product (FRP) Death and Total & Permanent Disablement (TPD) or Death Only Insurance apply for additional units of Standard or Fixed Benefit Insurance cover transfer to Standard or Fixed Benefit Insurance decrease your level of cover reduce your number of Fixed Insurance units (closed to new
	applications since November 2014).
	Please refer to the FRP Insurance fact sheet when completing this form. If you are happy with your current Death and TPD or Death Only Insurance you do not need to complete this form.
Mr Ms Miss Mrs Dr Prof	Please note:
Surname	- You cannot continue Income Protection in the FRP.
Given name(s)	 If you change your type of cover or purchase additional units of Standard or Fixed Benefit Insurance cover, new conditions may apply to these units of insurance.
Residential Address	 You cannot mix multiple types of cover at the same time. By choosing to transfer your insurance from Fixed Insurance (closed to new applications since November 2014) you will be removing all your Fixed Insurance units and you will not be able to transfer back to Fixed
Postcode	Insurance. – Investors are no longer able to apply for units of Fixed Insurance cover
Postal address (if different from above)	(closed to new applications since November 2014).
Date of birth / /	2. Investor type
Email*	I am a standard investor in the Super SA Flexible Rollover Product or
Telephone* (M)	I am a spouse investor in the Super SA Flexible Rollover Product. Please note that spouse investors can apply for Death Only Insurance but not Death and TPD Insurance.
(W)	
(H)	3. Continuation of cover from Triple S
Occupation	Applicable only to members who roll over from Triple S within 60 days of ceasing SA public sector employment.
Employment termination date	I am under the age of 70 and have ceased employment with the SA
	public sector and am making this application within 60 days of my last day at work, and
*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.	I am applying to continue the same level of cover that I held in Triple S, and
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.	I understand that any limitations that were applied to my Triple S cover will apply to my cover in the Super SA Flexible Rollover Product.
	If you have ticked all three boxes above, please complete Section 4, read, sign and date the Investor Declaration at Section 9 and

How to use this form

- Complete sections 1 and 2.
- If you are applying to continue your Triple S insurance cover, complete section 3.
- Complete section 4.
- If you are applying for Death and TPD Insurance, complete section 5.
- If you are applying for Death Only Insurance, complete section 6.
- Complete sections 7, 8 and 9.



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4. Age and work declaration

I am under age 70 (or age 65 for members with Fixed Insurance, closed to new applications since November 2014) and understand that I must have been working 9 or more hours per week in any 6 month period in the 2 years prior to making a claim to be eligible for a Death and TPD benefit (please now complete either section 5 or section 6), or

I am under age 70 (or age 65 for members with Fixed Insurance, closed to new applications since November 2014) and understand there is no employment test applied to Death Only Insurance cover (please now complete section 6)

I have not ceased work due to total and permanent disablement and have not received a TPD entitlement from my former Super SA super scheme. (If you have received a TPD entitlement, please contact Super SA to discuss your insurance options.)

5. Level of insurance for Death and TPD

	I require a total number of Standard unit(s) of cover: The value of a unit of Standard Insurance is based on your age.	
	$\square 1 \square 2 \square 3 \square 4 \square 5 \square 6 \square 7 \square 8$	Notes – Death and TPD
OR	9 10 11 Other (please state)	If you are also an active member of Triple S, the combined value of your insurance through both Triple S and the Super SA Flexible Rollover
	l require a total number of Fixed Benefit Insurance unit(s) of cover: Each Fixed Benefit Insurance unit has a value of \$10,000.	Product must not exceed \$1,500,000.
	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8	
	9 10 11 Other (please state)	
OR		
	I wish to reduce my Fixed Insurance ¹ cover and require the following number of Fixed Insuran	ice units:
	9 10 11 Other (please state)	
	derstand that by transferring Fixed Insurance ¹ units, I am removing all my Fixed Insurance units and	will not be able to transfer back to Fixed Insurance ¹ .
lf yo	ou are requesting addition cover, please complete Sections 7, 8 and 9.	
6.	Level of insurance for Death Only	
	l require a total number of Standard unit(s) of cover: The value of a unit of Standard Insurance is based on your age.	Notes – Death Only
	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8	If you are also an active member of Triple S, the combined value of your insurance through both
OR	9 10 11 Other (please state)	Triple S and the Super SA Flexible Rollover Product must not exceed \$1,500,000.
	l require a total number of Fixed Benefit Insurance unit(s) of cover: Each Fixed Benefit Insurance unit has a value of \$10,000.	
	□ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8	
OR	9 10 11 Other (please state)	
	I wish to reduce my Fixed Insurance ¹ cover and require the following number of Fixed Insuran	ice units:
	9 10 11 Other (please state)	
	derstand that by transferring Fixed Insurance ¹ units, I am removing all my Fixed Insurance units and	will not be able to transfer back to Fixed Insurance ¹ .
lf yo	ou are requesting additional cover, please complete Sections 7, 8 and 9.	

Closed to new applications since November 2014.





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7. Personal Statement

If you have elected to buy additional units of Standard or Fixed Benefit Insurance cover, you are required to complete this Personal Statement regarding your health.

If you need more space please attach additional pages.

1.	Height:	cm	Weight:		kg
2.	Are you, or have you been, a	smoker o	r used ² any sort of t	obacco proc	Juct ³ in the last 5 years?
3.	Do you have an illness/medic		on(s) ⁴ or disability oceed to question 7		
4.	What is the exact nature of t If more than one condition, pl				ility?
5.	a) When did you first suffer f	rom the a	bove illness/medic	al condition	(s) ⁴ or disability?
	b) Have you had any recurre	ence or sy	mptoms arising fro	m the illnes	s/medical condition(s) ⁴ or disability?
	c) Is/are the illness/medica	I conditio	n(s) ⁴ or disability g	etting worse	e?

¹ Use of tobacco includes smoking, chewing or sucking of a tobacco product or any other activity involving the consumption of a tobacco product.

² A tobacco product means a cigarette, cigar, cigarette or pipe tobacco, tobacco prepared for chewing or sucking, or snuff.

³ 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.





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6.	a) Are you still receiving treatment (including medication) for the illness/medical condition(s) ⁴ or disability? Yes No If Yes, please give details:
	b) What was the nature of any treatment?
7.	a) Have you ever consulted a doctor about some other illness/medical condition(s) ⁴ or disability which is not an existing medical condition? Yes No If Yes, please give details:
	 b) What was the exact nature of the illness/medical condition(s)⁴ or disability? If more than one condition, please attach additional information.
	c) When did you first suffer from the above illness/medical condition(s) ⁴ or disability?

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.



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

e) What was the nature of the treatment? Have you ever had any surgical procedures in relation to any illness/medical condition(s)⁴ or disability? 8. Yes No If Yes, please give details: 9. Do you intend to seek any medical advice or treatment in the next 6 months? Yes No If Yes, please give details: 10 Are you taking any medications? Yes No If Yes, please give details:

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.



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8. Doctor's Details

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

Doctor's address					
Date of last consultation	/	/			
Reason for consultation					
Outcomes					-
Doctor's name					
Doctor's address					
Date of last consultation	/	/			
Reason for consultation					
Outcomes					
Doctor's name					
Doctor's address					
Date of last consultation	/	/			
Reason for consultation					
Outcomes					
Doctor's name					
Doctor's address					
Date of last consultation	/	/			
Reason for consultation					
Outcomes					
Doctor's address			Postcode	 	
Date of last consultation	/	/	 	 	





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9. Investor Declaration

- I have never been approved a TPD entitlement in any Super SA super scheme (eg Triple S, the Lump Sum Scheme, the Pension Scheme, SA Ambulance Superannuation Scheme).
- I understand that I am required to disclose every matter that could reasonably be expected to be known by me, which may be relevant in Super SA's
 decision whether to accept the risk of insuring me.
- 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 disability, or a prescribed activity.
- I acknowledge, if I am applying for Death and TPD Insurance, that I am a standard investor in the Super SA Flexible Rollover Product under age 70.
- I acknowledge that if I am applying for Death Only cover that I am under age 70.
- I understand that non-disclosure will result in my insurance entitlement being withheld, reduced or declined.
- 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 or injury, medical history, consultations, prescriptions or treatment. A photocopy of this authorisation is as valid as the original.
- 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 an employment test of an average of 9 hours or more per week in any 6 month period over the last 2 years applies at the time of claiming Total and Permanent Disablement benefits.

Signature: 🗴	Date:	/	/

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.

Please ens	sure that all the sections of this form have been completed including:
	 your height and weight and details of your doctor(s). Incomplete sections will cause delays in processing. If you fail to disclose any relevant information, your insurance entitlement may be withheld, reduced or declined.
	apply to change your insurance cover, your new cover is effective from the date Super SA receives your application. over is approved, the cost is backdated to when we received your application and the amount is deducted from your super account balance.
Contact us	 EMAIL supersa@sa.gov.au, or WEBSITE supersa.sa.gov.au PHONE 1300 369 315 MEMBER CENTRE (by appointment only) 151 Pirie St, Adelaide, SA 5000

OFFICIAL: Sensitive (when completed)

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