Form > Super SA > Triple S

CANCEL INCOME PROTECTION INSURANCE



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

1. Personal Details	Only complete this form if you wish to cancel Income Protectio
Account ID	(IP) Insurance.
	*
Mr Ms Miss Mrs Dr Prof	2. Cancelling Income Protection Insurance
Surname	I would like to cancel my Income Protection Insurance.
Given name(s)	Please note that Police and SA Ambulance members under 60 years of are unable to cancel their IP Insurance.
Residential address	— 3. Member Declaration
Postcode	 I understand that the election to cancel IP Insurance will be effect from the date Super SA receives the form.
Postal address (if different from above)	 I understand that in the event of my illness or temporary disablem will not be entitled to receive IP Insurance payments.
Postcode	 I understand that if I decide to apply for IP Insurance in the future be required to provide information about my health and that limita may be applied to my cover for any pre-existing medical conditions
Date of birth / /	
Email*	Signature: X Date: / /
Telephone* (M)	<u> </u>
(W)	
(H)	The impact of cancelling your IP Insurance cover

Sensitive: Personal (when completed) - I2-A1

* 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

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If you are unable to work because of illness or injury you will not receive any IP payments. We strongly recommend that you consider the consequences of cancelling this cover.

Refer to the Triple S Income Protection Insurance fact sheet for further information about IP Insurance.

Contact us

Ground floor, 151 Pirie Street Adelaide SA 5000 (Enter from Pulteney Street)

Postal

GPO Box 48, Adelaide, SA 5001

(08) 8207 2094 or 1300 369 315 (for regional callers)

Email

supersa@sa.gov.au

Website

supersa.sa.gov.au

