

# Insurance cover reinstatement form



Please complete this form to reinstate your insurance arrangements with NGS Super if your cover has been cancelled due to inactivity. Inactivity means that your account has not received any contribution or rollover for a continuous period of 16 months.

Reinstatement of cover is subject to certain conditions and these can be found in the **Insurance Guide** available at [ngssuper.com.au/PDS](https://ngssuper.com.au/PDS). For assistance please call us on **1300 133 177**.

This form must be received by us **within 60 days** from the date your insurance cover is cancelled due to inactivity (Cancellation Date). An application to reinstate insurance arrangements will not affect your rights to cancel or apply to change your insurance cover in the future.

## If you need help

For assistance call us on **1300 133 177** Monday to Friday, 8am–8pm (AEST/AEDT).

Please send your completed form to:

**NGS Super GPO Box 4303 MELBOURNE VIC 3001**

or email to: **NGSAdminTeam@mercero.com**

## Step 1. Complete your personal details

Please print in black or blue pen, in capital letters.

NGS member number

Title

Date of birth

Given names

Surname

Residential address

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

Phone number

Mobile

Personal email

## Step 2. Inactive Account Election to Reinstate your cover

Use this form to reinstate your insurance cover if we have cancelled your insurance cover because your account was Inactive for a continuous period of 16 months.

The reinstatement form must be received by NGS Super within 60 days of the cancellation date.

☐ I confirm that I wish to reinstate my insurance cover unless I notify you otherwise in writing, or my cover ceases due to the terms and conditions of the NGS Super insurance policy.

By submitting this election, I acknowledge:

- I have read and understood the **Insurance Guide** relating to the cover I am electing to keep and my decision to opt-in to keep this cover is based on my understanding of the relevant guide
- I understand that the insurance cover will only be provided on the terms and conditions set out in the relevant insurance **Policy** as agreed between NGS Super and TAL Life Limited
- I understand I can at any time apply to decrease or cancel my insurance cover by completing the **Insurance reduction or cancellation form** available at [ngssuper.com.au/forms](https://ngssuper.com.au/forms)

## Step 3. Declaration and signature

By signing this form I declare that:

- I have read and understood the **Product Disclosure Statement** and the **Insurance Guide** available at [ngssuper.com.au/PDS](https://ngssuper.com.au/PDS) and have received all relevant information to make an informed decision to reinstate my insurance cover.
- I request to have my cover reinstated at the level it was immediately prior to the Cancellation Date. I understand that if my application satisfies all the conditions for reinstatement, my insurance cover will be reinstated and insurance premiums for the period from Cancellation Date until the date my cover is reinstated will become payable.
- I understand that the reinstatement of my cover is subject to certain conditions including the condition that **NGS Super must receive this form to reinstate cover within 60 days of the cancellation date.**
- I understand that I will be advised of the outcome of my application and any further request for information that may be required to process my application.
- I understand that if there is not enough balance in my super account to pay the cost of my insurance, my insurance cover will be cancelled.
- I understand the cost of my insurance is deducted from my NGS Super account based on the Fund's rules, and I confirm that this election will continue to apply even if I change my investment options.
- I have read and understand the **Privacy Collection Statement** available at [ngssuper.com.au/pcs](https://ngssuper.com.au/pcs) and consent to my personal information being collected, disclosed and used by NGS Super as described in that statement.

Signature

Date

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## Privacy Collection Statement

NGS Super Pty Limited ABN 46 003 491 487 collects personal information from you (or from third parties such as your employer or another super fund) to manage your NGS Super account, keep you informed, improve our products and services or take action on a matter you have contacted us about. If we don't have your personal information, we may not be able to perform these services. We may be authorised to collect your personal information by certain laws, including laws relating to superannuation, taxation and anti-money laundering/counter-terrorism financing.

We disclose personal information as required to manage the Fund, to service providers (including our administrator, our insurer and professional advisers), employers or parties required by law. Personal information may be accessed by service providers overseas, most likely by our administrator's processing centre in India. For any other offshore locations, details of how to access and change your personal information and the privacy complaints process, go to [ngssuper.com.au/pcs](https://ngssuper.com.au/pcs) and [ngssuper.com.au/privacy](https://ngssuper.com.au/privacy) or call us on 1300 133 177.

## Important Information

You should consider all the information contained in the **NGS Accumulation Product Disclosure Statement**, **FSG** and **Target Market Determination** before making a decision about investing in NGS Super.

The content provided in this information sheet is general information only and does not take into account your objectives, financial situation or needs. Before making a financial decision, please assess the appropriateness of the information to your individual circumstances and consider seeking professional advice.