

# Insurance reduction or cancellation form



Please complete this form if you would like to:

- reduce or cancel your
  - Life (which includes terminal illness) cover
  - Total and Permanent Disablement (TPD) cover
  - Income Protection (IP) cover
- reduce your IP cover waiting period
- increase your IP waiting period.

**All members must complete Section 1, 2 and 6.**

Complete **Section 3** if you are applying to cancel cover.

Complete **Section 4** if you are applying to reduce cover, including decreasing your IP benefit payment period and increasing your IP waiting period.

Complete **Section 5** if you would like to keep your insurance cover should your account become **Inactive**.

## Save time, apply online

Applying to vary your insurance via the **Member Online** portal is quick and easy.

Simply login via [ngssuper.com.au/MOL](https://ngssuper.com.au/MOL) go to the insurance section and click on the link to the **TAL Insurance portal**

## If you need help

Getting advice on your NGS Super account is easy. Whether it's a simple check in to understand your options or comprehensive advice for you and your family, we have you covered. Contact us on **1300 133 177** to make an appointment or learn more at [ngssuper.com.au/advice](https://ngssuper.com.au/advice).

## Step 1. Personal details

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

NGS member number

Gender

M ☐ F ☐

Title

Date of birth

 /  / 

Given name(s)

Surname

Residential address

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

Phone number

 - 

Mobile

 - 

Personal email

Job title/occupation

Average number of hours worked

 per week

## Step 2. Default insurance category

It's important to advise us of your occupation details, employer details and annual salary to ensure you have the right insurance category as this may impact your sum insured and will impact premium amounts.

1. Are you employed by a school, a kindergarten, a P&C Association, or other body providing education as its primary function, a credit union, bank or other employer in the finance sector? ☐ Yes ☐ No
2. Are the duties of your occupation limited to professional, managerial, teaching, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work and are undertaken entirely (or at least 80%) within an office environment or classroom (excluding workshops)? ☐ Yes ☐ No

Annual Salary     \$  ,  ,

Please refer to the **Insurance Guide** at [ngssuper.com.au/PDS](http://ngssuper.com.au/PDS) for further information on the default insurance category.

## Step 3. Applying to cancel cover

- ☐ I wish to cancel my Life cover
- ☐ I wish to cancel my TPD cover
- ☐ I wish to cancel my IP cover

## Step 4. Applying to reduce cover or adjust your Income Protection benefit payment period and/or waiting period

This application, if accepted by the insurer, will replace any existing level and type of insurance cover you currently hold in NGS Super. Your current insurance will be:

- Fixed Cover or
- Default Cover (reflecting a Default Cover Multiple of Default Cover).

**You can find your cover and Default Cover Multiple (if relevant) by viewing your current Member Statement available through [Member Online](#).**

If you reduce your insurance cover and you then apply for additional cover in the future, you will need to provide health information and your request will need to be assessed by the insurer.

- ☐ I wish to reduce either my IP Fixed Cover or IP Default Cover to the following new Fixed Cover amounts:

(Note: If you currently have Default Cover and you elect to have Fixed Cover, you may not be able to apply for Default Cover in the future.)

Life cover amount     \$  ,  ,

TPD cover amount     \$  ,  ,

IP cover amount     \$  ,  per month

- ☐ I wish to reduce my Default Cover to the following new Default Cover amounts:

(Note: due to the Default Cover process, your actual cover received may be rounded down from the cover amount selected below).

Life cover amount     \$  ,  ,

TPD cover amount     \$  ,  ,

IP cover amount     \$  ,  per month

- ☐ I wish to increase my IP waiting period to: (please choose only one)

☐ 60 days     ☐ 90 days

- ☐ I wish to reduce my IP benefit payment period to: (please choose only one)

☐ Up to 2 years     ☐ Up to 5 years     ☐ to age 65

(Note: If you currently have Default IP Cover this will change to Fixed IP Cover if either the waiting period or benefit payment period are changed).

## Step 5. Inactive account — election to maintain your cover

If you have insurance cover in your NGS account and your account becomes **Inactive** for a continuous period of 16 months, your cover will be cancelled unless you have elected to keep it. You must make an election before your account becomes **Inactive**. Generally, an account is **Inactive** where we have not received a contribution or rollover for a period of 16 continuous months.

To maintain your insurance cover and prevent it from being cancelled, simply complete this section.

- ☐ I confirm that I wish to maintain my insurance cover even when my account is **Inactive** 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 6. Declaration and signature

I acknowledge that:

- The information provided here is true and complete and I agree that this Declaration shall be held to form part of the application for insurance.
- I have read and understood the insurance information contained in the current **Product Disclosure Statement** and **Insurance guide**.

Signature

X

Date

/  /

Please return your completed form to:

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

or email to: [NGSAdminTeam@mercero.com](mailto:NGSAdminTeam@mercero.com)

## 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**.