

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** (and/or the **Insurance Transition Guide** for Ex-QIEC Super members) available at 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** from 8.00am to 8.00pm (AEST/AEDT) weekdays.

Please return your original completed form to:

NGS Super
GPO Box 4303
MELBOURNE VIC 3001

Section 1. Complete your personal details
Please print in black or blue pen, in capital letters, one character per box. A ✓

NGS Member number	Title	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Given names		
<input type="text"/>		
Surname		
<input type="text"/>		
Residential address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone		
<input type="text"/>		
Personal email		
<input type="text"/>		

Issued by NGS Super Pty Limited ABN 46 003 491 487 AFSL No 233154 the trustee of NGS Super ABN 73 549 180 515

Section 2. 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** (and/or the **Insurance Transition guide for ex-QIEC Super members**) 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

Section 3. Declaration and signature

By signing this form I declare that:

- I have read and understood the **Product Disclosure Statement** and the **Insurance Guide** (and/or the **Insurance Transition Guide** for Ex-QIEC Super members) all available at 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** and consent to my personal information being collected, disclosed and used as described in that statement.

Signature

Date / /

Privacy Collection Statement

NGS Super Pty Limited ABN 46 003 491 487 of **Level 4, 14 Martin Place Sydney NSW 2000** 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/pcs and ngssuper.com/privacy or call us on **1300 133 177**.

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