

# Application to reduce or cancel insurance cover



Use this form if you are an employer sponsored member or personal member and you wish to:

- Reduce or cancel your current insurance arrangements;
- Change your existing level of death and total and permanent disability (TPD) to death only cover;
- Change your cover from units to fixed dollar or vice versa;
- Reduce your nominated monthly income;
- Increase your waiting period for income protection cover;
- Reduce your benefit period for income protection cover.

Please use a dark pen and CAPITAL letters. Insert (X) when you have to choose an option. You can also fill in this form online, print it and send it to us. The form is on our website at [aware.com.au/forms](http://aware.com.au/forms).

If you have any questions, please call us on 1300 650 873.

## 1. Your personal details

Member number	Account number	Date of birth
<input type="text"/>	F S S U <input type="text"/>	<input type="text"/>
Title	Last name	
<input type="text"/>	<input type="text"/>	
Given name(s)		
<input type="text"/>		
Address		
<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime contact number	Mobile number	M F
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email (for security reasons, please ensure that your nominated email address is your personal email address and not a role-based email address such as <code>employee_title@company.com.au</code> )		
<input type="text"/>		

## 2. Cancellation of insurance cover

Please cancel my existing cover as shown below (use X to show your choice):

- Death and TPD cover
- Death only cover
- Income protection cover

## 3. Reduction of death and TPD or death only cover

Please reduce my existing cover as shown below (use X to show your choice):

- Death and TPD cover to death cover only
- Fixed cover amount to \$ , ,
- Total number of units to  units

## 4. Reduction of income protection cover

Please reduce my income protection cover as shown below (use X to show your choice):

- Please reduce my percentage of monthly income insured from 75% to 50%
- Please increase my waiting period:
- From 14 days to 30 days  From 30 days to 60 days  From 60 days to 90 days
- Please reduce my benefit period:
- From 5 years to 2 years  From age 65 to 2 years  From age 65 to 5 years
- Please reduce my nominated monthly income to \$ ,  .
- Please cancel my 10% additional superannuation contribution benefit to Aware Super

**IMPORTANT!**  
Once cover has been cancelled, you will have to reapply for cover and be reassessed by the insurer.

**i** For the definition of monthly income, see the **Glossary** section at the back of the *Member Booklet Supplement: Insurance* for your membership category.





Complete this section if you wish to change your existing death and TPD or death only cover from units to fixed dollar or fixed dollar to units.

## 5. Change from units to fixed dollar OR fixed dollar to units

Please make the change shown below (use **x** to show your choice):

- I wish to switch my cover from units to fixed cover
- I wish to switch my cover from fixed cover to units (rounded to the nearest number of units)

## 6. Privacy

### Your privacy with TAL Life Limited ABN 70 050 109 450 AFSL 237848 ('TAL' and the 'insurer')

The privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles. The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at [www.tal.com.au/Privacy-Policy](http://www.tal.com.au/Privacy-Policy) or free of charge on request to TAL by telephoning 1800 666 136.

#### Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

#### Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- claims assessors and investigators, claims managers and reinsurers;

- medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- other insurers;
- for members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- required by law (such as to the police or Australian Tax Office), and authorised by law (e.g. under court orders or statutory notices).

#### Your privacy with Aware Super

The personal information you provide on this form is collected by and held for Aware Super by the fund administrator, Mercer Administration, in accordance with the Australian Privacy Principles of the *Privacy Act 1988 (Cth)*, for the purpose of administering your account and providing you with services associated with your fund membership. For further information about how your personal information is handled, please phone us on **1300 650 873** or visit [aware.com.au/privacy](http://aware.com.au/privacy) to view the privacy policy (a hard copy of the policy may also be provided on request). The policy contains information about how you may access and seek correction of your personal information, how you may complain about a breach of your privacy and other important information about how your personal information is collected, used and disclosed.

## 7. Declaration

I declare that:

- Any amendments that I have requested will affect my level of cover/s and monthly premiums
- That by cancelling my insurance, the cover will cease and premiums will no longer be deducted for that cover
- That if I wish to reapply, my acceptance for cover will be subject to me providing evidence of good health and subject to acceptance by the insurer.
- I have read and understood the Aware Super privacy policy.

Signature

Date (DD-MM-YYYY)

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Please sign and date form here.



Send the form to this address.

## 8. Where to send your completed form

Return the completed form to **Aware Super PO Box 1229 WOLLONGONG NSW 2500**. If you have any questions, please call us on **1300 650 873**.