

**Insurance Variation Form**

Use this form to increase, decrease or cancel your cover. Smartsave will only make changes to each type of cover you change in this form. If you do not indicate a change to a type of cover you already have, the amount of your existing cover will remain the same.

Please complete in pen using CAPITAL letters. Please mark boxes with an X where applicable.

**1. Your Personal Details**

Title  Mr  Mrs  Ms  Miss Member No

Surname

Given names  Date of Birth  /  /

Address

Suburb  State  Postcode

Telephone Home  Work  Mobile

Email

Job Title/Occupation  No. of hours worked per week

**2. Your Instructions**

**I want to:**  Increase Cover  Decrease Cover  Cancel Cover

**Which cover do you wish to increase, decrease or cancel:**

Death Only  Death & Total Permanent Disablement  Income Protection

If you are increasing cover, please complete a short form Personal Health Statement (page 2 of the Employee or Personal Application) – this is available online at [www.smartsavesuper.com.au](http://www.smartsavesuper.com.au)

**3. Your Cover Requirements\***

Death Only  Death & Total Permanent Disablement

Units of Cover  Fixed Amount

**Income Protection**

Waiting Period  30 Days  90 Days

Amount  75% of Salary\*\*  Fixed Amount per month

**Benefit Payment Period**

2 Years  5 Years  To Age 65

\*Cover requirements refer to your new total insurance cover i.e. any increase or decrease plus any existing cover.

\*\* Plus an additional amount equal to the current level of the Superannuation Contribution Levy.

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**4. Your Declaration**

I have read the Duty of Disclosure (in the Product Disclosure Statement) and I am aware of the consequences of non-disclosure. I understand that the Duty of Disclosure continues after I have completed this statement until my application for cover has been accepted in writing by Smartsave and the Insurer. I understand that information contained in this guide should be read in conjunction with all reference material.

I authorise:

- the Insurer to refer any statements that have been made in connection with my application for cover and any medical reports to other entities involved in providing or administering the insurance (for example reinsurers, medical consultants, legal advisers)
- the Insurer and any person appointed by the Insurer to obtain information on my medical claims and financial history from the Insurance Reference Association and any other body holding information on me, and
- any hospital, doctor or other person who has treated or examined me to give to the Insurer any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports.

A photocopy of this authorisation is as valid as the original.

I declare that:

- the answers to all the questions and the declarations on this form are true and correct (including those not in my own handwriting);
- I have not withheld any information which may affect any decision to provide insurance;
- I agree to provide further medical authorities if requested;
- I have read and understood the Product Disclosure Statement, and
- I have read and understood the Smartsave Insurance Guide (available online at [www.smartsavesuper.com.au](http://www.smartsavesuper.com.au)).

**5. Your Signature**

I acknowledge that:

- insurance cover will only be provided on the terms and conditions set out in the contract of insurance with the Insurer and as agreed between Smartsave and the Insurer from time to time;
- the answers I have provided, together with any special conditions, will form the basis of the contract of insurance;
- if I have chosen to cancel or reduce any of my cover, I will no longer be insured for that cover, and if I decide to apply for cover in the future, I will need to supply medical information as part of my application, and
- any change in cover will start from the later of the date it is accepted by the Insurer (as long as my employer is paying on-time contributions), or for new members, the date I receive my Welcome Kit.

Your signature

Date  /  /

Please return this completed form to:  
**Smartsave**  
PO Box 1282  
Albury  
NSW 2640