

Instructions

You must complete Section 1: Personal details and Section 7: Declaration and signature.

Do you want to increase your Death or Death & Total Permanent Disability (TPD) insurance?

- YES – You need to complete Section 2 and you must complete the **Personal statement**
- NO - Please leave Section 2 blank

Do you want to increase your Death/Death & TPD insurance because you have had a **Key Life Event**?

Key Life Events include getting married, having a baby or adopting a child, taking out a mortgage on your home, divorce, death of your spouse, your child's first day at primary or secondary school, or becoming eligible for Centrelink carer's allowance.

- YES – please complete **Form 320 Insurance Application/Variation for Key Life Events**, instead of this form. Form 320 is available on our website at www.visionsuper.com.au/tools-resources/forms.

Do you want to increase your income protection insurance because your salary has gone up?

- YES – Was your salary increase in the last two months or were you notified of the increase in the last two months?
 - YES – my salary was increased in the last two months - please complete **Section 3** and attach a letter from **your employer** confirming your new salary and the date you were notified of the salary increase. You **do not** need to complete a **Personal statement**.
Please note, if you already have 16 units of cover or have had an automatic increase of 3 units this year, you are not eligible for an automatic increase, and will need to complete **Section 4** and the **Personal statement** to increase your insurance cover.
To check how many units of cover you have, you can log in to Vision Online at www.visionsuper.com.au, or check your latest statement.
 - NO – my salary increase was more than two months ago - please complete **Section 4** and you must complete the **Personal statement**.
- NO – Leave Sections 3 & 4 blank

Do you want to cancel your insurance cover with us?

If you cancel your insurance and want to take insurance out in future, you will need to meet eligibility requirements, complete new forms and provide medical evidence. Your application will be subject to acceptance by the insurer.

- YES – complete Section 5
- NO – Leave Section 5 blank

Do you want to reduce your insurance cover?

- YES – Complete Section 6
- NO – Leave Section 6 blank

Please note that you cannot have more cover for Total Permanent Disability (TPD) than you do for Death. The amount you enter in Section 6 for TPD **must be less** than the amount you enter for death.

YOU MUST COMPLETE SECTION 7: DECLARATION AND SIGNATURE

If you do not complete this section, we will not be able to process your form.

Insurance application/variation form



Complete this form if you want to apply for, increase, reduce or cancel: death only, death and total & permanent disablement (TPD) or income protection (IP) insurance with Vision Super.

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1. Personal details

Member number:

Title: Mr Ms Miss Mrs Other

Surname:

Given name/s:

Date of birth: Male Female

Address:

Suburb: State Postcode

Contact email address:

Contact phone number: Mobile number

Employer name:

Occupation:

How many hours a week do you work on average in your main job?

What is your annual gross salary? (before tax and excluding superannuation guarantee contributions) \$

Are you currently employed (at the date of signing this document), working normal hours, and not absent from your normal duties due to illness or injury? Yes No

2. Death only and/or TPD cover

Complete this section if you wish to apply for or increase your death only or death & TPD cover.

You must also complete the personal statement.

Please note that you can select either age based or fixed cover and only one type of cover is applicable at any one time.

1. **Age based cover**

i. Additional death and TPD units required; and/or units

ii. Additional number of death only units you require units

2. **Fixed cover – must be in multiples of \$1,000**

i. Total amount of death cover required \$

ii. Total amount of TPD you require \$

TPD cover cannot be greater than your death cover amount.

These units are in addition to any units of cover you already have.

You can find how many units of cover you have on your statement or on our website

If you elect fixed cover, this will replace your existing unitised cover. Maximum cover is \$5 million for death cover and \$2.5 million for TPD cover.

3. Income protection cover

Complete this section if your salary has increased within the last two months.

Increased salary

My salary has increased in the last two months and I want to apply for an automatic increase of my income protection insurance (congratulations, by the way)

Proof of increased salary

I have attached a letter from my employer with my new salary details OR

I work for a council and my salary increase was due to an EBA (Note: Vision Super will already have your new salary details so there is no need to attach a letter)



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continued over...

4. Income protection cover

Complete this section if you wish to apply for or amend your income protection cover. You must also complete the personal statement.

Waiting period

- | | | |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> 75% of salary | <input type="checkbox"/> 60 days | <input type="checkbox"/> 30 days |
| <input type="checkbox"/> 85% of salary | <input type="checkbox"/> 60 days | <input type="checkbox"/> 30 days |
| <input type="checkbox"/> I wish to apply for my income protection benefit payment period to be extended to age 65 | | |

The first 75% of your income would be paid to you, amounts in excess of 75% must be paid as a superannuation contribution to your Vision Super account.

5. Cancelling existing insurance cover

Please select the cover you wish to cancel:

- | | |
|--|--|
| <input type="checkbox"/> Death and TPD | <input type="checkbox"/> Income protection |
| <input type="checkbox"/> Death Only | <input type="checkbox"/> TPD only |

If you wish to reapply for cover in the future you will need to meet eligibility requirements, complete a new application form and provide medical evidence. Any application is subject to acceptance by the insurer.

6. Reduce cover

Please indicate the new number of units/level of cover required:

Units of cover	OR	Fixed cover
Death _____ units		\$ _____
TPD _____ units		\$ _____
Income protection _____ units		Not applicable

Fixed cover must be in multiples of \$1,000. Your new level of TPD cover (units or fixed) cannot exceed your death cover.

7. Declaration and signature

I declare the following:

- I have read and understood the insurance information within the relevant Vision Super PDS.
- I have read and understood the privacy statements in the PDS.
- I understand that the insurer and the Trustee will not be able to process my application or administer my insurance under the Fund's insurance policies without this declaration.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the insurer.

Member's signature: Date:

Checklist – Use this checklist to make sure your application is complete and we can process your form.

I have completed Section 1

I have completed Section 7

I have completed one of Sections 2 – 6

I have enclosed my personal statement (mandatory if I have completed Section 2 or 4)

I have enclosed my letter from my employer with my new salary details (if needed - see section 3)