

EISS Super

Change or Cancel Insurance Cover

About this form

You should use this form if you would like to:

- increase your Default Cover
- reduce or cancel your Default Cover
- reduce or cancel your Voluntary Cover

You cannot use this form to apply for an increase in Voluntary Cover. To apply for an increase in Voluntary Cover, you must complete the 'Member Personal Statement' which is available at eisuper.com.au/insurance or by contacting us on **1300 369 901**.

For more information on insurance available in your super, please refer to the 'Insurance in Your Super' document which is available at eisuper.com.au/pds.

We're here to help

If you need assistance completing this form, please call us on **1300 369 901**, Monday to Friday from 8am to 8pm (AEST). You should consider obtaining financial, taxation and or legal advice which is tailored to your personal circumstances when making a decision.

Please complete all sections of this form as applicable, sign and return the completed form by either; uploading it into your online account or posting it to:

EISS Super GPO Box 7039, Sydney, NSW 2001.

Step 1. Your personal details

Member Number

Account Number

Mr / Mrs / Ms / Miss / Other

Given name(s)

Surname

Date of birth / /

Residential address (must not be a PO Box)

Suburb

State

Postcode

Postal address (if different to above)

Suburb

State

Postcode

Telephone

Mobile

Email

You can change your personal details online by logging into your account at eisuper.com.au/login.

Step 2. Default Cover - apply for an additional unit of cover

For a limited time after your Default Cover commences, you have the ability to apply for one (1) additional unit of Default Cover without the need to provide any health information. Please refer to the 'Insurance in your super' document available at eisuper.com.au/pds or by calling us on **1300 369 901**. **This option is only available to you if you apply within 120 days of when your Default Cover commenced.**

Please tick this box to apply for one (1) unit of cover as outlined above.

Please note, the additional unit of cover will be subject to the same terms and conditions as your Default Cover units.

Step 3. Default Cover - reduce or cancel cover

You can reduce or cancel your Default Cover at any time. Please note, if you choose to cancel or reduce your Default Cover, you can apply for Voluntary Insurance cover in the future but will need to be medically assessed and accepted by our insurer.

Reduce my cover

I want to reduce my Default Cover to:

- four (4) units of Default Cover (Death and TPD)
- three (3) units of Default Cover (Death and TPD)
- two (2) units of Default Cover (Death and TPD)
- one (1) unit of Default Cover (Death and TPD)

Cancel my cover

I want to cancel my cover below:

- Default cover (Death and TPD)
- Temporary Salary Continuance Cover¹

¹ Only applicable to members of Division N who had this cover provided prior to 8 December 2013

Step 4. Voluntary Insurance Cover - reducing your cover

This section should be completed to reduce the amount of your Voluntary Insurance Cover. Please note, if you choose to reduce your cover and reapply for additional cover at a later date, you will need to be medically assessed and accepted by our insurer to have any cover reinstated. You should consider obtaining financial advice before reducing your insurance cover.

I currently have the following amount of Voluntary Insurance Cover:

Death Only Cover

\$, , .

Total and Permanent Disability Only Cover

\$, , .

Death and TPD Cover

\$, , .

Monthly Salary Continuance Insurance

\$, , .

I wish to reduce my amount of Voluntary Insurance Cover to:

Death Only Cover

\$, , .

Total and Permanent Disability Only Cover

\$, , .

Death and TPD Cover

\$, , .

Monthly Salary Continuance Insurance

\$, , .

Step 5. Voluntary Insurance Cover - cancelling your cover

This section should be completed to cancel your Voluntary Insurance Cover. Please note, if you choose to cancel your cover and reapply at a later date, you will need to be medically assessed and accepted by our insurer to have any cover reinstated. You should consider obtaining financial advice before cancelling your insurance cover. By cancelling your insurance, you will not be able to claim for that amount and type of cover from the date that the cover is cancelled.

I wish to cancel my Voluntary Insurance Cover as indicated below:

- Death Only Cover
- Total and Permanent Disablement Cover Only
- Death and TPD Cover
- Salary Continuance Insurance

Step 6. Other information

TAL Privacy Policy

Insurance is provided by TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL) to Energy Industries Superannuation Scheme Pty Limited.

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 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 (e.g. such as to the police or Australian Tax Office (ATO)); and
- authorised by law (e.g. under Court Orders or Statutory Notices).

Your privacy is important to us

We are required to comply with relevant privacy laws. The personal information that we collect is used to process your application, administer your account(s), provide you with services and conduct research about how to improve our services and products. Unless required or authorised by law, we will only provide your personal information to authorised service providers who use the information to administer the Fund and provide services on our behalf.

The EISS Super Privacy Policy is available to view at eisuper.com.au/privacy or you can obtain a copy by contacting us on 1300 369 901.

Step 7. Sign the form

I confirm that:

- I have fully read this form and the information I have provided is true and correct;
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge believe all the answers to the questions in this Application are true and correct;
- I have read and understood the EISS Super Product Disclosure Statement (PDS) and the 'Insurance in your super' document; and
- I have read the **Your privacy is important to us** section and understand how EISS Super will use my personal information.

I acknowledge that:

- Default Cover is provided on the terms and conditions set out in the contract of insurance with the Insurer and as agreed between the Trustee and the Insurer from time to time;
- any increase or reduction in the level of cover is subject to the date this form is received by the Trustee; and
- if I have chosen to cancel or reduce my cover on this form, I understand that I will no longer be insured for that cover and I will need to be medically assessed by the Insurer to apply for cover in the future.

Member Signature

X

Date

D D / M M / Y Y Y Y

Sign here

Please return your completed form by either:

Posting it to us OR Uploading it to your online account

EISS Super
GPO Box 7039
Sydney NSW 2001

Visit eisuper.com.au/login