Cancel or reduce your insurance cover

Use this form to cancel or reduce all or part of your insurance cover. You should read the *Insurance Handbook* for a summary of the terms and conditions of your cover. It is recommended that you obtain financial advice before taking any action in relation to your insurance cover. To contact a BUSSQ Financial Adviser, please call **1800 692 877**.

Please complete and sign this form and return by:

Mail to: BUSSQ GPO Box 2775, Brisbane QLD 4001

Email to: super@bussq.com.au

Did you know you can manage your insurance online? To register for online account access, visit **bussq.com.au**

All questions with an asterisk (*) must be completed. We need this information to process your request.

1 Personal details

BUSSQ member number (if known)

Date of birth (dd/mm/yyyy)*

Title*

Given names*

Surname*

Phone number

Email

Street number*

Street address*

Suburb/Town*

State*

Postcode*

Postal address (if different to above)

Suburb/Town

State

Postcode

2 Cancel your cover

Complete this section to cancel part or all your cover. **Please select (✓) each type of cover that you wish to cancel.**

If you select to cancel a cover type below you will no longer be insured for that cover type and you (or your beneficiaries) will not be able to make a claim in the event of illness, injury or death from the date that cover type is cancelled. If you're replacing your BUSSQ cover with another insurance policy, you should wait until you have received confirmation that your other policy has started before cancelling your BUSSQ insurance.

☐ I want to cancel all of my insurance cover - proceed to section 5

OR

☐ I want to cancel Total and Permanent Disablement (TPD) cover (any Total and Temporary Disablement (TTD) cover held, will also be cancelled).

☐ I want to cancel my Income Protection.

3 Reduce your cover

Complete this section to reduce your Death cover, TPD cover or Income Protection. For details on the cost of any changes to your cover, please see the 'Insurance Premium Tables' in the *Insurance Handbook*.

Please note, you cannot hold TPD cover without holding Death cover of at least the same dollar value.

Unitised cover - I wish to reduce my insurance cover to:

Death cover amount (no. of units required)

TPD cover amount (no. of units required)

Fixed Cover - I wish to reduce my insurance cover to:

Death cover amount (cover must be in multiples of $1,000) $

TPD cover amount (cover must be in multiples of $1,000) $

Income Protection cover

I want to reduce my monthly Income Protection amount to: $
(expressed in $100 increments which cannot exceed 85% of your monthly salary)

☐ I want to change my waiting period from 30 days to 60 days

☐ I want to decrease my benefit period from To age 65 to 2 Years

4 Privacy and other important information

BUSSQ collects, uses and discloses your personal information in accordance with the BUSSQ Privacy Policy and Privacy Collection Statement which is available from our website or by calling **1800 692 877**. You do not have to provide your personal information, but we may not be able to administer your account if you don't. The Privacy Policy confirms to who and when we may disclose your personal information including if required by law or court/tribunal order, or with your permission. Please call us if you have any questions about your rights under the privacy legislation.

5 Declaration

I declare that:

- I have read and understood the current *BUSSQ Super PDS* and *Insurance Handbook* before making a decision to cancel or reduce my insurance cover.
- I am aware that if I reduce or cancel my insurance cover and later decide to increase or restart it, I will need to reapply and I may be required to provide medical and other evidence to the Insurer and any increase in or recommencement of cover will be subject to acceptance by the Trustee and the Insurer.
- If I elect to cancel my insurance cover, I understand my cover will be cancelled from the day the request is received by BUSSQ. If I cancel my insurance within the cooling-off period, the cancellation will be effective the date insurance cover was first provided on my account.
- I understand I may still claim insured benefits for any injury or illness that occurred before my cover was cancelled; however, I will not be able to make a claim for any injury, illness or death that occurs after the date my insurance cover is cancelled.
- I acknowledge that where I have not completed the relevant sections as required, my application to cancel or reduce my insurance cover will be invalid and not processed.
- I understand that my insurance premiums will change as a result of this request and that premium deductions from my account will be adjusted or cease from next month.
- I declare that all the details in this form are true and correct.
- I am the person named on this form or I have a power of attorney to act on the member's behalf and have supplied to BUSSQ my certified Power of Attorney and identity documentation.
- I agree to BUSSQ using my personal information as outlined in BUSSQ's *Privacy Collection Statement*.

Please sign and date*
Forms without both a signature and date are unable to be processed. **Note:** Digital signatures will not be accepted.

SIGN HERE

Signature of applicant*

Dated (dd/mm/yyyy)* ☐☐/☐☐/20☐☐

Once completed and signed please return this form by either:
Mail: BUSSQ GPO Box 2775, Brisbane QLD 4001 or **email:** super@bussq.com.au

582.5 10/25 ISS1