

Opt in to default insurance cover

If you're a BUSSQ Non-manual Member, you will receive default cover when you're aged 25 or older, have at least \$6,000 in your BUSSQ account, and we have received your first Employer Contribution.

You can choose to get default cover earlier, by filling out this form.

You're a Non-manual Member if you do not perform any manual duties and spend at least 50% of your working time in an office environment. For more information, see our *Insurance Handbook* at bussq.com.au

Before making a decision, you should read our *Insurance Handbook* at bussq.com.au to understand important information about your insurance cover, the eligibility criteria to hold cover, and the cost of cover.

You can also call us on **1800 692 877** to discuss your options.

When to use this form

Use this form if you:

- Have recently joined BUSSQ
- Are a Non-manual Member
- Are under age 25 and/or have less than \$6,000 in your BUSSQ account and,
- Want to elect (opt in) to have default cover.

Please complete this form using BLOCK LETTERS and a blue or black pen.



To be eligible for default cover, you need to return your completed form to us within 60 days of the issue date of your Welcome Letter.

You can return your form by:

- ✉ **Mail to:** BUSSQ GPO Box 2775, Brisbane Qld 4001
- @ **Email to:** super@bussq.com.au

What default cover will I get?

As a Non-manual Member, you may be eligible to receive default cover. The type and amount of default cover you may receive depends on your age.

Age	Type of cover	Insured value
15-20	Death	\$50,000
	Total & Permanent Disablement	\$50,000
21-64	Death	4 units*
	Total & Permanent Disablement	4 units*
65-69	Death	4 units*

See our *Insurance Handbook* for more information on what cover you will receive and the cost of cover at bussq.com.au

* If you have fixed cover, your insurance will be a dollar value equivalent to 4 units.

1 Personal details

BUSSQ member number (if known)

Mr/Mrs/Ms/Miss

Given names

Surname

Date of birth (dd/mm/yyyy)

Daytime contact number

Mobile

Email

Street number

Street address

Suburb/Town

State

Postcode

Postal address (if different to above)

Suburb/Town

State

Postcode

2 Election to get default insurance cover early for Non-manual Members

Please tick '✓' the below box to elect to get default insurance cover early:

- I acknowledge that by completing this form:
- I want to elect (opt in) to get the default insurance cover I'm eligible for, before I meet the eligibility criteria, even if I'm a Non-manual Member who is:
 - Under 25 years of age, and/or
 - My BUSSQ account balance is less than \$6,000.
 - BUSSQ will not cancel my insurance cover unless:
 - I don't have enough money available in my account to cover the cost of my insurance premiums
 - I stop being a BUSSQ member with an active account
 - BUSSQ become aware I am ineligible to hold cover¹
 - I ask BUSSQ to cancel my cover.²

3 Privacy and other important information

BUSSQ collects your personal information to set up and administer your super account. The *BUSSQ Privacy Policy* contains more information about how we may use or disclose your personal information, and is available from our website or by calling **1800 692 877**.

4 Authorisation and declaration

In signing this application:

- I declare all information provided on this form is true and correct and that I meet the conditions outlined in the form and accompanying information.
- 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 have read the important information in the BUSSQ PDS applicable to my account and the *Insurance Handbook* available at bussq.com.au
- I understand that insurance premiums will be deducted from my account to cover the cost of insurance and the effect this can have on my account balance.
- I understand that I can cancel this election by advising BUSSQ by phone or in writing.
- I understand that I can decrease or cancel my insurance cover at any time by contacting BUSSQ.



Please sign and date.

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

Signature of applicant



Dated (dd/mm/yyyy)

/ / 20

Once completed and signed please return this form by:

Mail: BUSSQ GPO Box 2775, Brisbane Qld 4001 or **email:** super@bussq.com.au

1. For more information, see our *Insurance Handbook* at bussq.com.au

2. You can cancel your insurance at any time by completing our *Application to change your insurance form* at bussq.com.au