Optimiser Application to reduce insurance cover OARI



Use this form to reduce your Optimiser insurance cover through Brighter Super.

Please complete this form to make the following changes to your insurance cover:

- · Reduce your Death only and/or Death and Total and Permanent Disablement (TPD) cover amount
- Reduce your Total and Permanent Disablement cover
- Reduce the benefit amount for your Income Protection (IP) cover

For details on the premium that will apply, please refer to the Optimiser Insurance Guide and the Corporate Plan Summary for your employer plan (if you are a Corporate Employee member¹).

Personal Details Brighter Super respects your privacy. All personal information collected is protected in line with Brighter Super's Privacy policy.							
Member number	Title	Given name/s					
Surname	Date of birth Gend			Gender			
Email [*] Phone number				umber			
Residential address							
Suburb/town				State	Postcode		
Postal address (if different to above)				State	Post	Postcode	
*The email address provided may b	e used	to send information of a	sensitive a	and personal natu	ıre.		
1 Instructions							
Please tick (✓) the relevant box below	ow:						
☐ I would like to reduce my fixed-	dollar [Death only or Death and	TPD cover	(complete section	on 2)		
I would like to reduce my salary (this cover is only available to 0			(complete	section 3)			
☐ I would like to reduce my Incon	ne prote	ection cover amount (co	mplete sec	tion 4)			
Please note: If, after reducing your current cover, you choose to apply for cover again, any new cover will be provided subject to the terms and conditions of the policy in place at the date of acceptance. Any reapplication of Death Only, Death & TPD and/or Income Protection cover may be subject to acceptance based on evidence of your health.							

Important information

You should read the Optimiser Insurance Guide and the Corporate Plan Summary for your employer plan (if you are a Corporate Employee member) for a summary of the terms and conditions of the Insurance policies. For a copy visit our website at brightersuper.com.au or call us on 1800 444 396.

¹ Corporate members are employees of the Suncorp Group, ConocoPhillips Australia Operations Pty Ltd, Arcadis Australia Pacific Pty Ltd, NRI Australia Limited, Australian Regional Wholesalers P/L, the Perron Group, Rexel Electrical Supplies Pty Ltd, Technology One Limited, RACT Insurance Pty Ltd, LJ Hooker Corporation Ltd, Knight Frank and NTI Limited.

- T 1800 444 396
- E insurance@brightersuper.com.au
- W brightersuper.com.au

P GPO Box 264 Brisbane Qld 4001



TAL Life Limited (TAL)

Reduce my Death only or Death and TPD cover
Please complete this section if you want to reduce your Death and/or TPD cover.
I would like to reduce my insurance cover as follows:
Reduce my Death cover to a benefit of: \$
Reduce my TPD cover to a benefit of: \$
Reduce my insurance to Death only cover with a benefit of: \$
Please note: You cannot have TPD without Death cover and your TPD cover can't be greater than your Death cover. You are unable to have both default and voluntary insurance cover at the same time unless you are a Corporate Employee member. If you are not a Corporate Employee member and you alter your default Death or TPD insurance cover, all of your existing default cover will change to fixed cover. Refer to section 3 if you're a Corporate Employee member and wish to reduce your salary-based Death and TPD cover.
Reduce my salary-based Death and TPD cover
Please complete this section if you want to reduce your salary-based Death and TPD cover. Otherwise, you will need to complete section 2 if you wish to reduce any fixed cover that you hold.
This section only applies to employees of Corporate Employers who have salary-based default Death and TPD cover.
I would like to reduce my insurance cover as follows:
Reduce my salary-based Death cover to a benefit of: \$
Please note:
If you reduce both your salary-based Death and TPD cover, your new cover amount will be fixed at the dollar (\$) amount you have nominated (provided it is less than the salary-based Death and TPD cover amount you currently hold).
Alternatively, if you are reducing your salary-based TPD cover only, your new TPD cover amount will be fixed at the dollar (\$) amount you have nominated (provided it is less than the salary-based TPD cover amount you currently hold) and your Death cover will remain linked to your reported salary.
Once you reduce salary-based Death and/or TPD cover, you will not be able to change your cover back to salary-based cover. Please refer to the Corporate plan summary for employer plan for more information.
4 Reduce my Income protection cover
Please complete this section if you wish to reduce the amount covered for your Income Protection benefit.
It is important for you to understand that the monthly benefit payable under Income Protection is the lesser of:
• the level of cover you apply for; or
 75% of your Pre-Disability Salary, plus your additional 10% super contribution if applicable.
See the <i>Optimiser Insurance guide</i> and your <i>Corporate Plan Summary</i> (if you are a Corporate Employee member) for the maximum percentage of Income Protection cover you can hold.
Benefits are payable for a maximum of 2 years and only after a 30 ² day waiting period.

per month.

^{2.} A 60 day waiting period applies to employees of Suncorp Group.

I would like to reduce my insurance cover as follows:

Reduce my Income Protection cover to: \$

5 Member Declaration

By submitting this request to reduce my existing cover, I declare that:

- I understand that Optimiser insurance cover through Brighter Super will be provided to me on the terms contained in the insurance policies for Brighter Super Optimiser members as changed from time to time.
- I have read and understood the *Optimiser Insurance guide* and the *Corporate Plan Summary* for my employer plan (if applicable).
- I understand if I complete this form and I work in the Energy Industry or Local Government & Associated Industries my request will be invalid and I will need to complete the relevant form for my account.
- I understand that my application will be invalid and will not be processed if I do not complete this form correctly or I do not sign and date this form.
- If I have chosen to cancel part or all of my cover, I will not be entitled to the part, or all, of the cover that I have applied to cancel from the date my application is received by Brighter Super;
- I understand that my insurance cover and premium payable will change according to the instructions I have given in this form from the date that Brighter Super receives this fully completed application.
- Should I wish to apply for or increase my insurance cover through Brighter Super in the future, I will be required
 to provide health information to the Insurer and my insurance cover will not start until the Insurer accepts my
 application for cover.

Signature	Date signed		
	/ /		

Please sign in blue or black pen - Brighter Super does not accept digital signatures on this form.

Now you have completed this form and signed the declaration, please send it to us by:

Email (scanned copy) insurance@brightersuper.com.au.

Post Brighter Super GPO Box 264 Brisbane Qld 4001

