

# Application to reduce insurance cover

## ARI



Use this form to reduce your Death only or Death and Total and Permanent Disablement (TPD) cover or increase the length of the waiting period that applies to your Income Protection cover through LGIASuper.

For details on the premium that will apply, please refer to the LGIASuper *Insurance guide*. If you have a defined benefit you are unable to reduce your standard insurance cover as it is provided as part of the package of benefits you receive.

### Personal details LGIASuper respects your privacy. All personal information collected is protected in line with LGIASuper's Privacy policy.

<b>Surname</b>	<b>Given name/s</b>	<b>Member number</b>	
<b>Postal address</b>			
<b>Suburb/town</b>	<b>State</b>	<b>Postcode</b>	<b>Country</b>
<b>Telephone (b/h)</b>	<b>Email address</b>	<b>Date of birth</b> / /	

### Insurance instructions

I would like to:

- Reduce my Death only or Death and TPD insurance cover  
**Complete Section 1 and Declaration**
- Increase my Income Protection insurance cover waiting period  
**Complete Section 2 and Declaration**

## 1 Reduce my Death only or Death and TPD insurance cover

For the value of each unit of cover, please refer to the LGIASuper *Insurance guide*.

I would like to reduce my insurance cover as follows:

- Reduce my Death only cover to:  
 units (insert the number of units)
- Reduce my Death and Total and Permanent Disablement cover to:  
 units (insert the number of units)
- Reduce my insurance cover to Death cover only (no Total and Permanent Disablement cover is needed)

Note: To reduce your Death and Total and Permanent cover to a dollar (\$) amount you will need to fix your cover. Please complete the *Application to convert or fix insurance cover*.

## 2 Increase my Income Protection cover waiting period

I would like to increase my Income Protection insurance waiting period to:

- 60 days
- 90 days
- 120 days
- 180 days
- 395 days



OnePath Life Limited (OnePath Life)  
ABN 33 009 657 176 AFSL 238341

T 1800 444 396 E insurance@lgiasuper.com.au GPO Box 264  
F 07 3244 4344 W lgiasuper.com.au Brisbane Qld 4001

LGIASuper Trustee ABN 94 085 088 484 AFS Licence No. 230511  
LGIASuper ABN 23 053 121 564



## Important information

You should read LGIASuper's *Insurance guide* for a summary of the terms and conditions of the Policy. For a copy visit our website at [lgiasuper.com.au](http://lgiasuper.com.au) or call us on 1800 444 396.

### Declaration

I declare that:

- I understand that insurance cover through LGIASuper will be provided to me on the terms contained in LGIASuper's insurance policy as changed from time to time.
- I have read and understood LGIASuper's *Insurance guide* and/or the *Defined Benefit account guide* or *Defined Benefits Fund guide* (for members with a defined benefit).
- 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 LGIASuper receives this fully completed application.
- If I have chosen to reduce all or part of my insurance cover, I will no longer be insured for that cover and I (or my beneficiaries) will not be able to claim a benefit under the cancelled cover for any disability which occurs after the date LGIASuper receives this fully completed application.
- Should I wish to apply for or increase my insurance cover through LGIASuper in the future, I will be required to provide health information to the Insurer and my insurance cover will not commence until the Insurer accepts my application for cover.

**Signature**

**Date**

/ /

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

**Post** LGIASuper  
GPO Box 264  
Brisbane Qld 4001

**Email** (scanned copy)  
[insurance@lgiasuper.com.au](mailto:insurance@lgiasuper.com.au)

**Fax** 07 3244 4344