

Application to Cancel Insurance

When to use this form

Use this form if you would like to cancel some or all of your QSuper Accumulation account insurance.

For the cover you are cancelling:

- We will stop charging insurance premiums from the date we receive your completed form (premiums are deducted monthly in arrears).
- You (or your beneficiaries) won't be able to make a claim for an illness or injury that happens after the cancellation.

Please see the Insurance Guide at qsuper.qld.gov.au/pds for more information about your insurance including eligibility conditions and exclusions.

Deciding what is best for you will depend on your personal circumstances, and you may want to seek personal financial advice to get the most from your super. You can find out more about financial advice options at qsuper.qld.gov.au/advice

If your reason for cancelling this cover is because you are applying for insurance outside of QSuper, you should wait until your new cover is in place before you cancel your QSuper insurance.

Please complete in **BLOCK** letters, in blue or black ink.

1 Personal details

Client number

You can find your client number on your annual statement or by logging in to Member Online.

Title

First names

Last name

Previous name¹ (if we know you by another name)

Date of birth (dd/mm/yyyy)

Home phone number

Mobile phone number

Work phone number

Email address

Residential address

State

Postcode

Postal address

As above

State

Postcode

2 Your instructions

I'd like to:

Cancel my death cover

AND/OR

Cancel my TPD cover

AND/OR

Cancel my income protection cover

If you have cancelled all cover (including death, TPD and Income Protection), go to section 4. Otherwise please complete section 3.

If you cancel your cover, you will be considered to have personalised your cover, so we won't automatically provide you with cover again, even if your employment situation changes.

If you change your mind and want to reapply, you'll need to be eligible and provide health and other information for us to assess. For more information, read the Insurance Guide.

¹ If your name has changed and you work for the Queensland Government or a default employer, let your payroll office know and they will let us know. Otherwise, please send us a certified copy of either a marriage certificate or other legal change of name document.

3 Occupational rating questions

If you are cancelling some of your insurance cover, you'll need to complete these questions so that we can assess what the premium rate should be for your remaining cover. If you reduce your default cover and you would then be paying the high risk rate, we'll keep your premiums at the default rate (or police default rate if applicable).

These questions refer to the role you spend most time performing.

You don't need to complete this section if you are also sending us a Change of Insurance form.

Are you:

- A registered or enrolled nurse or assistant in nursing who is qualified and currently practicing, or
- Working in the retail sector, or food and beverage service?

Yes No

Are you:

- A qualified tradesperson currently working within your area of expertise (e.g. hairdresser, chef, plumber, electrician, plasterer, or concreter), or
- A skilled worker with light manual duties (e.g. jeweller, building inspector, laboratory technician, foreman, or office equipment technician)?

Yes No

Are you:

- A police officer, firefighter, paramedic, or other emergency or protective services worker, including security guard or corrections officer, or
- A professional sportsperson, or
- Working in a manual occupation which does not require trade-specific qualifications and subject to accident or environment hazards (e.g. earthmover, driver, cleaner, labourer, factory worker, or agricultural worker)?

Yes No

Are the usual work activities of your job considered office-based or school teaching (meaning you spend at least 80% of your work time doing clerical, call centre, administrative, or other office or classroom-based activities), or

Are you a medical practitioner, lawyer, or engineer who spends at least 80% of your work hours in an office or clinical environment?

Yes No

Do you currently perform or intend to work in a job within the next 3 months that includes, any of the following risky activities:

- Handling firearms (other than as a police officer, correctional officer, or licensed security guard), dangerous chemicals, or explosives, or
- Offshore work – oil and gas platforms or ships at sea, or
- Being underground (in construction and mining environments) or underwater for more than 20% of total at work time, or
- Working at heights over 20m in any environment requiring hard hat and harness for safety by law, or
- Crop dusting, aerial mustering, or any low level flying activity (defined as below 150m or 500ft), or
- Flying more than 200 hours per annum as a passenger other than on a commercial airline, or as a pilot (fixed wing or helicopter)?

Yes No

Are you earning more than \$120,000 a year (before tax and employer paid superannuation) from your job?

Yes No

Do you have a university qualification that you are using or is required in your current role?

Yes No

Do you have a senior/executive level management role in your company? (Your direct reports would be mid-level managers or skilled specialists in a sedentary setting.)

OR

Is your role considered professional (e.g. doctor, solicitor, accountant – requiring membership of a professional or government body to practise in your occupation)?

Yes No

4 Your declaration and authorisation

- I'm the person named on this form or have a power of attorney to act on the member's behalf.¹
- I understand these changes take effect from the date Australian Retirement Trust receives my completed form.
- I've read and understood the insurance cover information in the QSuper Insurance Guide.
- I understand that cancelling or reducing my insurance may have financial implications for me, and/or my beneficiaries.
- I understand that, for any cover I cancel or reduce, I won't be able to make a claim for an illness or injury that happens after the cancellation, and nor will my beneficiaries.
- I understand that, once cover is cancelled or reduced, I will need to reapply for that cover (subject to eligibility) if I want insurance again.

Name

Signature

Date (dd/mm/yyyy)

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For more information

To check your insurance needs and more, use our **calculators at qsuper.qld.gov.au/calculators**

Call us on **1300 360 750** and our Member Services team will be happy to discuss your account with you.

For personal financial advice about insurance through your super, find out your advice options at **qsuper.qld.gov.au/advice**

¹ If you're signing as a power of attorney and you haven't already given us a certified copy of your power of attorney documentation, please attach it to this form.

Member Centres

Visit qsuper.qld.gov.au/membercentres for locations.

Member Services team

Phone 1300 360 750
Overseas +61 7 3239 1004
Monday to Friday 8.00am – 6.00pm (AEST)

Postal address GPO Box 200, Brisbane QLD 4001
Email qsuper@qsuper.qld.gov.au
Fax 1300 242 070
Website qsuper.qld.gov.au

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