



# Application to Cancel Insurance

Once you have completed this form, simply email it to [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au).

## When to use this form

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

If you are replacing this cover with other insurance outside of your QSuper account, you should wait until your new cover starts before cancelling.

For the cover you cancel:

- We will stop charging insurance premiums (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 *Accumulation Account Insurance Guide* at [qsuper.qld.gov.au/pds](http://qsuper.qld.gov.au/pds) for more information on the 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](http://qsuper.qld.gov.au/advice)**

### 1 Personal details

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Client number

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

Title      First name/s

 

Last name

Previous name<sup>1</sup> (optional - only if we still use your previous name)

Date of birth (dd/mm/yyyy)      Home phone number

 

Mobile phone number      Work phone number

 

Email address

Residential address

  
  
 State       Postcode

Postal address

  
  
 State       Postcode

### 2 Your instructions

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I'd like to:

Cancel my death cover

⋮

AND/OR

Cancel my TPD cover

⋮

AND/OR

Cancel my income protection cover

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. More information can be found in the *Accumulation Account Insurance Guide*.

<sup>1</sup> 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 sports person, 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.<sup>1</sup>
- 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 *Accumulation Account Insurance Guide*.

Name

Signature

Date (dd/mm/yyyy)

<sup>1</sup> 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.

### For more information

To check your insurance needs and more, use our **calculators at [qsuper.qld.gov.au/calculators](https://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](https://qsuper.qld.gov.au/advice)**

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**Member Centres****70 Eagle Street, Brisbane****63 George Street, Brisbane****Sunshine Coast University Hospital**, Ground Floor,  
Main Hospital Building, 6 Doherty Street, Birtinya**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](mailto:qsuper@qsuper.qld.gov.au)**Fax** 1300 242 070**Website** [qsuper.qld.gov.au](http://qsuper.qld.gov.au)

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