

# Permanently opt in to your Accumulation account insurance

## When to use this form

Complete this form if you want to permanently opt in to your insurance cover. By permanently opting in to cover, we will not cancel your cover unless you notify us that you wish to cancel your insurance, or your Accumulation account no longer has enough money to pay your premiums.<sup>1</sup>

**! Please note:** All fields are mandatory.

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

Client number

Title

First name

Last name

Date of birth (dd/mm/yyyy)

 /  / 

Residential address

State

Postcode

Country

Tick this box to permanently opt in to your insurance cover:

- I want to opt in to keep the type of cover that I currently hold (being death cover, total and permanent disability cover, and/or income protection cover), even if:
- My Accumulation account becomes inactive by not having money added in the last 13 months, and/or
  - My Accumulation account balance is below \$6,000, and/or
  - I am under 25 years of age.

I understand that the permanent opt in will only apply to the type of cover I currently hold. I understand that I will need to permanently opt in again for any new types of cover I apply for, or any new types of cover that I may be given automatically because of my employment status.

The information I have given is true and correct.

Signature (Please sign in blue or black pen)

Date signed (dd/mm/yyyy)

 /  / 

## Where to send this form

Please send your completed form to us by:

### Post

- Using the enclosed reply-paid envelope
- GPO BOX 200, Brisbane QLD 4001

### Email

Complete, sign, date, scan and email your form to: [qsuper@qsuper.qld.gov.au](mailto:qsuper@qsuper.qld.gov.au)

<sup>1</sup> There are various circumstances when cover will end, refer to the *Accumulation Account Insurance Guide*, available at [qsuper.qld.gov.au/pds](http://qsuper.qld.gov.au/pds)

#### Member Centres

**70 Eagle Street, Brisbane**

**63 George Street, Brisbane**

**Sunshine Coast University Hospital**, Ground Floor,  
Main Hospital Building, 6 Doherty Street, Birtinya

#### Member Service team

**Phone** 1300 360 750

**Overseas** +61 7 3239 1004

Monday to Thursday 8.30am – 5.00pm (AEST)  
Friday 9.00am – 5.00pm (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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