Opt-in
Member paid default insurance cover

Complete this form to opt-in to receive member paid insurance cover.

BLUE SECTIONS FOR YOUR INFORMATION | **GREY SECTIONS TO FILL OUT**

Insurance Changes: From **4 April 2024** IP cover will increase from 85% to 87% of your base salary (where, in the event of an approved IP claim with a date of disablement after 4 April 2024, the amount paid to your super account in the Fund will increase from 10% to 12%), which may result in an increase to the total cost of this cover. For more information call us on **1300 033 166.**

What you need to know

If you wish to elect to opt-in for member paid default insurance cover, you must have:

- started employment with a TelstraSuper eligible participating employer, and
- joined TelstraSuper within 120 days of commencing your employment

or

- joined TelstraSuper within 120 days from when TelstraSuper became your employer's default super fund.

You should have recently received a welcome letter from us outlining your eligibility to opt-in to receive member paid default insurance cover, when you need to opt-in by and when your cover will commence. To calculate the cost of cover, use our **Premium calculator** available at **telstrasuper.com.au/calculators**

Premiums will be deducted from your account on a quarterly basis. If you don't opt-in within the required time frame as outlined in your letter and wish to apply for insurance after the relevant 120 days, you will need to complete the **Application default insurance cover** form available at **telstrasuper.com.au/forms**

* You need to be either 'At Work' or in 'Active Employment' on the cover start date, otherwise your cover will be Limited Cover until you are 'At Work'. 'At Work' means you are actively performing all the primary duties of your regular occupation and are not in receipt of and/or entitled to claim income support benefits from any source including workers' compensation benefits, statutory transport accident benefits and disability income benefits. 'Active Employment' means you are performing all of the duties of your gainful work or domestic duties, and capable of performing all of the duties of your gainful work or domestic duties on a full-time basis (this being at least 30 hours per week) even if you are not currently doing so. 'Limited Cover' means you are only covered for: sickness that first becomes apparent; or an accident that first occurs on or after the date the cover commences. For more information refer to the relevant Insurance Guide.

Important information

For more information you should read the relevant TelstraSuper Product Disclosure Statement and Insurance Guide available at **telstrasuper.com.au/pds**, email **underwriting@telstrasuper.com.au** or call us on **1300 033 166**.

If you're signing this form on behalf of another person, you will need to complete and attach an **Authorised Third Party Representative Identification** form available at **telstrasuper.com.au/forms** and include any certified documents as required.

Election to keep your insurance cover

By opting in, you're **deemed to be electing to keep all of your insurance cover** now, and in the future. This includes if you transfer to a different TelstraSuper account.

This will ensure that you won't lose your insurance cover as a result of legislation covering low account balance (less than $6,000), inactivity (your account does not receive a contribution for 16 months) or if you're under 25 years of age.

To make an election to maintain insurance only in particular circumstances and not all of the circumstances specified above or if you want to make any changes to your insurance arrangements contact us on **1300 033 166**.

1. Your details

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other

Surname* | Member number*

Given name(s)* | Date of birth*

Residential address*

Suburb* | State* | Postcode*

Mobile/contact no.* | Email address

*** Mandatory fields**

Note: We'll be unable to process this form if your contact or personal details are different to the details we currently hold for you. To check and/or update your details before you submit this form you can:

- log into SuperOnline, or
- call us on **1300 033 166**, or
- complete a **Change of contact details** form to update your contact details or a **Change of member details** form to update your personal details available at **telstrasuper.com.au/forms** and submit it with this form.

2. Opt-in

I would like to opt-in for the following member paid default cover I'm eligible for:

☐ Death only

☐ Death & TPD

☐ Income Protection

3. Your signature

I have read and understood the insurance details in the relevant Product Disclosure Statement and Insurance Guide. I understand that the cover I'm opting in for will take effect on the date specified in the letter that accompanied this form.

Each person who signs this form on behalf of the applicant named in this form:

- represents and warrants that they are lawfully appointed as guardian, administrator or attorney (as applicable), and
- declares that they are acting in accordance with the terms of the relevant power of attorney, guardianship order or administration order, including that if more than one person must act under the appointing document, all nominated persons must include their name, signature and date on this form below, and
- declares that their appointment remains valid and current as at the date of this form.

State capacity (if applicable) ☐ Guardian ☐ Administrator ☐ Attorney

Name

Signature X | Date

TelstraSuper only accepts 'wet ink', DocuSign, an uploaded image or a scanned copy of your signature for our forms.

Please return completed form to TelstraSuper:

Telstra Super Pty Ltd, PO Box 14309, Melbourne, VIC 8001 or email to underwriting@telstrasuper.com.au

Telstra Super Pty Ltd, ABN 86 007 422 522, AFSL 236709, is the trustee of the Telstra Superannuation Scheme ABN 85 502 108 833 (TelstraSuper).

Telephone 1300 033 166 Website telstrasuper.com.au

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