

Confirm my insurance arrangements

(also known as the *Election to Maintain Insurance Cover* and *Change my Insurance Details* form)

Eligible* Spouse and Rollover members only

Complete and return this form to keep, commence or cancel ('opt out' of) your APSS insurance as an eligible* APSS Spouse Account or APSS Rollover Account member. By electing to keep your insurance cover even if your account is inactive for 16 continuous months, you will effectively 'activate' your account to ensure that your insurance does not lapse if your account becomes 'inactive' for a period of 16 continuous months (from 1 July 2019). You can also use this form to keep or commence insurance cover if your account balance is under \$6,000 or you are under age 25, to reduce your level of cover if you have more than 1 unit of cover, or indicate you wish to apply for more units to increase your level of cover. If applying for additional units of cover, you will need to complete another form as detailed below.

If your APSS cover is being cancelled and replaced by insurance cover outside the APSS (or vice versa), please do not cancel any insurance before you have received confirmation that your desired insurance cover is in place. For more information on the risks of replacing cover, refer to the *If you are replacing insurance cover held elsewhere* section in the *Guide to your Member Savings* that can be downloaded from apss.com.au under *Publications & Forms* by selecting *Product disclosure*.

Your Details

Name: _____ Date of birth: _____

Address: _____

State: _____ Postcode: _____

Daytime phone: _____ Mobile phone: _____

Email: _____ Member number (if applicable): _____

I wish to [select as applicable]:

- Keep my current insurance cover, even if my account is inactive for 16 continuous months;
- Keep or commence insurance cover, even if my account balance is under \$6,000 or I'm under age 25;
- Opt out of insurance for my Spouse/Rollover Account;**
- (If you have more than 1 unit of cover) Reduce my cover down to _____ unit/s;
- Apply to increase my insurance cover. If you tick this box, we will send you the *Insurer's Application for Insurance* form that you will need to complete. Alternatively, you can download it at apss.com.au under *Publications & Forms* by selecting *Print a form*;
- Reinstate my cover within 60 days of the date my cover ceased. You only select this option if your cover ceased as a result of your account balance being less than \$50 on the last Friday of the month, or if your account was deemed to be inactive. You need to have at least \$500 in your account.

*Eligibility criteria is set out in the *Guide to your Member Savings* and accompanying *Your Member Savings* PDS, both of which can be downloaded at apss.com.au by selecting *Product disclosure* under *Products & Forms*. You should consider seeking financial advice to confirm any decision about maintaining, cancelling or increasing cover.

** If you have chosen to opt out, please do not tick any other box above, which would invalidate this choice.

Authorisation to the Trustee of the APSS

Please read the relevant sections below and over the following page, and sign and date this form. By doing so, you are making the following declarations:

- I have read and understood the information contained in Section 8 of the *Your Member Savings* PDS for Spouse and Rollover Members, and the related information about *Your insurance cover and choices* in the *Guide to your Member Savings* that accompanies that PDS.
- (If I have ticked '**Keep my current insurance cover, even if my account is inactive for 16 continuous months**' above) I understand that I am electing to maintain my current insurance arrangements, my insurance cover will not lapse if my account is inactive for 16 continuous months and that I will continue to have the same level of cover and my insurance premiums deducted from my account balance each month.
- (If I have ticked '**Keep or commence insurance cover, even if my account balance falls under \$6,000 or I'm under age 25**' above) I understand that I am electing to maintain my current insurance arrangements or opt in to having insurance if I don't have it, and my



Confirm my insurance arrangements (continued)

insurance cover will not lapse even though my account balance is less than \$6,000 or I'm under age 25 and that I will either continue to have the same level of cover or if opting into insurance, I will receive the default amount of 1 unit of cover and my insurance premiums will be deducted from my account balance each month.

- (If I have ticked '**Opt out...**' on the previous page) I understand that, by opting out, I will not receive any insurance cover within my APSS Spouse Account or APSS Rollover Account (as applicable and I or my beneficiaries cannot make an insurance claim for events or conditions that arise after cover has been cancelled). If my request is received by APSS within 60 days of cover first commencing, any premium payments will be refunded and cover will be deemed not to have ever commenced. Otherwise, my cover will cease from the date the APSS receives my request, and there will be no refund of premiums that have been paid up to that time. I also understand that, if I opt out, I may be able to reapply to be insured if I continue to be eligible for cover but any application will be subject to acceptance by the Insurer. The Insurer may require me to provide details of my insurance history, my current health status, my family's health history and my lifestyle, and that I may need to also complete a Medical Statement for the Insurer.
- (If I have ticked '**Reduce my cover...**' on the previous page) my reduced cover will apply from the date this request is processed. By ticking this box, I understand that I am also electing to maintain my insurance arrangements even if my account balance is under \$6,000, or if I am under age 25 and my cover will not lapse if my account is inactive for 16 continuous months.
- (If I have ticked '**Apply to increase...**' on the previous page) I understand that I will be sent the *Insurer's Application for Insurance* form that I will need to complete separately and that applying to increase insurance cover is subject to the Insurer's acceptance of my application and may require me to undergo additional medical tests. By ticking this box, I understand that I am also electing to maintain my insurance arrangements even if my account balance is under \$6,000, or if I am under age 25 and my cover will not lapse if my account is inactive for 16 continuous months.
- (If I have ticked '**Reinstate my cover...**' on the previous page) I understand that my insurance cover ceased due to my account being deemed inactive, or my account balance being less than \$50 on the last Friday of the month, and my insurance cover will be reinstated (potentially with renewed periods of new events cover*) from the date it ceased if, within 60 days of the cover ceasing I have at least \$500 in my account; all outstanding premiums are paid; and (where my cover ceased due to inactivity) I understand that I am also electing to maintain my insurance arrangements and my cover will not lapse if my account is inactive for 16 months. If my cover is reinstated, I note that any individual conditions, exclusions, restrictions, premium loadings or special conditions that applied immediately before my cover ceased will continue to apply until such time as they expire or are otherwise varied. Additional conditions, exclusions, restrictions, premium loadings or special conditions may also be applied. New events cover (as defined in the information about *Your insurance cover and choices* in the *Guide to your Member Savings* that accompanies the *Your Member Savings* PDS for Spouse and Rollover Members, which is available to download at apss.com.au on the product disclosure page under the *Publications & Forms* tab) will apply for 120 days following automatic reinstatement of insurance for a member with an APSS Spouse Account. Members with a Rollover Account who are not engaged in active employment (as defined in the information about *Your insurance cover and choices* in the *Guide to your Member Savings*) on the date the above conditions for reinstatement are satisfied, will have new events cover apply until they have been in active employment for 30 consecutive days.

Privacy Collection Statement

I acknowledge and understand:

- that my personal information will be collected by the Trustee (PostSuper Pty Ltd) and stored and dealt with in accordance with the Trustee's Privacy Policy, available at apss.com.au, for the purpose of managing and administering my APSS account;
- that my personal information may be disclosed to the Trustee's service providers, professional advisers, regulatory bodies and my employer (if applicable) and other parties (as required) in the course of managing and administering my account, as required by law or with my consent;
- that my personal information may be shared with overseas organisations and that I can obtain details of the countries in which such organisations are located by reading the Trustee's Privacy Policy;
- the Trustee's Privacy Policy contains information about how I can access and seek correction of any personal information held about me by the Trustee, how I can complain about a breach of the Privacy Act 1988 (Cth) and how the Trustee will deal with any such complaint; and
- if I have provided the Trustee with the personal information of any other individuals (i.e. nominated Beneficiaries), it is my responsibility to tell them that their personal information has been collected by the Trustee and to make them aware of the contents of this Privacy Collection Statement.

I consent to the handling of my information in this manner and acknowledge that I can access my personal information by contacting the APSS.

Signature: _____ Date: _____



Please return the original copy of this form to APSS, Locked Bag A5005, Sydney South, NSW 1235

Note: Faxes or emailed copies will not be accepted as we need an original signature.