HESTA Corporate Super insurance alteration form



Use this form to:

- Tell us to start your Default Cover complete sections 1, 2, 3, 4, 9 and 10.
- Dial-up your insurance cover (within 90 days of joining your employer) complete sections 1, 2, 3, 5, 9 and 10.
- Increase your insurance cover (in other circumstances) complete sections 1, 2, 3, 6, 9 and 10. Also complete and submit
 a Personal Health Statement.^
- Apply for Voluntary Cover complete sections 1, 2, 3, 6, 9 and 10. Also complete and submit a Personal Health Statement.
- Reduce your existing insurance cover- complete sections 1, 3, 7 or 8 and 10.
- Cancel your existing insurance cover complete sections 1, 3, 7 or 8 and 10.

'To download the Personal Health Statement go to **hesta.com.au/corporatesuper**Read *Corporate Super Insurance Guide* available at **hesta.com.au/corporatesuper** and consider seeking financial advice before making changes to your insurance. Complete this form by typing information or if writing use CAPITAL LETTERS.

making changes to your insurance. Complete this form by typing the	
1 Personal details	4 Opt in for Default Cover
Complete all details to help us identify your account Member number:	You can elect Default Cover [^] to start within 90 days of joining your Employer Plan and you won't have to provide any medical evidence.
Title: Ms Mrs Miss Mr Dr Other	If you make an election outside 90 days of joining your Employer Plan and do not provide medical evidence, you will get automatic cover when you become eligible.
Given name/s:	I want cover now
Family name:	I want Default Cover to start now even if I am not eligible for automatic insurance yet and it is within 90 days of joining.
2 Personal history	X I want Default Cover to start now even if I am not eligible for automatic insurance yet, and it is more than 90 days since I joined. (You will also need to provide a Personal Heath Statement).
Have you ever received a lump-sum TPD or terminal illness benefit under any insurance policy? Yes No	X Automatic cover Default Cover will automatically start once you are aged 25 or more and have had an account balance of at least \$6,000 since joining.
(If you answer 'yes' to this question, or do not answer this question, you will not be eligible for cover.)	^If your Employer has chosen to pay all your insurance fees you do not need to elect to start cover. If your Employer pays some of your insurance fees and you are not yet eligible, you may need to elect to start the cover you pay for. Refer to your member plan schedule to confirm who pays your insurance fees.
3 Employer details	5 Dial-up my Death and TPD Cover
	(within 90 days of joining your Employer Plan)
The name of my current employer is:	If you have elected for cover to start now, you may want to apply to increase your Default Death and TPD Cover. Refer to your <i>Member Plan Schedule</i> to confirm the dial-up options available to you.
My employer's HESTA employer number is:	Death Cover and TPD Cover
(if not known, please ask your employer. Where this is not known please leave blank).	If your benefit design is a % of salary multiplied by future service, you can increase to one of the following options depending on what % your employer has chosen for you e.g. if 10% you can only increase to 15% or 20%:
I start/started work with my HESTA Corporate Super employer on:	10% to 15%
D D M M Y Y Y Y	X 15% to 25% X 20% to 25%
	If your benefit design is a multiple of salary, you can increase to one of the following options depending on what multiple your employer has chosen for you e.g. if 2 you can only increase to 3 or 4:
	X 1 to 2 X 2 to 3 X 2 to 4
	X 3 to 4 X 3 to 5 X 4 to 5
	If the default and dial-up cover exceeds your Employer Plans' Automatic Acceptance Limit (AAL) your cover will be limited to the AAL until you have submitted medical evidence and our Insurer has agreed to the cover above the AAL. Please contact HESTA if you need help.

7 Reduce my cover 6 I would like to apply for Voluntary Cover: If you would like to reduce your cover, the cover will become fixed cover. See page 11 of the *HESTA Corporate Super* Death and TPD^ I would like to apply for the following amount of fixed cover: Insurance Guide for more information, available at hesta.com.au/corporatesuper You can only reduce your cover to a fixed sum insured (Death Death cover: \$ and/or TPD) I would like to reduce my cover: TPD cover: **Death Cover** Fixed cover means your amount of insurance stays the same but your premiums will generally increase as you get older. From \$ ^TPD Cover is only available with Death Cover and cannot exceed the Death Cover. \$ to Please note: for members over the age of 60, Lump-sum TPD Cover amounts will reduce by 10% for each complete year after age 60. If a member is over 60 when TPD Cover is fixed, Lump-sum TPD Cover² the cover amount will reduce in equal amounts greater than 10% for each full year until age 70 when cover for TPD stops From \$ completely. \$ ^Lump-sum TPD Cover is only available with Death Cover and cannot **Income Protection** exceed the Death Cover You can only apply for IP Cover if your employer does not include IP Cover as Default Cover. All options listed here **IP Cover** may not be available to you. Your Member Plan Schedule will confirm what IP options are available to you. If you already have IP cover you can change the waiting period and benefit payment period. Do you want to apply for IP cover: To apply for IP cover please complete Part 6 of this form. Yes No Your Member Plan Schedule will confirm what IP options are *The maximum IP benefit available is 75% of your pre-disability available to you. income to a maximum amount of \$30,000 per month. Your employer may have included an additional 10% of pre-disability Change my waiting period: income which would be paid as a superannuation contribution from 60 days to 90 days to your account. Check your Member Plan Schedule to see what maximum limits apply. See Insurance Guide for more from 30 days to 90 days information about pre-disability salary. from 30 days to 60 days IP per month^ Change my benefit period*: \$ per month If you have an 'to age 65' benefit period, reduce to: 'the amount paid to you cannot exceed 75% of salary and cover will be rounded to the nearest \$1,000 5 year benefit period IP waiting periods 2 year benefit period Choose a waiting period: If you have a 5 year benefit period, reduce to: 30 days 2 year benefit period 60 days *Under HESTA Corporate Super insurance, IP cover ceases at 90 days age 65. IP benefit period (all cover to age 65) 8 Cancel my cover Choose a benefit period To cancel insurance cover with HESTA, put an 'X' in the box for each type of cover you wish to cancel. 2 year benefit period We will only cancel your insurance for the type of cover you mark. 5 year benefit period I wish to cancel my cover: Age 65 benefit period **Death Cover** Cancel my cover* You must also complete a Full Personal Health Statement for voluntary cover. Lump-sum Total and Permanent Disablement (TPD) Cover^ To obtain a Full Personal Health Statement go to Cancel my cover hesta.com.au/corporatesuper Return the completed Full Personal Health Statement *Cancelling Death Cover will cancel any Lump sum TPD Cover you may have. together with this Insurance alteration form. ^Lump sum TPD Cover is only available with Death Cover. **Income Protection (IP) Cover**

Cancel my cover

Important information on cancellation or reduction of cover

- By cancelling your insurance, you will not be able to claim for that amount and type of cover for an event that occurs after the date that the cover is cancelled.
- If you subsequently wish to have cover through HESTA, you will need to apply and provide satisfactory medical evidence in your application.
- You should consider obtaining financial advice before cancelling your insurance cover.
- We will no longer deduct insurance fees once your cover ceases.
- If you are replacing your cover with alternative cover, you should not cancel until the replacement cover is in place

Your duty to take reasonable care

When applying for insurance, you have a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when you're extending or making changes to existing insurance, and reinstatina insurance.

Not meeting your legal duty can have serious impacts on your insurance. There are different actions the insurer can take as set out in the Insurance Contracts Act 1984 (Cth). These are intended to put them in the position they would have been in if the duty had been met.

These actions include your cover being avoided (treated as if it never existed), or changing its terms. Not meeting your legal duty may also result in a claim being declined or a benefit being reduced.

Before the insurer takes any of these actions, they will explain their reasons and what you can do if you disagree.

Please note there may be circumstances where they later investigate whether the information you gave them was true. For example, when a claim is made.

9 Keeping your insurance with HESTA

If your account becomes inactive we are required to cancel your insurance. 'Inactive' means you have not received a contribution, rollover (to combine super) or other transfer for 16 months. You can make an election to maintain cover if you become inactive. If you do choose to keep your insurance with HESTA, you will also be excluded from being transferred to the ATO if you are deemed 'inactive low-balance'. This occurs when your balance is under \$6,000 and you are 'inactive'.

I want to keep my insurance cover if I become inactive.

10 Member declaration

- I am aware/understand insurance cover through HESTA will only be provided as set out in the contract of insurance that the Trustee of HESTA holds with the insurer (as amended from time to time).
- In choosing to cancel or reduce my cover, I acknowledge I will no longer be insured for that amount and type of cover.
- I have read and understood HESTA's Privacy Collection Statement which is available at **hesta.com.au/privacy** or by calling 1800 813 327, and accept that the information on this form is true and correct to the best of my knowledge and belief. I consent to my personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers.
- I have read and understand the HESTA Product Disclosure Statement and Insurance Options available at hesta.com.au/pds or by calling 1800 813 327.
- I declare the answers to all of the questions and the declarations given by me are true and correct (including those not in my own handwriting). I have not withheld any information which may affect the insurer's decision to provide insurance cover.
- I have read and understand the duty to take reasonable care, and have not withheld any information that may affect the insurer's decision as to whether to accept my application for insurance cover. I understand that the duty to take reasonable care continues after I have completed this statement until I am notified of acceptance in writing by the Trustee.

Member's signature:	
Date:	
If signing under power of attorney: Signed by the member's attorney (insert attorney's name)	
pursuant to power of attorney, registration number	
(if there is one),	
and I declare that I have no notice of revocation of the power of attorney.	
When you have completed and signed this form, scan and email to hesta@hesta.com.au, or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124	
If you have any questions contact us:	

contact us

hesta@hesta.com.au | 1800 813 327 | Email form to hesta@hesta.com.au or mail to: HESTA, Locked Bag 5136, Parramatta NSW 2124