



**Step 1: (continued)**  
Personal details

Daytime phone number\*

Date of birth\*

Email

By providing your email address you are agreeing to receive communications from via email, or via MembersOnline. You can change or further customise how you receive your communications at any time by logging into MembersOnline or calling the Member Centre on **1300 366 216**. If you are not registered for MembersOnline you can register online. Some correspondence cannot be sent electronically so you may still receive some communications in the post.

*Providing a personal email address rather than a work email address ensures we can contact you even if you change employers.*

**Step 2:**  
Cancel your cover

To cancel any or all of your insurance cover simply place an X in the appropriate box(s) below.

- Cancel my TPD cover (and retain death only cover)
- Cancel my death and TPD cover
- Cancel my death only cover (you cannot retain TPD only cover)
- Cancel my income protection cover
- Cancel all of my insurance cover

Your current cover will be cancelled from the day your form is received and premiums will be deducted up until that day. Any outstanding premiums due will still be deducted up to the cancellation, however no premiums will be deducted relating to the period after the cancellation date. If you cancel your cover within the premium refund period (EmployeeSaver members only), relevant premiums will be refunded to you in full.

**If you cancel your cover and decide at a later time to recommence it, you will need to complete the relevant online or paper application form. Your ability to restart new cover may be subject to health assessment, insurance policy conditions and acceptance by the insurer, and you may not be able to get cover.**

**Step 3:**  
Declaration & Sign

I certify that:

- The information that I have supplied in this form is true in all particulars.
- I have read and understood the *Insurance Handbook* and understand the implications of the selection(s) that I have made.
- I understand that if I have chosen to cancel my existing cover, my ability to restart new cover may be subject to health assessment, insurance policy conditions and acceptance by the insurer, and I may not be able to get cover.

Given name/s\*

Surname\*

Signature\*

Date\*

**Step 4:**  
Send your completed form to us

Send your completed form to  
**VicSuper**  
**GPO Box 89**  
**MELBOURNE VIC 3001**

Please **do not fax this form**. We will not process any changes to your cover received via fax as we must receive the original form to make changes to your cover.

Insurance cover outlined in the form is provided under group life insurance and group income protection policies issued and underwritten by MetLife Insurance Limited ABN 75 004 274 882 AFSL NO. 238 096

FSS Trustee Corporation, ABN 11 118 202 672, AFSL 293340, The trustee of the First State Superannuation Scheme ABN 53 226 460 365