

Keep your insurance cover

* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

When completing this form, please ensure you use all capital letters eg and check boxes with a cross eg

Important information

There are laws in place which aim to protect inactive superannuation accounts from being eroded by insurance premiums. Unless you elect to keep your insurance cover, your cover will be cancelled automatically when your account meets the definition of inactive.

Your VicSuper FutureSaver account will become inactive if we do not receive any contributions from you or your employer for a continuous period of 16 months. **Note:** The merger between VicSuper and First State Super (now known as Aware Super) on 1 July 2020 was considered as an activity on your account and your inactivity period was reset.

To find out more go to vicsuper.com.au/insurancecover

You can complete this form to ensure your insurance is not cancelled automatically, should your account, now or in future, meet the criteria for being inactive.

- This form must be completed by the person insured.
- Make sure you read the *Insurance handbook* to understand your cover held with us.
- This form can only be used for electing to keep your existing insurance cover.
- If you wish to make changes to or cancel your cover, you can do so via MembersOnline or alternatively download and complete the *Insurance Application* at vicsuper.com.au/forms

Step 1: Personal details

Member number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (<i>please specify</i>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Given name/s*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Postal address <i>(if the same as your residential address, mark 'AS ABOVE')</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Daytime phone number*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth*	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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By providing your email address you are agreeing to receive communications from us via email, or via MembersOnline. You can change or further customise how you receive your communications from us 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 from us 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:
Elect to keep
your cover

To keep your insurance cover through VicSuper FutureSaver including any or all of Death, Total and Permanent Disability and Income Protection cover, place an **X** in the box below.

I elect to keep my current and future insurance cover through VicSuper FutureSaver, even if my account becomes inactive.

Step 3:
Declaration
and sign

I declare that:

- I have read and understood the *Insurance Handbook*
- I understand, based on my election above, that by choosing to keep my insurance cover, my current and future cover will continue subject to the terms and conditions of the insurance policy, even if, my account is inactive, (which includes no contributions or rollovers received) for a continuous period of 16 months.
- If my election to keep my insurance cover through the Fund is received after my cover was cancelled due to inactivity, my insurance will be reinstated subject to applicable time limits and the terms and conditions of the insurance policy, and will only recommence on the date my election is received by the Fund. I will not be covered during the period between the cancellation and recommencement of cover.
- I understand that by choosing to keep my insurance cover, I will be responsible for ensuring there is enough money in my account to pay my insurance premiums on a monthly basis.
- I understand that any change to this election in the future, must be made in writing.

Given name/s*

Surname*

Sign here

Signature*

Date*

Step 4:
Send your 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 your election if received via fax as we must receive the original signed form to record your election.