

# Keep my cover

1800 005 166

[info@caresuper.com.au](mailto:info@caresuper.com.au)

GPO Box 1547, Hobart TAS 7001

Use this form to tell CareSuper that you'd like to keep your cover

## Important information

We're required to cancel your cover if your account hasn't received any contributions or other amounts for a continuous period of 16 months.

If you want to keep your cover, we must receive your completed *Keep my cover* form **before** the date your cover is cancelled.

## Section 1

### Your details

Member number

Account number

Date of birth (DD MM YYYY)

Last name

Given name(s)

Residential address

Suburb/Town/City

State

Postcode

Preferred phone

Email

## Section 2

### Member declaration – Keep my cover

By making this election to keep my cover, I understand and confirm:

- I'm authorising CareSuper to treat this *Keep my cover* form as an election to be provided with cover even if my account hasn't received any contributions or other amounts for a continuous period of 16 months.
- I'm aware that my insurance cover will cease if I don't have enough money in my account to pay the insurance costs.
- This election will apply to my current and future insurance cover through my account.
- Insurance costs will continue to be deducted from my account as outlined in the *Insurance guide* available at [caresuper.com.au/pds](https://caresuper.com.au/pds). I've considered these and the appropriateness of my cover, and don't require any further information.
- I consent to the use of my personal information as outlined in CareSuper's *Privacy policy* available at [caresuper.com.au/privacy-policy](https://caresuper.com.au/privacy-policy) or by calling us on **1800 005 166**.

Your signature

Date (DD MM YYYY)



Return the completed, signed and dated form via:

- upload using the Contact Us portal in Member Online
- email to [info@caresuper.com.au](mailto:info@caresuper.com.au)
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001