

Parental leave insurance fee waiver

1800 005 166

info@caresuper.com.au

GPO Box 1547, Hobart TAS 7001

Important information

You can apply for your insurance fees for death, total and permanent disablement and income protection cover to be waived for up to a maximum of 12 months. You can apply before you start your parental leave, during your parental leave, or you have a 6-month window from the date you return to work to apply.

You must meet following eligibility conditions:

- you have insurance cover with us
- you're not self-employed
- you've been a member of CareSuper for at least 12 months by your employer approved parental leave start date and
- your employer has approved your parental leave, including completing and signing section 3 of this form

Member to complete sections 1 and 2

Section 1

Member 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

Make an election to keep your cover

While you're on employer approved parental leave, super legislation requires us to cancel your insurance cover, if your account doesn't receive any contributions or other amounts for a continuous period of 16 months, unless you make an election to keep your cover.

Complete this section to confirm that you want to keep your cover.

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

- I'm authorising CareSuper to treat this *Parental leave insurance fee waiver* 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.
- This election will apply to my current and future insurance cover through my account.
- Except when on employer approved parental leave premium waiver, insurance fees will continue to be deducted from my account as outlined in the relevant *Insurance guide* available at 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 or by calling us on **1800 005 166**.

Your signature

Date (DD MM YYYY)

Employer to complete section 3

Section 3

Employer details and parental leave authorisation

Employer name

Have you (the employer) approved this parental leave for the above person? Yes No

Date parental leave is to start (DD MM YYYY)

Expected return to work date (DD MM YYYY)

(should be no later than 12 months from start date – we'll adjust the end date if it's greater than 12 months).

Employer authorisation

I certify the information in section 3 is correct.

Authorised person's signature

Date (DD MM YYYY)

Name of authorised person

Position of authorised person

Preferred phone number



Return the completed, signed and dated form via:

- upload using the Contact Us portal in **Member Online**
- email to info@caresuper.com.au
- mail to CareSuper, GPO Box 1547, Hobart TAS 7001