

# Reinstate your insurance cover form



## IMPORTANT

Complete all sections of this form if you're an Employee Plan, Personal Plan or 125% and 150% standard cover member to apply to reinstate your insurance cover.

To reinstate your cover, you'll need to:

- Submit this form within 2 months of your cover ceasing
- Have more than \$500 in your super account.

By completing this form you're opting to keep your insurance cover and agreeing to keep paying insurance fees from your super account if your account becomes inactive.

For more information refer to your **Insurance Guide** and **Fact sheet** (if relevant) or call us on **1300 360 149**.

If you're part of a corporate insurance arrangement (CIA), use the **Corporate reinstate your insurance cover** form available at [caresuper.com.au/corporatereinstatecover](https://caresuper.com.au/corporatereinstatecover).

Complete this form in blue or black pen using BLOCK LETTERS and tick  where applicable.

## YOUR PERSONAL DETAILS

Member account number

Surname

Given names



Any reinstatement request will not be valid unless you have a minimum account balance of \$500.

## REINSTATE MY INSURANCE COVER

I'd like to apply to reinstate my insurance cover.

## DECLARATION AND SIGNATURE

By applying to reinstate my insurance cover, I confirm:

- My cover will be reinstated to the same level I previously held.
- CareSuper will deduct insurance fees from my account.
- I have an account balance of more than \$500.
- I understand insurance cover won't continue indefinitely. Additional existing policy terms and cessation provisions apply.
- I've read my current **Member Guide PDS**, **Target Market Determination** and my relevant **Insurance Guide** and **Fact sheet** (if relevant).



### YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it.

### ONCE YOU'RE DONE

Upload this completed form to the 'Contact us' section of your MemberOnline account or at [caresuper.com.au/getintouch](https://caresuper.com.au/getintouch)

OR

Post to:

**CareSuper**  
**Locked Bag 20019**  
**Melbourne VIC 3001**

For more information call **1300 360 149**.



Member's signature

Date (DD/MM/YYYY)

Full name