



BT Lifetime Super – Employer Plan Application to Reduce or Cancel Insurance Cover

BT Contact Centre © 132 135 (8am–6.30pm Mon-Fri, Sydney time)

BT Funds Management Limited ABN 63 002 916 458 AFSL 233724
RSE L0001090 is the Trustee of BT Lifetime Super – Employer Plan
RSE R1001327 ABN 39 827 542 991

Use this form to reduce or cancel insurance cover under your BT Lifetime Super – Employer Plan (BT Super) account. The level and types of cover which currently apply to you can be viewed by logging into BT Online (www.bt.com.au) or on your **New Member Statement** or latest **Annual Statement**.

Complete this form using **black pen** – print in clear **CAPITAL LETTERS**

1. EMPLOYER DETAILS (IF APPLICABLE)

BT Employer number (7–8 numbers)

Employer name

(if you are a spouse member, please specify your spouse's employer)

2. MEMBER DETAILS

BT Member number (12-13 numbers)

Title

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth (mandatory) (dd/mm/yyyy)

Gender

Male Female

Residential address

State Postcode

Country, if not Australia

Postal address – if different from above

State Postcode

Country, if not Australia

Daytime phone number

Mobile phone number

Email address*

* In the future, BT may elect to email correspondence to you

3. REDUCE COVER

You may only reduce any employer elected standard insurance cover if your employer has authorised such changes by signing section 5 of this application.

I wish to reduce my current level of cover and require the following:

New level of cover	Amount
<input type="checkbox"/> Death	\$
<input type="checkbox"/> Total & Permanent Disablement (TPD) ¹	\$
<input type="checkbox"/> Salary Continuance Insurance (SCI) (maximum of 75% of Income ²)	%
<input type="checkbox"/> SCI waiting period ³	
<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	
<input type="checkbox"/> SCI benefit period ⁴	
<input type="checkbox"/> up to two years <input type="checkbox"/> up to five years <input type="checkbox"/> up to age 65	

¹ Your level of TPD cover cannot exceed your Death cover.

² Please refer to the 'Definitions and interpretation of insurance terms' section of the BT Super PDS Part 2 – Insurance booklet for the definition of 'Income'.

³ If you wish to decrease your waiting period complete the Life Insurance Application form to commence assessment by the Insurer.

⁴ If you wish to increase your benefit period complete the Life Insurance Application form to commence assessment by the Insurer.

4. CANCEL COVER

You may only cancel any employer elected standard cover if your employer has authorised such changes by signing section 5 of this application.

I wish to cancel my:

- Death Only cover⁵
 TPD cover
 Death and TPD cover
 SCI cover

⁵ You cannot maintain TPD cover only.

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5. EMPLOYER AUTHORISATION (IF APPLICABLE)

This section **must** be completed by the authorised representative of your employer where insurance cover is being reduced or cancelled and no prior authorisation exists.

Please check with your employer prior to submission.

We hereby authorise this member of the superannuation plan to reduce or cancel their insurance cover as requested.

Note: This may affect any Automatic Acceptance Limit your superannuation fund may have. Only a certain number of employees can cancel standard cover for Automatic Acceptance to continue.

Employer name

Employer authorised signature

Date

Signatory's full name (please print)

6. MEMBER DECLARATION AND SIGNATURE

I have read the current BT Super Product Disclosure Statement (PDS) and I elect to amend my current insurance arrangements. I understand that:


- any insurance I currently have, and the premium payable, will reduce or cease accordingly from the date that BT receives this fully completed application, and
- should I wish to increase or obtain insurance cover in the future I will be required to provide underwriting information, including evidence of good health satisfactory to the Insurer and my new insurance cover will not commence until the Insurer has accepted my application.

Signature of **Member**

Date

Signatory name (please print)

You can submit this form by:

 mail BT Lifetime Super – Employer Plan
GPO Box 2919, Adelaide SA 5001

 fax **This form cannot be faxed**