

# Opt-out of increased insurance cover



## About this form

You can use this form to opt-out of an increase to your insurance cover that was recently accepted by our insurer with an exclusion, loading, or other individual conditions. If you opt-out, your cover will revert to your original cover you had immediately prior to the insurer accepting your recent application. If we receive this form within 28 days of the date we advised you that your application for increased cover had been accepted, then:

- we will remove your increased cover effective the date it was accepted,
- we will refund what you have paid for your increased cover, and
- you will not be able to claim for that portion of your cover.

Requests to opt-out that are received after 28 days will be processed effective the date that they are received. In this case, you will be charged for your increased cover for the period that it applied.

## 1 – Your member details

Please complete in pen using CAPITAL letters

Member number

Title

Mr  Mrs  Ms  Miss  Other

Sex

Male  Female

Date of birth (ddmmyyyy)

First name

Last name

Postal address (must be provided)

Suburb

State

Postcode

Country (if not Australia)

Business hours phone

After hours phone

Mobile

Email

## 2 - Opt-out of increased insurance cover

Select each type of increased cover below that you want to opt-out of.

Death cover  Total and permanent disablement (TPD) cover  Income Protection (IP) cover

## 3 – Sign the form

By signing this form I:

- acknowledge that I have received all the information I require in order to exercise the choices I have made.
- understand that this request replaces any previous instruction by me.
- understand that any increased cover that I opt-out of within 28 days will be treated as though it never existed and I will not be able to claim for that portion of my cover.
- understand that I will need to apply, complete underwriting, and be approved by the insurer should I wish to increase cover in future.

Signature

Date (ddmmyyyy)

Please return your completed form to Catholic Super, GPO Box 4303, Melbourne VIC 3001

## Need help?

1300 655 002 [csf.com.au](http://csf.com.au) Catholic Super, GPO Box 4303, Melbourne VIC 3001

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