

Insurance Change Request Form

Reduce, change or cancel my existing cover

An election to reduce or cancel your cover will be effective from the date the Fund receives your completed and signed form.

Death and Total and Permanent Disablement (TPD) cover

I wish to reduce my Death cover to \$ _____

I wish to cancel my death cover

I wish to reduce my TPD cover to \$ _____

I wish to cancel my TPD cover

Note that your TPD cover can not be higher than your Death cover amount.

Salary Continuance Insurance (SCI) cover

I wish to change or cancel my SCI cover as follows:

Change payments to a 2 year benefit period

I wish to cancel my SCI cover

Change payments to payments until age 65* (Note you will be required to provide evidence of good health (which may include medical examination or testing) before an extended payment period applies)

Signature

I understand:

- if I hold SCI cover and I am not employed by CBH (now or in the future while I continue to hold SCI cover), it is my responsibility to ensure CBH Super is kept updated with my current salary details to ensure I am covered correctly;
- if I hold TPD and/or SCI cover, I should advise CBH Super if I cease working or work less than an average of 15 hours per week;
- if I make a claim for SCI benefits, the insurer may require evidence which confirms my current salary and working hours;
- any new or increased cover will not commence until the date my application is accepted by the insurer;
- the premium payable for my cover will be deducted from my account with CBH Super upon acceptance of the new or increased cover;
- if I have chosen to cancel any of my cover, I'll no longer be insured for that type of cover, and if I decide to apply for that type of cover in the future, I'll need to provide evidence of good health (which may include medical examination or testing) as part of my application;
- if I have chosen to reduce any of my cover and I decide I want higher cover in the future, I'll need to provide evidence of good health (which may include medical examination or testing) in order to increase the cover;
- the premium refund for any cover I have reduced or cancelled will be refunded to my account with CBH Super; and
- the Trustee will confirm they have actioned my request and advise me of the premiums payable or refunded in writing.

Signature

Date

Please send your completed form to CBH Superannuation Fund, GPO Box L886 Perth WA 6842

Phone: (08) 9416 6235 **Email:** Megan.Godwin@cbh.com.au

Your Privacy: The privacy of your personal information is important to us. We are collecting this information to administer your superannuation account and to keep you informed. For more information about the Fund's Privacy Statement, the complete document is available from the Fund.

Definition of salary / annual income (used for salary continuance insurance benefits)

If you work as an employee, this your pre-tax income from your occupation which may include the value of all non-cash remuneration approved by the insurer. This does not include any director's fees, commissions, overtime payments, bonuses, penalty, shift or other allowances, investment income, income received from deferred compensation plans, disability income policies or retirement plans or income not derived from vocational activities.

If you are self-employed, that is you directly or indirectly own part or all of a business or practice - the income of the business or practice generated by your personal efforts after the deduction of your appropriate share of business or practice expenses in generating that income, or any other income as approved by the insurer.

If you are unclear what you should advise as your current salary, please contact us on (08) 9416 6235 or Megan.Godwin@cbh.com.au.

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CBHSuper

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