



Cancellation of cover form

Important information

- Use this form to cancel or opt out of some, or all of your current cover types.
- You can cancel or opt out of Death, Total and Permanent Disability (TPD) or Income Protection Insurance.
- Your cancellation will take effect the day after we receive your completed form.

If you are opting out of your insurance cover within 60 days of the date of your Welcome Advice, your request will take effect from the date your cover commenced with PSSap and no cover will apply for that period. Any premiums paid for this cover will be reimbursed to your PSSap account.

Important things to consider

If you choose to cancel your cover, you will not be able to make a claim for insurance benefits for events or conditions that occur after your cover has been cancelled.

If you are replacing your cover with alternative cover, you should not cancel until the replacement cover is in place.

You can get independent financial advice to help you to make a decision on cancellation. You can access simple advice from a CSC financial planner* at no extra cost to you. Simple advice appointments are conducted over the phone. To book an appointment, call **1300 277 777**.

* Our authorised financial planners are authorised to provide advice by Guideway Financial Services (ABN 46 156 498 538, AFSL 420367). Guideway is a licensed financial services business providing CSC financial planners with support to provide members with specialist advice, education and strategies.

What happens after your cover is cancelled?

We will send written confirmation that you have cancelled your insurance cover and the date on which your cover will stop. You will not be charged premiums for the cover you have cancelled, but depending on the day of the month in which your cover

is ceased, you may have a final premium deducted for the period of cover not yet charged.

If you wish to have insurance cover in the future, you will need to apply and will be subject to underwriting and approval by CSC's insurer. This means that your ability to restart your cover may be subject to a health assessment and acceptance by the insurer, and you may not be able to get cover or cover may be offered on modified terms and conditions.

Your privacy is important to us

We're committed to protecting your privacy. We collect your personal information for the purposes of providing superannuation services to you (this includes the management of your insurance cover), improve our products and keep you informed. We will only share your personal information where necessary for providing superannuation services to you. This may include disclosing your personal information to our scheme administrator, service providers or government or regulatory bodies.

Your personal information may be accessed overseas by our service providers. Please see our privacy policy for full details. Your personal information will not be otherwise used or disclosed unless required or permitted under law. A full copy of our privacy policy as well as the privacy complaint process is available at csc.gov.au/privacy/

How to use this form

Please use CAPITAL LETTERS and a black or blue pen.

Mark boxes like this with a cross (X) then fill out the next question or section.

Further information

If you wish, you can seek further information from PSSap on **1300 725 171**. You can also read:

- **PSSap Product Disclosure Statement**
- **Insurance and your PSSap super booklet**

All these publications are available on our website csc.gov.au



Public Sector
Superannuation
accumulation plan

Any financial product advice in this document is general advice only and has been prepared without taking account of your personal objectives, financial situation or needs. Before acting on any such general advice, you should consider the appropriateness of the advice, having regard to your own objectives, financial situation and needs. You may wish to consult a licensed financial adviser. You should obtain a copy of the PSSap Product Disclosure Statement and consider its contents before making any decision regarding your super.

Commonwealth Superannuation Corporation (CSC) ABN: 48 882 817 243 AFSL: 238069 RSEL: L0001397 | Trustee of the Public Sector Superannuation accumulation plan (PSSap) ABN: 65 127 917 725 RSE: R1004601



Cancellation of cover form

Form start

Read each section of the form carefully before filling it in.

A Your personal details

PSSap member number

Title Mr Mrs Ms Miss Other

Surname

Given name(s)

Date of birth / /

Residential address

Street

Suburb/town State Postcode

Postal address

Street

Suburb/town State Postcode

Phone

Business hours After hours

Mobile number

Email



Public Sector
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B Income protection insurance

Complete this section if you wish to cancel (opt out of) Income Protection insurance.

Before you opt out of Income Protection cover you should consider the following:

- If you decide to take up Income Protection cover again in the future, you will need to apply (including any previously transferred cover) and your application will be subject to underwriting and approval of the insurer. Your application for cover may be declined or offered on modified terms and conditions.

I want to opt out of my Income Protection insurance.

C Death and TPD insurance

Complete this section if you wish to cancel (opt out of) Death and TPD Insurance.

Before you opt out of Death and TPD cover you should consider the following:

- If you decide to take up Death and TPD cover again in the future, you will need to apply (including any previously transferred cover) and your application will be subject to underwriting and approval of the insurer. Your application for cover may be declined or offered on modified terms and conditions.

I want to opt out of my

Death and TPD cover

TPD cover

Death only cover*

* Where you have previously cancelled (opted out of) TPD cover – you cannot maintain TPD cover only.

D Declaration

I declare:

- the information I have provided on this form is complete and correct,
- I have read and understood the **PSSap PDS**,
- if I have elected to cancel (or opt out of) a type of cover, I will need to reapply later if I wish to take up that cover again and my application will be subject to underwriting and approval by CSC's insurer. This means that my ability to restart cover may be subject to health assessment and acceptance by the insurer, and I acknowledge that I may not be able to get cover or cover may be offered on modified terms and conditions.

I understand that I will not be able to make a claim for insurance benefits for events or conditions that occur after my cover has been cancelled.

 Sign

Signature

Date signed

D D / M M / Y Y Y Y

E Lodgement

You have now completed this form.

Please return this completed form to:

PSSap
Locked Bag 20117
Melbourne VIC 3001

or email to: formsandapplications@pssap.com.au

 For more information visit [csc.gov.au](https://www.csc.gov.au)

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