

# Insurance Application and Variation Form

## How to use this form

Use this form if you wish to:

- Update any personal member or employer details, including occupation category;
- Decrease your existing cover;
- Cancel your existing cover;
- Vary your death and Total & Permanent Disablement (TPD) Insurance cover;
- Vary your Income Protection cover; or
- Increase your cover

Complete all relevant sections of the attached Form and return it to Administrator for LESF Super (LESF) ('we' or 'us').

## Member Details

This section should be updated by the Member of LESF. Keeping your personal member and employer details up to date ensures your member account, balance, and insurance arrangements are kept for your benefit. By providing your personal details and email address, you agree that the Fund may provide you with information about the fund, and all information will be sent either to your Email or Postal address.

## Changing your Cover

You have a number of options to vary your Insurance Cover:

All Members - You can:

- **Increase** your cover by applying to be underwritten for additional cover (called 'Underwritten Cover').

**Note:** You can select the level and type of cover you need, however you will be required to provide a Personal Statement in addition to this form which can be found at [www.lesf.com.au](http://www.lesf.com.au) or contact Member Services on 1800 359 686.

- **Vary** your Death and TPD cover to Death only cover at any time.
- If you wish to **Transfer** your existing cover into LESF, you will need to complete a Insurance Transfer form which is available from our LESF Member Services Team.
- **Reduce** your level of insurance cover at any time.
- **Cancel** your cover at any time, if you consider you are adequately covered elsewhere, or do not need your insurance.

Category E Members - You can also:

- **Double** your cover within 120 days of starting work with your employer if you are an employer sponsored member, without medical underwritten.
- **Life Event Cover Increase** You may be able to increase your cover without medical underwriting, with the occurrence of certain life events. A Life Event Cover Increase Form will need to be completed in addition to this form which is available from LESF Member Services Team on 1800 359 686.
- **Fix Default Cover** at its current amount.

## Privacy

When we collect your personal information, it is securely stored and will only be used and disclosed to authorised personnel, service providers and third parties in order to:

- administer your superannuation account;
- make benefit payments; and
- send you direct marketing material.

For a copy of the Privacy Policy, visit [www.lesf.com.au](http://www.lesf.com.au) or contact us on 1800 359 686. Our Privacy Policy sets out how you can access information about your benefit and personal details, correct any information which is inaccurate or out-of-date and information on our privacy complaints process.

## Declaration & Signature

You (the Member) must complete, sign and date the form and return it to the Administrator at LESF.

## Contact Details

LESF Super  
Free call: 1800 359 686  
E: [lesf@diversa.com.au](mailto:lesf@diversa.com.au)  
W: [www.lesf.com.au](http://www.lesf.com.au)  
PO Box 1282 ALBURY NSW 2640

Further details on each of these options are provided at [www.lesf.com.au](http://www.lesf.com.au). Refer to the LESF Super PDS Insurance Guide in the Forms & Publications page.

If you wish to make changes that are not outlined on the Insurance Variation Form, or have any questions about completing this form, please contact the Member Services Team on 1800 359 686 for further assistance.

**Note:** You will not be insured by LESF if you cancel your insurance cover.



## Insurance Application and Variation Form

### Current Membership Details

Member Number: \_\_\_\_\_ Title: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age Next Birthday: \_\_\_\_\_  
 Phone (B): \_\_\_\_\_ Phone (H): \_\_\_\_\_ Phone (M): \_\_\_\_\_  
 Email: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
 Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Residential Address (If different to Postal Address): \_\_\_\_\_  
 My Contributing Employer is: \_\_\_\_\_  
 Phone (B): \_\_\_\_\_ Email: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Insurance Variation - Your Options

**Please tick the applicable option(s):**

**Update** my Occupation Category to (**Category E members only**)  Professional  White Collar  Blue Collar

#### Death & TPD Cover

**Cancel** my death and TPD cover (NOTE: By cancelling your cover you will no longer have death and TPD insurance through LESF. If you wish to have that cover with LESF in the future you will need to apply, provide medical evidence and be accepted by our insurer); OR

**Vary** my death and TPD cover to death only cover; OR

**Reduce** my cover to \$\_\_\_\_\_ (or \_\_\_\_\_ unit) Death only Cover  or death and TPD Cover  OR

**Double** my cover within 120 days of employment (Category E employer sponsored members only); OR

**Increase** my cover to \$\_\_\_\_\_ (or \_\_\_\_\_ unit) of additional Death only Cover  or death and TPD Cover

I understand I will need to provide a personal statement and medical evidence, and I understand this will have to be accepted by the insurer before the additional cover begins.

**Fix** my Default Cover at its current amount. (**Category E members only**)

**Life event increase\*** (**Category E members only**) I wish to increase my cover without medical underwriting, due to the occurrence of one of the following life events:

- Marriage
- Divorce
- Turning 30
- Birth or Adoption of a child
- Your child turning 12 or commencing education in private school
- Your first mortgage or increase in existing first mortgage

\* A Life Event Cover Increase Form will need to be completed in addition to this form. For full details of eligibility please see LESF Super PDS Insurance Guide.

### Income Protection Cover (Category A members only)

- Cancel** my Income Protection cover (NOTE: By cancelling your cover you will no longer have Income Protection insurance through LESF. If you wish to have that cover with LESF in the future you will need to apply, provide medical evidence and be accepted by our insurer); OR
- Reduce** my Income Protection cover to \$\_\_\_\_\_ (or \_\_\_\_\_ unit) ; OR
- Increase** my Income Protection cover by \$\_\_\_\_\_ (or \_\_\_\_\_ unit) of additional insurance cover. I understand I will need to provide a personal statement and medical evidence, and I understand this will have to be accepted by the insurer before the additional cover begins.

**Note:** LESF Member Services will advise you of the information you need to provide for your application for insurance to be considered.

### Member Declaration

I declare that:

- I have read and understood the LESF Super Product Disclosure Statement (PDS) and LESF Super PDS Insurance Guide, including any documents incorporated by reference;
- All of the information provided in my Insurance Application and Variation Form is true and correct;
- I am not restricted by illness or injury from carrying out all my normal work duties and I am actively working my normal hours;
- I agree to be bound by any terms and conditions contained in the LESF Super PDS, Insurance Guide, and the provisions of the trust deed, as amended from time to time;
- If I have received the PDS and Insurance Guide from the internet or other electronic means, that I received a complete copy of it personally or a printout of it;
- I have told the Insurer everything I know that could affect its decision to accept my application for insurance.

I acknowledge and agree that:

- I have read the duty of disclosure and understand my obligations under the Insurance Contracts Act 1984. I understand that if I do not comply with my duty of disclosure, the Insurer may alter or cancel my insurance;
- The only insured benefits that will be paid by the Fund are those that are payable under the Policy held with the Insurer;
- I do not have any right of ownership or participation in the Policy;
- None of the Trustee or any service provider to the Fund guarantees the payment of any benefit or sum insured or the return of any money;
- The Fund will hold personal information about me and will disclose this information to my financial adviser if applicable. I will notify the Fund, in writing, if there is a change in this authority to disclose information to my adviser;
- I understand and accept the information contained in this form may be shared with staff and service providers of LESF;
- I hereby authorise the release to the Insurer or any other organisation duly appointed by the Insurer, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be valid as the original;
- By providing email addresses I agree that the Fund may use this address to provide me with information about the Fund (such as transaction confirmations, statements, reports and other material);
- The information provided in this form may alter my entitlement eligibility and insurance arrangements;
- If applicable, I understand that if I cancel my cover, I will not be insured by LESF and will not be entitled to claim an insurance benefit;
- In choosing to cancel or reduce my cover, I acknowledge that the changes will take effect from the date LESF receive the form and I will no longer be insured for that amount and type of cover. If I decide I require insurance cover in the future, I understand that I will need to apply to LESF and provide medical evidence;
- In choosing to increase my cover, I understand I will need to provide a personal statement and medical evidence, and I understand this will have to be accepted by the insurer before the additional cover begins.

If this application is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power (certified copy of that Power of Attorney must be submitted with this application unless we have already sighted it).

Member Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please return the completed Form to:  
**LESF Super, PO Box 1282, ALBURY NSW 2640**  
Or email to: [lesf@diversa.com.au](mailto:lesf@diversa.com.au)

If you have any questions regarding this form or your membership, please contact us on 1800 359 686.