

West State Super & GESB Super

INSURANCE VARIATION FORM

☎ Member Services Centre 13 43 72 📠 Facsimile 1800 300 067 🌐 gesb.com.au
✉ PO Box J 755, Perth WA 6842 📍 Level 4 Central Park, 152 St Georges Terrace, Perth

WEST STATE SUPER AND GESB SUPER INSURANCE ONLY

This form allows you to:

- Increase the level of your Insurance Cover within 90 days of GESB receiving your first Employer SG Contribution.
- Fix the level of your Death and Total and Permanent Disablement (TPD) Cover.
- Increase the waiting period of your Salary Continuance Insurance (SCI) Cover.
- Decrease or opt-out of your Insurance Cover.
- Change your occupation category or your date of birth.

All other changes require the completion of a full Insurance Application and approval by the Insurer. A copy of this application is available from our website or by contacting your Member Services Centre on 13 43 72.

SECTION 1. YOUR DETAILS

Please provide your GESB Member Number and personal details.

GESB Member number

Mr Mrs Miss Ms Other

Surname (Family Name) please print

Given Names

Residential Address

Postcode

Postal Address (If different from residential)

Postcode

Email address

Telephone - Home

 ()

Telephone - Work

 ()

Telephone - Mobile

AIG CODE

ADCOR



Note: GESB has a Privacy Statement to ensure that it handles private information about individuals responsibly. Our Privacy Statement is available on our website or can be obtained by contacting your Member Services Centre.

SECTION 2. CHANGE YOUR DETAILS

Please complete this section if you would like to correct or update your existing details, relating to your insurance cover.

I would like to change: (please ✓)

- Occupation category
Select from one of 4 occupation categories
- White Collar
Occupations that are office based with no manual work, eg Clerical roles, professional or administrative roles such as office managers, accountant, computer analyst, lecturer, social worker, administrator, secondary school teacher, clerk.
- Light Blue Collar
Occupations which are primarily non-manual but may involve light manual duties only, such as hairdresser, dental assistant, shop assistant, florist, cashier, tailor, child care worker.
- Blue Collar / Heavy Blue Collar
Blue Collar
Occupations that involve a moderate degree of manual work, or recognised qualified trades, such as a baker, gasfitter, electrician, mechanic, printer, sign writer, greengrocer.
- Heavy Blue Collar
Heavy manual occupations or those with a degree of additional risk of disability, such as boilermaker, gardener, storeman, tyre fitter, welder.
- Hazardous occupations
Hazardous occupations that involve high accident or health risks such as police officers, fire fighters, prison officers, underground mine workers, any occupations involving hazardous chemicals or work environments.

Occupation description

Date of Birth to / /

If you change your date of birth, please provide certified proof of identification. See the Proof of ID fact sheet available at gesb.com.au to help you provide ID.

SECTION 3. INCREASE EXISTING INSURANCE COVER

Please complete this section if:

- This application will be received by GESB within 90 days of us receiving your first employer SG contribution; and
- The total of your insurance cover including this increase will not exceed the maximum Basic cover levels shown in the following table.
- You are actively at work (see Section 7 'at work' declaration).

Increase the total value of my insurance cover to:

Death	\$ <input type="text"/> In increments of \$10,000	Up to the maximum Basic cover for your age shown in the following table
TPD*	\$ <input type="text"/> In increments of \$10,000	
SCI	\$ <input type="text"/> In increments of \$200 per month	Up to a maximum of \$3,000 per month

*The value of your TPD cover can not exceed the value of your Death cover. You can not have TPD only cover.

The maximum SCI cover you can apply for is 85% of your pre-disablement income (75% of income and up to a 10% contribution to super). Refer to the relevant Product Information Booklet for more information.

You will need to complete a full 'Insurance Application' form if:

- We receive your request more than 90 days after we receive the first SG Contribution from your employer;
- You wish to increase your cover in excess of the maximum Basic cover, shown below;
- You were previously ineligible for insurance cover;
- You have no insurance cover but would like to apply for insurance cover;
- You are not actively at work (see section 7 'at work' declaration).

The following tables outline maximum Basic cover limits:

AGE AT NEXT BIRTHDAY	MAXIMUM BASIC COVER DEATH & TPD	
16 - 46	\$250,000	
47	\$240,000	
48	\$230,000	
49	\$210,000	
50	\$200,000	
51	\$190,000	
52	\$180,000	
53	\$160,000	
54	\$150,000	
55	\$140,000	
56	\$130,000	
57	\$110,000	
58	\$100,000	
59	\$90,000	
60	\$80,000	
61	\$60,000	
	DEATH	TPD
62	\$60,000	\$50,000
63	\$60,000	\$40,000
64	\$60,000	\$30,000
65	\$60,000	\$10,000
SALARY CONTINUANCE INSURANCE (SCI)		
Maximum Basic cover	\$3,000 per month	

SECTION 4. FIX INSURANCE COVER

Please complete this section if you would like to fix your Basic cover.

From your 46th birthday, the value of your Basic Death and TPD cover will decrease by \$10,000 per year. You can elect to fix the value of your Basic cover at any time prior to your 60th birthday.

I would like to fix the level of my Basic cover (please ✓)

Please note that all TPD cover will reduce linearly to nil from your 60th birthday until your 65th birthday.

SECTION 5. DECREASE INSURANCE COVER OR OPT-OUT

Decrease the total value of my insurance cover to:	I would like to opt-out completely
Death[^] <input type="text"/> Increments of \$10,000	<input type="checkbox"/>
TPD* <input type="text"/> Increments of \$10,000	<input type="checkbox"/>
SCI <input type="text"/> Increments of \$200 per month	<input type="checkbox"/>

[^] If you opt-out of Death cover this automatically cancels your TPD cover.

*The value of your TPD cover can not exceed the value of your Death cover. You can not have TPD only cover.

Please think carefully before decreasing or opting-out of any insurance cover. By opting-out of your insurance cover, you or your estate will no longer be eligible for an insured component. You will then only be entitled to the benefit that has accumulated in your super account (Total Benefit). You and your family should assess your ability to cope financially in the event of an unforeseen death or disablement.

If you wish to increase or reinstate your insurance at a later date it will be subject to the satisfactory completion of a full Insurance Application. Automatic acceptance will not apply.

INFORMATION FOR MEMBERS OF WEST STATE SUPER

By opting out of your entitlement to any cover for Death and/or TPD, you also opt out of any entitlements under Partial and Permanent disablement cover specified in State Superannuation legislation.

You may wish to seek financial advice before making any changes to your insurance cover.

SECTION 6. INCREASE SCI WAITING PERIOD

Please complete this section if you would like to increase your SCI waiting period. The default waiting period is 90 days.

I would like to increase my SCI waiting period (please ✓):

New waiting period 60 days
 90 days
 120 days
 180 days

If you would like to decrease your waiting period you will need to complete a full 'Insurance Application' form.

SECTION 7. DECLARATION

I acknowledge that:

- I have read the relevant Product Information Booklet (PIB). I understand the PIB serves as general information only and does not contain financial advice.
- I declare that the information provided on all pages of this form is true and correct. I understand that if I have made a false or misleading statement or withheld any relevant information, GESB may as it thinks appropriate:
 - Reject any application, or subsequent application, for a benefit where the entitlement to that benefit may have been affected by false or misleading information; or
 - Provide such a benefit or entitlement as, in the opinion of GESB would have been provided if the false or misleading information had not been given or withheld.
- I authorise the Insurer, AIA Australia, to change my insurance details as indicated on this form, but understand this is at the Insurer's discretion and I may be required to provide additional information before my cover is changed.
- I understand that an application for a change in the level of my insurance cover will only come into effect upon acceptance by AIA Australia.
- I understand that to apply for any increases in insurance cover under Section 3 of this application form that I must be actively 'at work'. This means I am performing all duties of my usual occupation and not in receipt of, or entitled to claim, any income support benefits from any source including (but not limited to) workers' compensation benefits, statutory transport accident benefits and disability income benefits.
- I understand that my insurance premiums may increase or decrease as a result of my changes.
- If I have elected to decrease or cancel my insurance cover I understand and accept that:
 - If I decide to apply to reinstate my insurance cover at any time, I will be subject to the medical terms and conditions as prescribed by the Insurer.
 - The Insurer may decline a future application for insurance cover or offer me cover with exclusions depending on the information provided in the full 'Insurance Application' form.

Your Signature

Date

For information about your privacy as it relates to insurance arrangements with AIA Australia, a full copy of their privacy policy is available on their website at www.aia.com.au

MORE INFORMATION

- We will send you a confirmation notice outlining your new insurance details and any change in premiums.
- You may apply to reinstate your insurance cover at any time up to age 65.

For more information please contact your Member Services Centre on 13 43 72 or complete the 'Contact Us' form on our website gesb.com.au

Please check that all relevant parts of this form have been completed, then send to:

GESB
PO Box J 755
Perth WA 6842