

Application to Reinstate Insurance Cover cancelled due to the Protecting Your Super Package Act.

Return this completed form to either:

Email: mail@legalsuper.com.au

Post: legalsuper
Locked Bag 5081
Parramatta NSW 2124

About this Application Form

You can apply to reinstate your cover (which may be Death & TPD cover, or Death Only cover and/or Salary Continuance cover or a combination of these types of cover) by completing this Application Form if cover was cancelled by the Trustee after a period of 16 months in which no contributions or rollovers were received into your account. This cancellation by the Trustee was necessary to comply with section 68AAA(1) of the SIS Act, amended in accordance with the Protecting Your Super Package Act (PYS).

legalsuper will advise you in writing of the date your cover restarts and where relevant, the terms to apply.

Important Information

Your cover will be backdated to the date your cover ended to ensure there is no gap in your insurance cover. This means that insurance fees will be deducted from your account to pay for cover from the date it ended. You must complete this form and return to us within 60 days of your cover being canceled. If you do not return this form your cover will not be reinstated and any applications for cover by you will need to be assessed by the insurer.

When completing this form

You must complete **ALL** sections of this form using blue or black pen.

Print clearly in block letters.

Place an X in the relevant boxes.

*DENOTES MANDATORY FIELD.

We're here to help

If you have any questions about this form, call us on **1800 060 312** between 8.00 am and 8.00 pm (AEST/AEDT), Monday to Friday or email mail@legalsuper.com.au

Section A: Your details

legalsuper Membership Number*

Mr Mrs Ms Miss Other

Surname*

Given name*

Other given name*

Date of birth (dd/mm/yyyy)*

Gender

Male Female

Postal Address*

Town or Suburb*

State*

Postcode*

Telephone Number - Home (if applicable)*

Telephone Number - Business (if applicable)*

Mobile Number (if applicable)*

Email (if applicable)*

Section B: At Work questions

As at the date of signing this form:

- Due to an injury or illness, are you incapable of performing, or are you restricted or limited from being able to actively perform all the duties of your usual occupation? Yes No
- Are you in receipt of, or are you entitled to claim, income support benefits from any source including workers' compensation benefits, statutory transport accident benefits or disability income benefits? Yes No

If you answer "YES" to either question 1 or question 2 this means you are not "At Work" and your cover will be **Limited Cover** until you have been "At Work" for 30 consecutive days.

Limited Cover means an Insured Member is only insured for death cover (including terminal illness) and New Events Total and Permanent Disablement Cover, where "New Events Total and Permanent Disablement cover" means an Insured Member is only insured for Total and Permanent Disablement caused by an illness or injury that occurred on or after the date reinstated cover is to commence upon acceptance of this correctly completed Application.

Section C: Declarations

- I acknowledge that my cover will be reinstated and backdated to the date my cover ended to ensure there is no gap in my cover. I understand that insurance fees will be deducted from my superannuation account to pay for cover from the date my cover ended.
- I acknowledge any restrictions that previously applied to my cover, such as exclusions (due to medical conditions and/or hazardous recreational activities) or loading of insurance fees to be higher than standard rates, will continue to apply to my reinstated cover. If my previous cover was **Limited Cover** then any reinstated cover will also be **Limited Cover**. If any pre-existing condition exclusion applied to my previous cover, this will apply to any reinstated cover.
- I understand and acknowledge that if I am not At Work (as defined above in this form) on the date of signing this form, any reinstated cover will be provided as **Limited Cover** until I have been At Work for 30 consecutive days.
- I understand that Zurich Australia Limited's (Zurich) liability in respect of this Application will be subject to Zurich accepting the information contained on this form and providing written acceptance of the Application to the policy owner.
- I consent to the collection, use, storage and disclosure of my personal information as described in Zurich's Privacy Policy, which is available at zurich.com.au/important-information/privacy
- I understand that the insurance I have applied to reinstate will not become effective until my Application is accepted by legalsuper.
- I understand that the insurance cover (if applicable) will not be reinstated if this form is not **received by legalsuper within 60 days of my cover being canceled**.

Signature

Date (dd/mm/yyyy)