



# Application to Change Income Protection Insurance

PayGuard for transferred Intrust members.

**i** Use section 2 if you wish to opt-in, cancel, or change the waiting period for contribution based PayGuard income protection cover.

If you wish to apply for unitised PayGuard cover then please complete section 3.

All fields marked with \* must be completed. Please use block letters and mark 'X' not ticks '✓'.

## 1 Personal details

Hostplus membership number\*

Title\*

 Mr  Mrs  Ms  Dr  Other

Date of birth\*

Gender\*

 Male  Female  Specify if other

Given names\*

Surname\*

**i** If you have changed your name since first becoming a member please complete the change of member details form available on our website.

Residential address\*

Suburb\*

Postal address (if same as above, write "as above")\*

PO Box

Suburb\*

State\*

P/C\*

Email address

## 2 Income protection insurance - contribution based cover

Complete this section if you wish to opt-in, cancel, or change the waiting period for contribution based PayGuard income protection cover.

### 2.1 Please select from the following options and choose your waiting period in question 2.2:

- I wish to apply for PayGuard Insurance (Choose a waiting period)
- I wish to change my PayGuard Insurance waiting period. (Select a new waiting period)
- I wish to cancel my PayGuard Insurance. (No waiting period selection required)

### 2.2 Choose your waiting period (if you do not make a selection the 21 days default will be applied to your account):

The insurance fee is based on your income and is deducted from your employer's compulsory superannuation contribution.

- 21 days (default) – 0.615% of your income
- 45 days – 0.496% of your income
- 30 days – 0.556% of your income
- 90 days – 0.377% of your income

## 3 Income protection insurance - Unitised Cover

Complete this section if you wish to apply for unitised PayGuard cover.

- I wish to apply for  units of PayGuard Insurance (Maximum of 18 units). Please choose a waiting period below:
- 21 days (default) – \$2.51 premium per unit per week
- 45 days – \$2.02 premium per unit per week
- 30 days – \$2.26 premium per unit per week
- 90 days – \$1.51 premium per unit per week

**i** Each unit provides \$250 per week of cover, please note you will only be covered for a maximum of 90% of your pre disability income in the event of a claim.

## 4 Your authorisation

### In signing this application, I:

- acknowledge I have read and understood the terms of the current **Hostplus Product Disclosure Statement (PDS)**, including the **Insurance guide - Transferred Intrust members** and the **Target Market Determination** available at [hostplus.com.au/ddo](http://hostplus.com.au/ddo).
- understand that if my application is accepted, insurance cover will be provided to me on the terms contained in Hostplus' insurance policy as changed from time to time
- acknowledge that if I do not complete this form correctly and/ or I do not sign and date this form, my application will not be considered by the Insurer
- have received all the information I require to understand the choice I have made and declare that the information in the form is true and correct.

### Your privacy is important to us

Hostplus collects personal information, including sensitive information, in order to administer your superannuation account and provide you with services and support. If you do not provide us with the information requested, we may not be able to carry out your instructions or provide the services or assistance you require. The Hostplus privacy policy is available on the Hostplus website at [hostplus.com.au/privacy](http://hostplus.com.au/privacy) or by calling us on **1300 467 875**. The privacy policy explains how we handle your personal and sensitive information, how you can access and/or seek correction of your personal information and how you can make a complaint about a breach of your privacy.

Signature of applicant\*

Date\*



**Faxed or scanned forms cannot be processed. However photocopied forms can be processed if signed with an original signature.**

**It is important that you answer all questions on this form. In confidence when completed.**



**When you have completed this form please send it to: Hostplus, Locked Bag 5046, Parramatta NSW 2124**