

# Reduce or cancel Basic Cover and cancel Standard Cover

**Gateway Division:** Use this form to reduce or cancel your Basic Cover.

**Divisions 5, 6, 7, and 10:** Use this form to cancel your Standard Cover.

- To **reduce** your cover, complete Sections 1 and 2 and sign the Declaration.
- To **cancel** all of your cover, complete Sections 1 and 3 and sign the Declaration.

(To reduce or cancel your Voluntary Cover, please complete the *Application to reduce or cancel Voluntary Cover* form.)

MLC Limited is the appointed insurer for Qantas Super.

## Section 1 Member details

Policy number (office use only)	Member number	Policy name
<input type="text" value="G3286 and G3287"/>	<input type="text"/>	<input type="text" value="Qantas Superannuation Plan"/>
Title	First name	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Family name		
<input type="text"/>		
Date of birth (DD/MM/YYYY)	Email	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home telephone	Business telephone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Section 2 Reduce cover

**Gateway members only.**

I instruct the Insurer to reduce my current amount of Basic Cover as I have indicated below.

**Gateway Salary-Linked Basic Cover:** This is a multiple of your Salary for Insurance Purposes.

Type of Insurance	Existing cover	Reduced cover	Are you reducing your cover to death only?
Death	multiple of salary	multiple of salary	N/A
Death and TPD	multiple of salary	multiple of salary	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Section 2 Reduce cover continued

**Gateway Fixed Dollar Basic Cover:** This is a dollar amount of cover provided to Retained and Spouse Members, and to Employee Members on request.

Please note that in order to be covered for TPD you must retain a minimum of \$10,000 of death cover.

Type of Insurance	Existing cover	Reduced cover	Are you reducing your cover to death only?
Death	\$	\$	N/A
Death and TPD	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you're unsure of your current amount of Basic Cover, please contact the Qantas Super Helpline on **1300 362 967** (from overseas **+61 3 8687 1866**).

## Section 3 Cancel my cover

Please tick as applicable

- I instruct the Insurer to cancel all of my Basic or Standard Cover.
- I instruct the Insurer to cancel all of my Basic or Standard Cover for Death and TPD.
- I instruct the Insurer to cancel all of my Basic or Standard Cover for Income Protection.
- (Gateway members only) I instruct the Insurer to cancel all of my Basic Cover for TPD.

By cancelling your insurance, you will no longer be insured for that cover and you (or your beneficiaries) won't be able to make an insurance claim for that cover from the date that Qantas Super receives this fully completed application.

If you cancel your cover and decide to reapply in the future, you'll need to supply evidence of good health as part of your application.

## Section 4 Declaration

**I have read the Qantas Super Gateway Product Disclosure Statement and I elect to reduce or cancel my Basic Cover, or cancel my Standard Cover under Qantas Super's Policy.**

I understand:

- a** Any Basic or Standard Cover I currently have, and the premium payable, will be reduced or cancelled from the date that Qantas Super receives this fully completed application;
- b** If I have chosen to cancel part or all of my Basic or Standard Cover, I will not be entitled to the part, or all, of the cover that I have applied to cancel after the date that Qantas Super receives this fully completed application; and
- c** Should I wish to reapply for Basic or Standard Cover with Qantas Super in the future, I will be required to provide evidence of good health to the insurer and my cover will not commence until the Insurer has accepted my application.

Member's signature

	Date (DD/MM/YYYY) <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										

## Section 5 Send us your form

Please mail your completed, signed and dated form to:

**Qantas Superannuation Plan  
GPO Box 4303 Melbourne Vic 3001**

For more information or assistance with completing this form, please contact the Qantas Super Helpline on **1300 362 967** (from overseas **+61 3 8687 1866**).



Qantas Superannuation Limited (ABN 47 003 806 960 AFSL 288330)  
(QSL, we, us, our or Trustee) as Trustee for the Qantas Superannuation  
Plan (ABN 41 272 198 829) (Qantas Super) [www.qantassuper.com.au](http://www.qantassuper.com.au)



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