

Cerebral Palsy Alliance Superannuation Plan (Employees) Insurance Variation



13 11 84 | art.com.au
Reply Paid 2924 Brisbane Qld 4001

Please read the important information

Important: Please provide us with as much information as possible. If all questions are not answered, your application may be delayed as the form may be returned. Please tick boxes where appropriate. Use **BLOCK** letters and black or blue ink when completing this form and ensure it is signed and dated. ***DENOTES MANDATORY FIELD.**
If you are under 18 years of age, please contact us before completing this form.

To access information about your plan online, visit art.com.au/cpa

Member number
if already a member

Office use only

C59415 (Employees)

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*		Date of birth (DD/MM/YYYY)*
<input type="text"/>		<input type="text"/>
		Gender* <input type="button" value="M"/> <input type="button" value="F"/>
Street address / PO Box*		
<input type="text"/>		
Suburb / Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number		Daytime phone number*
<input type="text"/>		<input type="text"/>
Personal email address		Mobile phone number*
<input type="text"/>		<input type="text"/>

Note: Where we can we'll provide your documents, including statements and notices of changes to your account, electronically. We'll email or SMS you when information is ready to view in [Member Online](#). If you would prefer information is posted to you, change your preferences in [Member Online](#), the [Australian Retirement Trust app](#), or by contacting us.

You can use this form to:

- reduce your Death and/or Total & Permanent Disability (TPD) cover
- cancel any or all of your cover

2 Insurance cover Please complete to reduce and/or cancel your cover

Tip: To view your existing insurance cover just login to [Member Online](#) or the [Australian Retirement Trust app](#).

Important

Before completing this section, please refer to your Super Savings – Corporate Insurance Guide (available on your employer plan's microsite) for insurance details. If you reduce or cancel any of your insurance cover but would like to increase or have cover again in the future, you will need to apply by completing a Change of Insurance Cover form, available on your employer plan's microsite. The insurer would then assess your application. Any application for insurance cover will be subject to acceptance by the insurer and satisfactory evidence of health will be required.

2A Reduce or cancel Death and Total & Permanent Disability (TPD) cover

I want to reduce the level of Standard Death and TPD cover to:	Level 1 (10%) <input type="text"/>	Level 2 (15%) <input type="text"/>	Level 3 (20%) <input type="text"/>
I would like to reduce my cover to the following amount of 'fixed cover':	Death cover \$ <input type="text"/>	TPD cover \$ <input type="text"/>	

1 'Fixed cover' means your amount of insurance stays the same but your premiums will generally increase as you get older.

Note: If you're **increasing** your cover, please complete a Change of Insurance Cover form.

I want to cancel the following cover:	Death cover <input type="checkbox"/>	TPD cover <input type="checkbox"/>	Your Death and/or TPD cover will be cancelled effective of the date your completed Insurance Variation form is received by Australian Retirement Trust.
Tick all boxes that apply.			

2B Cancel Income Protection cover

I would like to cancel my Income Protection cover:	<input type="checkbox"/>	Your Income Protection cover will be cancelled effective of the date your completed Insurance Variation form is received by Australian Retirement Trust.
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Note: Your employer will no longer pay the premiums for Income Protection cover if you cancel.

Please continue over page

Authorisation and declaration

Sign this application form and return to Australian Retirement Trust:

Your privacy - Personal information collection notice

We are collecting your personal information to set up and/or to administer your superannuation account. We may also disclose this information to third parties such as our Insurer, medical and health professionals, if we need to, if you have given consent to the disclosure, or if we are required to by law. If you want to know more about our privacy policy, including how we collect, hold, use and disclose personal information, or how individuals can access or correct their information, visit art.com.au/privacy or call us to request a copy. A copy of the nominated insurer's privacy policy can be obtained by visiting their website directly. The nominated insurer's details can be found in your Super Savings – Corporate Insurance Guide.

I declare that:

- I confirm the information I have given is true and correct.
- I have received, read and understood the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide.
- By signing this Insurance Variation form, I acknowledge the collection and disclosure of information about me for the purposes shown above.
- I understand that any future increase to my insurance cover is subject to acceptance by the insurer and satisfactory evidence of health will be required.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

 Please return the form to
Australian Retirement Trust
Reply Paid 2924 Brisbane Qld 4001 OR
via art.com.au/contact-us

We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit art.com.au/privacy or call 13 11 84.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063