



Application to reduce or opt out of cover

Instructions on completing this form

Please complete in pen using BLOCK letters. Print 'X' to mark boxes where applicable. Form must be completed in full.

- If you wish to **reduce** your cover you should complete Part A and B of this form
- If you wish to **opt out** of all cover you should complete Part A and C of this form

You should read page 13 of your Tasplan Insurance Product Disclosure Statement (PDS) before electing to reduce or opt out of insurance cover.

A — Personal details

Your Tasplan member number

Title Mr Mrs Ms Miss Other

Given name

Family name

Date of birth
 / / Male Female

Postal address

 State Postcode

Email address

Telephone number (business hours)
 ()

Telephone number (after hours) () Mobile number

B — Reduce cover

I wish to reduce my current level of cover and require the following level of cover:

New level of cover (excluding your basic death and TPD cover)

Death Only \$

Death and TPD \$

Income Protection \$

Please indicate the new level of cover you require. Your new level of TPD cover cannot exceed your Death cover. Note: see the Opting Out of Cover section of the Insurance PDS for restrictions that apply.

Declaration
 I have read the PDS and I elect to reduce my cover under the fund. I understand that:

- Any cover I currently have, and the premium payable, will reduce from the date that Tasplan receives this fully completed form.
- Should I wish to apply for cover with Tasplan in the future I will be required to provide health evidence satisfactory to the insurer and my cover will not commence until the insurer has accepted my application for cover in writing.

Signature Date

C — Opt out of cover

In order to opt out of Death cover you need to be under the age of 18, over the age of 60, or have equivalent cover with another insurer. You are able to opt out of TPD cover or income protection cover at any age.

I wish to opt out of the following insurance cover (please indicate by ticking a box)

TPD

Death/TPD

Income Protection

Note:
 Please attach a statement dated within 30 days of this application confirming the type and level of cover held under your other insurance arrangements. Cover will not be cancelled under the Tasplan policy unless this is equivalent or higher.

Declaration
 I have read the PDS and I elect to opt out of the cover I nominated above. I understand that:

- If I am under 18 years of age, one unit of death and TPD cover will automatically be reinstated on my 18th birthday.
- Any cover I have nominated and the premium payable, will cease from the date that Tasplan receives this fully completed form.
- I will not be entitled to the insurance cover that I have nominated after the date that Tasplan receives this fully completed form.
- Should I wish to apply for cover with Tasplan in the future I will be required to provide health evidence satisfactory to the insurer and my cover will not commence until the insurer has accepted my application for cover in writing.

Signature

Date

Please return this completed form to:
 Tasplan
 GPO Box 1547
 Hobart TAS 7001