

## Variation of Voluntary Death Cover

This form should be completed if you are a member of the Stevedores division of Maritime Super or were an Allocated Pension or N-CAP Member of the Stevedoring Employees Retirement Fund (SERF) and wish to apply for Voluntary Death cover.

This form should also be completed if you wish to cancel or vary (increase or decrease) your Voluntary Death cover.

Accumulation Plus members of the Stevedores division should use the *Variation of Voluntary Death and Total and Permanent Disablement Cover* form to vary their Voluntary insurance cover.

Complete your personal details, then:

**To increase cover**      **complete PART A** - you will need to complete the Health Questionnaire in this section.

**To reduce cover**      **complete PART B**

**To cancel cover**      **complete PART C**

Sign and return this form **by fax to: (02) 9261 3683** or post to Maritime Super: Locked Bag 2001, QVB Post Office NSW 1230.

### Your Personal Details

|   |   |   |
|---|---|---|
| Member Number<br><input type="text"/>   | Title(Mr/Mrs/Ms/Miss etc)<br><input type="text"/> | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Female |
| Surname<br><input type="text"/>   | Given Names<br><input type="text"/>               |   |
| Residential Address<br><input type="text"/>   |   |   |
| Postal Address (if different from above)<br><input type="text"/>                    |   |   |
| Date of Birth<br><input type="text"/> / <input type="text"/> / <input type="text"/> | Phone Number<br><input type="text"/>              | Email Address<br><input type="text"/>                                   |

### Section A – Increase your Voluntary Death cover

You can use this form to request up to two units of Voluntary Death cover. You may hold up to two (2) units of Voluntary Death cover across all memberships you may hold in Maritime Super

Voluntary insurance costs two dollars (\$2.00) per week per unit and the cost will be deducted from your account.

I wish to **increase my Voluntary Death cover and apply for 1 or 2 units**  units in addition to any Basic cover (please specify the number of Voluntary Death cover units)

If you have existing Voluntary insurance cover, the number of units you apply for will replace your existing level of Voluntary Death cover if your application is accepted (even if this is less than your current units of cover).

#### Health questionnaire - to be completed by existing Members who wish to increase their cover.

Existence of a pre-existing condition does not necessarily mean that your additional cover will be limited. However, before the additional units of cover can be approved, you are required to answer the questions below regarding pre-existing medical conditions.

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Have you ever been declined for life, disability or health cover?*                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been diagnosed with cancer or a tumour of any type?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been diagnosed with high blood pressure, heart or a vascular complaint?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever suffered paralysis or a stroke?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever had a test for HIV (Human Immunodeficiency Virus) antibodies which has returned positive? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you contemplate undergoing surgery in the near future?*  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been diagnosed with any life-threatening illness?*  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered 'Yes' to any of the questions, please provide details.

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\* The Trustee will be unable to assess your application unless you provide additional information.

#### PART B – Reduce your Voluntary Death cover

I wish to **reduce my Voluntary Death cover** (please specify the number of Voluntary Death cover units you wish to retain)  units

Please note that if you specify units of cover to retain which exceed your current units of cover, your application cannot be assessed unless you complete the health questionnaire in Part A.

#### PART C – Cancel your Voluntary Death cover

I wish to **cancel** my Voluntary Death cover

#### Member's Declaration

I understand and agree that the Trustee may approve, refuse or impose conditions on my application as it deems appropriate.

I understand that Maritime Super may request additional health evidence from me in order to assess my application for cover.

I understand that cover is not amended until my application is accepted.

Member's Signature

Date

**For further information, please call Member Services on 1800 757 607.**

#### Privacy information and consents

Personal information is collected from or in respect of you to enable Maritime Super to administer your benefits. If you do not supply the required information, we may not be able to do so (and may be unable to action your requests). We may disclose this personal information to a number of parties, such as the administrator of the Fund, your employer(s), Maritime Super's professional advisers, insurer(s) and service providers, as required by law and/or as authorised by you. You may be entitled to gain access to personal information we may have on file in respect of you. If you wish to obtain access or have a complaint, please contact Member Services on 1800 757 607.