

# Request to reinstate insurance cover

Please phone us on **1800 023 928** with any questions about this form or your account.

## Use of this form

You can use this form to request to reinstate your insurance cover in Accumulate Plus **only** if your cover was automatically cancelled under insurance in super laws because (i) your account was inactive (i.e. no contributions or rollovers had been received for a continuous period of 16 months) and (ii) we didn't receive an election from you to keep your cover. We must receive this reinstatement form **within 90 days** of the date your insurance was cancelled. Any request for cover received after the reinstatement period has elapsed is subject to the insurer's standard application and assessment process, which may require you to provide additional health and medical evidence and the insurer may accept or decline the application on that basis.

## Section 1: Member details

Account number

Title:  Mr  Mrs  Miss  Ms Other  Sex:  Male  Female

Full given name(s)  Surname

Postal address

Unit number  Street number  PO Box  Street name

Suburb  State  Post code  Country

Date of birth  Mobile number  Email

▶ By providing your **mobile**, you consent to its use for security validations, e.g. to transact online. By providing your **email**, you consent to receiving communications such as newsletters, significant event notices and other important information to this email, although from time to time we may still need to send you information by post. Note: If no mobile, you **must** give a daytime contact number.

## Section 2: Reinstatement of insurance cover and election to keep cover

### 2A. Reinstatement of insurance

I instruct the trustee of Commonwealth Bank Group Super to reinstate the insurance cover that I held in my Accumulate Plus account.

By signing this form on page 2, I acknowledge and understand that:

- 'Reinstatement' of insurance cover means that my insurance cover will be treated as if it had never been cancelled.
- My insurance cover will be reinstated as long as:
  - the trustee receives this form within 90 days of my cover being cancelled
  - there is enough money in my account to pay the premiums since the date my insurance cover was cancelled.
- If my cover is reinstated:
  - insurance premiums will be deducted monthly from my Accumulate Plus account balance to pay for my cover, and the first premium deduction after reinstatement will include any backdated premium that applied since the date my cover was cancelled
  - I will be eligible to submit an insurance claim in relation to an event that occurred since the date my cover was cancelled, subject to the terms of the insurance policy.

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## 2B. Election to keep insurance on an inactive super account

*If your account is inactive, meaning it hasn't received a contribution or rollover for 16 continuous months or more, you **must** make an insurance election below in order for your cover to be reinstated. If a contribution or rollover has been received in your account since your insurance was cancelled, your cover can be reinstated without you making an election below – please call us to confirm if you're not sure which applies to you.*

- I elect to keep the insurance cover in my super account even if no contribution or rollover is received in my account for a continuous period of 16 months or more.

By ticking the box above and signing this form on page 2, I understand that:

- This election will continue until my account is closed.
- This election applies to all insurance cover that is to be reinstated, including any future increases or decreases to that cover.
- I can still cancel or reduce my cover at any time.
- By keeping the insurance cover in my account, monthly premiums will continue to be deducted from my account, which will reduce the amount of super available when I retire.
- My amount of cover and the cost of my cover may change in accordance with the insurance policy terms, outlined in the Reference Guides ([oursuperfund.com.au/pds](https://oursuperfund.com.au/pds)).
- My cover may end in other circumstances under the insurance policy terms, as set out in the Product Disclosure Statement and Reference Guides, e.g. if there isn't enough money in my account to pay for my insurance premiums.
- If this form is signed under Power of Attorney, the Attorney declares that they have not received notice of revocation of that power (a certified copy of the Power of Attorney should be submitted with this form unless we have already sighted it).
- I understand and consent to my information being collected, disclosed and used in accordance with the fund's privacy policy, which is available by contacting the fund or visiting [oursuperfund.com.au](https://oursuperfund.com.au) (under the 'Privacy' link on the homepage).

Signature

Print name

Date

**Return your completed form to Commonwealth Bank Group Super:**

**Mail:** GPO Box 4303, Melbourne VIC 3001 **Email:** please log in to your account and use the online enquiry form.

Member interests in Commonwealth Bank Group Super (the fund) (ABN 24 248 426 878) are issued by Commonwealth Bank Officers Superannuation Corporation Pty Limited (the trustee) (ABN 76 074 519 798, AFSL 246418). Insurance cover is provided under policies issued to the trustee by AIA Australia Limited (the insurer) (ABN 79 004 837 861, AFSL 230043). The target market for this product can be found within the product's Target Market Determination, available at [oursuperfund.com.au/tmd](https://oursuperfund.com.au/tmd).