# INSURANCE ELECTION TO MAINTAIN YOUR COVER FORM

#### Save time, opt-in online

Electing to opt-in online to keep your cover is quick and easy.

Log in to *Member Online* and select **Access My Insurance** on the home page. Click on the **TAL Insurance Portal** button and then choose **Opt-in to maintain your insurance cover tile** and follow the prompts.

## Use this form to elect to opt-in to keep your insurance cover.

Due to a change in superannuation law, if you have insurance cover in your NGS account and your account has been *lnactive* for a continuous period of 16 months, your cover will be cancelled unless you elect to opt-in to keep it.

To opt-in to maintain your insurance and prevent it from being cancelled, simply complete this form and return it to NGS.

You must make an election before your account becomes *Inactive*. Generally, an account is *Inactive* where we have not received a contribution or rollover for a period of 16 continuous months.

#### If you need help

For assistance call us on **1300 133 177** Monday to Friday, 8am–8pm (AEST/AEDT).

Please send your completed form to:

NGS Super GPO Box 4303 MELBOURNE VIC 3001

or email to NGSAdminTeam@mercer.com

Step 1. Complete your personal	details	Please print in black or blue pen, in capital letters, one character per box.	A 🗸
NGS Member number	Title	Date of birth	
Given names Surname			
Residential address			
Suburb		State Po	stcode
Telephone Personal email			

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## Step 2. Sign the form

By signing this form I confirm that I wish to maintain my insurance cover even when my account is *Inactive* unless I notify you otherwise in writing, or my cover ceases due to the terms and conditions of the NGS Super insurance policy.

By submitting this election, I acknowledge:

- · I have read and understood the *Insurance Guide* (and/or the *Insurance Transition Guide* for Ex-QIEC Super members) relating to the cover I am electing to keep and my decision to opt-in to keep this cover is based on my understanding of the relevant guide;
- · I understand that the insurance cover will only be provided on the terms and conditions set out in the relevant Insurance **Policy** as agreed between NGS Super and TAL Life Limited
- I understand I can at any time apply to decrease or cancel my insurance cover by completing the relevant form available at ngssuper.com.au/forms

consent to my persona	I information	being collected	disclosed a	nd used as	described in the	he Privacy	Collection	Statemen

i consciit t	o my personal information being conceited, disclosed and t	asea as aescribed in the littacy concentri statement
Signature	X	Date / / / / / / / / / / / / / / / / / / /

### **Privacy Collection Statement**

NGS Super Pty Limited ABN 46 003 491 487 of **Level 4, 14 Martin Place Sydney NSW 2000** collects personal information from you (or from third parties such as your employer or another super fund) to manage your NGS Super account, keep you informed, improve our products and services or take action on a matter you have contacted us about. If we don't have your personal information, we may not be able to perform these services. We may be authorised to collect your personal information by certain laws, including laws relating to superannuation, taxation and anti-money laundering/counter-terrorism financing.

We disclose personal information as required to manage the Fund, to service providers (including our administrator, our insurer and professional advisers), employers or parties required by law. Personal information may be accessed by service providers overseas, most likely by our administrator's processing centre in India. For any other offshore locations, details of how to access and change your personal information and the privacy complaints process, go to **ngssuper.com/pcs** and **ngssuper.com/privacy** or call us on **1300 133 177**.

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