



Insurance change – special cover option

COMPLETE SHADED SECTIONS

Please complete in **BLOCK LETTERS** using a **BLACK** or **BLUE** pen and ensure it is signed and dated.

Use this form to apply for ADDITIONAL cover to my existing Standard Cover under the Special Cover option terms. For details of your insurance options, refer to the *Insurance options guide* available from hestaformercy.com.au In considering your insurance needs you may wish to seek the advice of a licensed or appropriately authorised financial adviser.

! IMPORTANT: Complete ALL details. This is needed to validate your identity and get in touch if we have any questions.

1. Your personal details

| | | | |
|---|------------------------------------|----------------------|--|
| Member Number | Your name (First name and surname) | | |
| <input type="text"/> | <input type="text"/> | | |
| Date of birth | Mobile or daytime telephone | | |
| <input type="text" value="DD"/> / <input type="text" value="MM"/> / <input type="text" value="YYYY"/> | <input type="text"/> | | |
| Residential Address (must be provided - PO Box not accepted) | | | |
| <input type="text"/> | | | |
| Suburb | State | Postcode | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Email | | | |
| <input type="text"/> | | | |

2. Opt-in for my Standard Cover

Complete this section to apply to add ADDITIONAL units of Death and/or TPD Cover to my existing Standard Cover under the Special Cover option terms:

Death Cover – I wish to have an ADDITIONAL units of Death Cover
(subject to a maximum of an additional 5 units under the Special Cover option)

TPD Cover – I wish to have an ADDITIONAL units of TPD Cover
(subject to a maximum of an additional 5 units under the Special Cover option)

3. Additional Income Protection Cover

Complete this section if you want to apply to add ADDITIONAL cover to your existing Standard Income Protection Cover under the Special Cover option terms:

I wish to apply for the following ADDITIONAL amount of Income Protection Cover: \$ per month
(subject to a maximum of an additional \$2,500 per month under the Special Cover option)

Please continue over page

4. Confirmation – read, sign and date

For details of eligibility requirements and any exclusions for Standard Cover and the Special Cover option, refer to the *Insurance options guide* available at hestaformercy.com.au or by contacting us.

I confirm that I have considered all the information on this form:

- I understand that the information I have provided will be used to adjust my insurance cover provided as part of my HESTA for Mercy account and if accepted, add to any existing Standard Cover I may have with HESTA for Mercy which will affect my insurance premium from the date my request has been accepted.
- I confirm that I am an Australian resident that is not applying for, entitled to, or has been paid, a Total and Permanent Disablement benefit or Terminal Illness benefit or are currently applying for or in receipt of an Income Protection benefit from any super fund or life insurance policy.
- I acknowledge that, before I sign this form, I read and understand the *Product Disclosure Statement* and the *Insurance options guide* available at hestaformercy.com.au/pds or by calling 1300 368 891.
- I have read and understood HESTA's Privacy Collection Statement which is available at hestaformercy.com.au/privacy or by calling 1300 368 891 and accept that the information on this form is true and correct to the best of my knowledge and belief. I consent to my personal information being collected and used by the Trustee for the ongoing administration of my membership by the fund administrator and other service providers

Your signature

Date

 / /

Return your completed form

Scan and email all requirements to information@hestaformercy.com.au
or mail it to HESTA for Mercy, PO Box 8334, Woolloongabba QLD 4102
or drop it off in person to Potter Building, Ground Floor, Mater South Brisbane campus

contact us

1300 368 891 | [Email form to information@hestaformercy.com.au](mailto:information@hestaformercy.com.au) or mail to: PO Box 8334, Woolloongabba QLD 4102

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