

Insurance cover opt-in

One of HESTA for Mercy's most important benefits is our comprehensive insurance cover. With premiums deducted from your account with no commissions, this cover is an efficient way to provide financial protection for you and your family.

Your Standard Cover

Subject to eligibility conditions, if you join HESTA for Mercy within 120 days of starting with a core participating employer, you can opt-in for your Standard Cover. This may also be provided automatically to eligible members aged 25 or over where their account balance has reached \$6,000, they continue to be employed by a core participating employer and their account is not inactive (i.e. it has received a contribution or rollover in the prior 16 months).

Your Standard Cover includes:

- Death cover provides a lump sum benefit where your cover increases in the years where the loss of your income would generally have a significant impact on your dependants and reduces as you get closer to retirement.
- **Disability benefits** a monthly Income Protection benefit with an up to 2 year benefit period and a 60 day waiting period to help you and your family meet ongoing living expenses if you're unable to work for a period of time; **and** a lump sum Total & Permanent Disablement benefit which can help you and your family meet the costs associated with your permanent disability.

For more information about your Standard Cover, read our *Insurance* options guide that you can find at **hestaformercy.com.au**

Looking for something different? Flexible cover options

Standard Cover may not be right for everyone. You can apply to adjust your cover to your specific needs with options to increase, decrease or cancel your HESTA for Mercy cover. You can find all the details by reading our *Insurance options guide* that you can find at **hestaformercy.com.au**

contact us

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



Insurance cover opt-in



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 opt-in for your Standard Cover to be provided as part of your super account.

IMPORTANT: Complete Al	L 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)	
Date of birth	Mobile or daytime telephone	
DD / MM / YYYY		
Address		
Suburb	State Postcode	
Suburb	State Fostcode	
Email		
2. Opt-in for my Standard Cover		
I confirm that I wish to opt-in for my Standard Cover to be provided as part of my HESTA for Mercy account.		
3. Want to remove some component		
_	Standard Cover (tick the applicable box/es below):	
Remove my standard Death and Total & Permanent Disablement cover (you are required to hold some death cover in order to hold Total & Permanent Disablement cover)		
Remove my standard Total & Permanent Disablement cover		
X Remove my standard Income Protection cover		
/ Debein across if macross the across		
4. Retain cover if account becom		
I confirm that I wish to retain my insurance cover within my HESTA for Mercy account if my account becomes inactive for a continuous period of 16 months. This election will apply to all insurance cover as part of my account, including any cover for Death, Total and Permanent Disablement and Income Protection.		

Please continue over page

5. Confirmation

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

I confirm that I wish to opt-in for my Standard Cover to be provided as part of my HESTA for Mercy account as selected on this form:

- · I understand that the cost of my insurance cover will be deducted from my super account.
- I understand that my insurance will be cancelled if there are insufficient funds in my account to pay the insurance premiums.
- I understand that I can cancel my insurance cover at any time by notifying the Fund in writing.
- I confirm I am an Australian resident and I am not applying for, entitled to, or been paid, a Total & Permanent Disablement benefit or Terminal Illness benefit from any super fund or life insurance policy and, for Income Protection Cover purposes, I am not eligible for or in the process of receiving a Total or Partial Disablement benefit.
- I acknowledge the Trustee of HESTA recommends that, before I sign this form, I have read and understood 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
	DD / MM / YYYY

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

Getting your super sorted

When it comes to super, it's the small incremental steps that can make a big difference over time.

If you need help implementing your super options - just get in touch. We can help get your super in shape - whether it's help filling out this form or implementing a customised super strategy based on your personal circumstances.

contact us

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