



# Choose if you want insurance cover in super

## MLC MasterKey Business Super

Use this form to let us know if you want/don't want to have automatic insurance cover in your super.

! This form can be used to confirm that you want/don't want automatic insurance now or in the future, but can't be used to cancel existing insurance.

Simply **complete your details**, tick **one** box, then sign and date the form. Once you're done – return the form back to us.

Before you complete this form, please see the **Important information about insurance in super** over the page.

### Complete your details

Member account number\*

Date of birth (DD/MM/YYYY)\*

D	D	/	M	M	/	Y	Y	Y	Y
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First name\*

Family name\*

Email address

Phone number

#### Yes, I want automatic insurance cover

By ticking this box, I understand that:

- I want to have automatic insurance cover even if I'm under age 25 and/or my super account balance is less than \$6,000
- premiums will be deducted from my super account to pay for my insurance cover and this may reduce my super balance, and
- my super account needs to have sufficient funds to pay for the cost of my insurance and mustn't become inactive (inactive means, no contributions or rollovers received into your account for 16 months) to maintain my insurance.

#### No, I don't want automatic insurance cover in the future

By ticking this box, I'm choosing to **not** have automatic insurance and I understand this also means:

- I'll no longer be eligible to receive any future automatic insurance (except where it is fully paid for by my employer)
- if I change my mind in the future and would like to have insurance, I'll need to apply for it and I may need to provide personal, medical and employment information and my application will need to be approved by the insurer, and
- if I have existing cover it will not be cancelled and I'll need to contact **132 652** to cancel it.

### Sign and date your declaration

By signing and dating this form, I declare that I have read and understood the information in this form.

Member's signature\*

X	Date (DD/MM/YYYY)*									
	D	D	/	M	M	/	Y	Y	Y	Y

\* Mandatory fields

Preparation date:  
1 April 2020

Issuer/Trustee  
NULIS Nominees (Australia) Limited  
ABN 80 008 515 633 AFSL 236465

Fund  
MLC Super Fund  
ABN 70 732 426 024

Please see **Important information about insurance** in super over the page

## Important information about insurance in super

The insurance cover that's right for you depends on your personal, family and financial circumstances, as well as your income and lifestyle. You can regularly review your insurance cover so that it continually meets your needs, especially as your circumstances may change.

### What if you don't fill in this form?

Your insurance will be turned on automatically when you're at least age 25 and your account balance has reached \$6,000 (subject to eligibility requirements). If you don't want this to happen, let us know by choosing the 'No, I don't want automatic insurance cover in the future' option.

### What if you do submit this form?

Once we've received your form, we'll write back to you confirming if you have insurance or not. If you have cover, we'll let you know the type and amount of insurance you have and when it started. Depending on when you return this form you may have Limited Cover (this means that you can't claim for any pre-existing conditions).

### What if you want to make changes or cancel your insurance?

You can change, cancel or reduce your insurance cover at any time by contacting us.

## Useful terms explained

### What is automatic insurance?

It's the insurance cover that is available to you when you join us without the need for an application or health checks. Provided you meet our eligibility requirements, we'll automatically provide this cover.

### What is Limited Cover?

If you have Limited Cover you're only able to claim for an illness that first becomes apparent or an injury which occurs on or after the date your cover starts.

### What does At Work mean?

Means you were actively performing, or capable of actively performing all of the duties of your usual occupation with your employer (for at least 30 hours per week) free from any limitation due to illness or injury.

For further details see the relevant **Insurance Guide**, which is included in the **Product Disclosure Statement (PDS)** and the relevant **Key Facts Sheet (KFS)**.

### Prefer doing this online?

To let us know you want insurance visit [mlc.com.au/choosecover](https://mlc.com.au/choosecover) to complete your online form using your *Customer number* and password.

### Once you're done

You can send us a photo or a scan of your completed form to [contactmlc@mlc.com.au](mailto:contactmlc@mlc.com.au)

or

Mail the form to  
MLC Super  
PO Box 200  
North Sydney NSW 2059

### Contact us

If you have any questions, please speak to your financial adviser who can help you respond to any changes to laws on super, social security and other retirement issues. Or call us on **132 652** between 8am and 6pm (AEST/AEDT), Monday to Friday.

### Visit our website

For more information about insurance in your super visit [mlc.com.au/superinsurance](https://mlc.com.au/superinsurance)

### More information about super and insurance

Visit the Australian government website: [moneysmart.gov.au](https://moneysmart.gov.au)

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