

April 2020

Default insurance opt in

Use this form if you'd like to opt in to receive default insurance in your employer super account, even if your balance is less than \$6,000 and/or you're under age 25.

Step 1. Your details

Account number	<input type="text"/>
Employer name	<input type="text"/>
Title (Dr/Mr/Mrs/Ms/Miss)	<input type="text"/> Surname <input type="text"/>
Given name(s)	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Email address	<input type="text"/>

Step 2. Your employment

Please tick **one** of the boxes below:

☐ I commenced employment with the employer named above **less than 180 days ago**, and:
I am currently able to perform my normal work duties without any restrictions due to illness or injury. I understand if I'm currently not at work, cover will be limited (as defined in the Insurance Guide) until I am back at work for at least 10 consecutive working days.

Or

☐ I commenced with the employer named above **more than 180 days ago**, and:
I understand cover will be limited for 24 months and until I am at work for 10 consecutive working days performing my normal work duties following the 24-month period (as defined in the Insurance Guide).

Step 3. (Optional) Maintain your cover even if you don't receive regular contributions

☐ I also elect to maintain insurance in my super account even if I don't receive a contribution for a period of 16 months. I understand I can cancel my cover at any time.

Step 4. Declaration

I elect to receive the default insurance cover selected for my employer plan even if my balance is less than \$6,000 and/or I'm under age 25. I am currently employed by the employer who established this account and I am currently receiving employer contributions into my account. I understand insurance premiums will be deducted from my super account and I can cancel my cover at any time.

Signature	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Send your form to:

Email: employersuper@ioof.com.au
Post: Medical & Associated Professions
Superannuation Fund, PO Box 133, Nedlands WA

For all enquiries please contact:

Phone: 1800 009 921