

CHANGE INCOME PROTECTION INSURANCE WAITING PERIOD

> 1



SUPER SA
contributing to your future

Please complete all the details on this form in **BLOCK LETTERS** using **BLACK PEN** and return the signed **ORIGINAL** to Super SA.

1. Personal Details

Account ID

Mr Ms Miss Mrs Dr Prof

Surname

Given name(s)

Residential address

Postcode

Postal address (if different from above)

Postcode

Date of birth / /

Email*

Telephone* (M)

(W)

(H)

* By providing your email address and/or telephone number(s) you are agreeing to receive, from Super SA, or an organisation on behalf of Super SA, marketing communications including newsletters, announcements, invitations or surveys. You may opt out of these marketing communications at any time by updating your communication preferences in our online member portal or by contacting Super SA. If you opt out of marketing communications, you will still receive any important account information from us.

Complete this form if you wish to change your waiting period.

If you are happy with your current Income Protection (IP) Insurance waiting period you do not need to complete this form.

2. Employment Details

Your Agency

Employment status

Full-time Part-time Casual

Employment classification

Level

Annual salary (before tax, excluding superannuation)

3. Waiting period

Refer to the **Triple S IP Insurance** fact sheet for further information about IP Insurance.

30 days (default)
 90 days

I understand that this will change the premium I pay.

Signature:

Date: / /

Contact us

Address

Ground floor, 151 Pirie Street
Adelaide SA 5000
(Enter from Pulteney Street)

Postal

GPO Box 48, Adelaide, SA 5001

Call

(08) 8207 2094 or 1300 369 315 (for regional callers)

Email

supersa@sa.gov.au

Website

supersa.sa.gov.au



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