

# Opt-in for standard insurance cover package



Use this form to opt-in for your standard insurance cover package. Eligibility conditions apply, refer to the *Insurance in your super guide* available at [mercysuper.com.au](http://mercysuper.com.au) or by contacting us.

If you want to adjust your standard cover package after you opt-in, you will also need to complete an *Adjusting your insurance cover* form which can be found at [mercysuper.com.au](http://mercysuper.com.au) or by contacting us

## 1. Your personal details

SURNAME	<input type="text"/>	(MR MRS MS MISS DR)	<input type="text"/>	GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
GIVEN NAME/S	<input type="text"/>	DATE OF BIRTH	<input type="text"/>			
TELEPHONE (Daytime)	<input type="text"/>	MOBILE	<input type="text"/>			
EMAIL	<input type="text"/>					
MEMBER NUMBER	<input type="text"/>					

## 2. Confirmation

For details of eligibility requirements for the standard cover package, refer to the *Insurance in your super guide* available at [mercysuper.com.au](http://mercysuper.com.au) or by contacting us.

I confirm that I wish to opt-in for my standard insurance cover package to be provided as part of my Mercy Super account:

- 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 premiums.
- I elect to keep my insurance cover if my account becomes inactive for a continuous period of 16 months. This election will apply to all insurance cover through my account, including any cover for Death, Total and Permanent Disablement, and Income Protection.
- I confirm that I am an Australian resident that is not applying for, entitled to, or has been paid, a Total & Permanent Disablement benefit or Terminal Illness benefit from any super fund or life insurance policy.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEMBER'S SIGNATURE				DATE			

Please send this completed form to:

Mercy Super, PO Box 8334, WOOLLOONGABBA QLD 4102  
or email to:  
[information@mercysuper.com.au](mailto:information@mercysuper.com.au)

Fund use only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	PROCESSED BY	DATE ACCEPTED	CHECKED BY	DATE PROCESSED

### Contact us

IN PERSON	Potter Building, Ground Floor, Mater South Brisbane Campus, Annerley Road, South Brisbane QLD
MAIL	PO Box 8334, Woolloongabba QLD 4102
PHONE	1300 368 891 or 07 3163 8880
FAX	07 3163 2421
EMAIL	<a href="mailto:information@mercysuper.com.au">information@mercysuper.com.au</a>
WEB	<a href="http://mercysuper.com.au">mercysuper.com.au</a>