

IOOF

Step 1. Your details

1 July 2021

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.

Account number																		1										
Employer name																							\perp			\perp		
Title (Dr/Mr/Mrs/Ms/Miss)		Surnar						ırnam	e L																			
Given name(s)																												
Given name(s)			1 .		<u> </u>	l ,			$\overline{}$	\equiv																		
Date of birth			/			/			_	_																		_
Email address																												
Step 2. Your employment																												
Please tick one of the boxes below:																												
I commenced employment with the employer named above (or I became eligible to join the plan) in the last 180 days, and																												
I understand cover will be limited until I am at work for 30 consecutive days (as defined in the Insurance guide).																												
I commenced employ	mer	nt wit	th th	ie er	nplo	yer	nam	ed ab	ove	(or	bec	am	e eliç	gible	to j	oin 1	the f	unc	d) m e	ore t	thai	า 18	0 da	ıys	ago	, an	d	
I understand cover will be limited for 24 months and until I am at work for 30 consecutive days 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. Declarati	on																											
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																	Date]/]/					

Send your form to:

For all enquiries please contact:

Email: clientfirst@ioof.com.au

Phone: 1800 913 118

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