

Application to cancel insurance cover

Death, Total and Permanent Disablement (TPD) and Income Protection insurance cover is available to all members of QIEC Super, regardless of whether they are employed on a full time, part time or casual basis, and whether or not they have completed a membership application form.

Complete this form if you wish to cancel your insurance cover

ALL SECTIONS MUST BE COMPLETED

PLEASE NOT

PLEASE USE BLOCK LETTERS

PERSONAL DETAILS

QIEC Super MEMBER NUMBER

DATE OF BIRTH

 / /

TITLE

 MR MS MRS MISS MALE FEMALE

GENDER

FIRST NAME

MIDDLE NAME

FAMILY NAME

STREET NUMBER

STREET NAME

SUBURB/TOWN

STATE

POSTCODE

EMAIL ADDRESS

YOUR TELEPHONE NUMBER

 () -

MOBILE NUMBER

PLEASE NOMINATE WHICH INSURANCE COVER YOU WANT TO CANCEL

Death TPD Income Protection

Your insurance cover will be cancelled effective from the date that the completed form is received by QIEC Super.

I acknowledge that from the effective date illustrated above that I will no longer be eligible to make a claim on those insurance benefits (as indicated above). I also note that, if I decide to apply for insurance cover in QIEC Super at a later date, I will be required to complete a Personal Statement (and may be required to undergo medical tests) which will be assessed by the Fund's Insurer.

SIGNATURE OF MEMBER

DATE SIGNED

 / /

Please return the completed form to:

QIEC Super
PO Box 2130
Milton, Qld 4064

qiec
super
first in our class