

# Opt in to insurance cover

## This form is for members of the LGS Accumulation Scheme

Use this form if you want to keep your Insurance Cover.



The easiest way to submit this form is to take a photo with your smart phone and email it to **admin@lgsuper.com.au**

If you prefer, you can scan and email this form, or mail to the below address.

### 1. Your details

|               |                      |               |                      |       |                      |
|---------------|----------------------|---------------|----------------------|-------|----------------------|
| Member no.    | <input type="text"/> | Date of birth | <input type="text"/> | Title | <input type="text"/> |
| Given name/s  | <input type="text"/> |               |                      |       |                      |
| Family name   | <input type="text"/> |               |                      |       |                      |
| Email address | <input type="text"/> |               |                      |       |                      |
| Phone (home)  | <input type="text"/> | Phone (work)  | <input type="text"/> |       |                      |
| Phone (mob)   | <input type="text"/> |               |                      |       |                      |

### 2. Opt in to Insurance Cover

I elect to opt in to receive Basic Insurance Cover or keep my insurance cover even if:

- I am under the age of 25; and/or
- My super account balance is under \$6,000; or
- My account becomes inactive in the event of not receiving any contribution or rollovers for 16 months or more.

### 3. Your declaration

By signing this request form I am making the following statements:

- I understand the effect this election may have on my benefits, and do not require further information.
- I declare that the information provided is true and correct.
- I understand that personal information provided on this form will be used to action my request.

Signed  Date

### Please return your completed form to:

**Mail:** Local Government Super  
PO Box N835  
Grosvenor Place NSW 1220

**Email:** [admin@lgsuper.com.au](mailto:admin@lgsuper.com.au)  
Email a scanned copy or photo of your signed and dated form.

#### Privacy Collection Statement

The information provided on this form is collected by LGSS Pty Limited (ABN 68 078 003 497) as Trustee for Local Government Super (ABN 28 901 371 321) for the purposes of administering accounts and providing services to you associated with fund membership. If you do not provide the requested information, LGS may not be able to perform these services. Your personal information may be shared with our administrator, other superannuation trustees and other services providers, in order to be able to provide our services to you. We may provide information to government, regulatory or other bodies if required by law. For further information about how we manage and protect personal information, please refer to our privacy policy available at [lgsuper.com.au/privacy-policy](http://lgsuper.com.au/privacy-policy) or by calling us on 1300 LGSUPER (1300 547 873). It sets out how we use the information we hold about you, how you can access and correct the information, how you may complain about a breach of privacy and our process for resolving privacy related enquiries and complaints.

Issued by LGSS Pty Limited (ABN 68 078 003 497) (AFSL 383558), as Trustee for Local Government Super (ABN 28 901 371 321).

**Enquiries** Phone: 1300 524 275, 8.30am–5.00pm, Monday to Friday Web: [lgsuper.com.au](http://lgsuper.com.au)