Insurance opt-in and converting from New Events Cover to Full Cover

ChildCareSuper

1. Personal details (please complete all sections in BLOCK LETTERS)

Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐ (please specify): ☐ Gender at birth: M/F ☐ Date of birth ☐

Surname ☐ Given name(s) ☐

Preferred name ☐ Member number ☐

Phone (H) ☐ Phone (W) ☐ Mobile phone ☐

Email ☐

RESIDENTIAL ADDRESS

Street no. ☐ Street name ☐

Suburb ☐ State ☐ Postcode ☐

POSTAL ADDRESS (if different to residential address)

Street no./ PO Box ☐ Street name ☐

Suburb ☐ State ☐ Postcode ☐

2. Opt-in to Default insurance cover

☐ If you are under 25 or your account balance is less than $6,000 and you would like default insurance cover, you can elect to do so by ticking this box.

Please refer to the *PDS and the Insurance Guide* for more information on the amount of Default insurance cover you can receive and the relevant terms and conditions (including eligibility criteria). Exclusions and limits apply.

3. Convert from New Events Cover to Full Cover

Complete this section if you want to apply to convert from New Events cover to Full Cover outside the automatic eligibility criteria (either as part of the above Opt-in application or for existing cover).

At the date of this application:

1. Are you:
   a) Off work because you are unemployed, ill or injured? ☐ Yes ☐ No
   b) Unable to perform all of the duties of your usual occupation, without any restrictions, for at least 35 hours per week (whether or not you are actually working those hours)? ☐ Yes ☐ No
   c) In your usual occupation, but your duties have changed or been modified in the last 12 months because of illness or injury? ☐ Yes ☐ No

2. Have you:
   a) in the last 12 months, been away from work for more than 10 working days in a row because you were ill or injured? ☐ Yes ☐ No
   b) Been advised by, or discussed with, your medical practitioner that because of illness or injury you'll need to take at least 10 working days in a row off work (regardless of whether actually diagnosed) in the next 12 months? ☐ Yes ☐ No

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3. Convert from New Events Cover to Full Cover (continued)

3. Have you been diagnosed with an illness or injury that reduces your life expectancy to two years or less?	☐ Yes	☐ No
4. Has an insurer ever declined your death, TPD, income protection or trauma insurance application, or accepted it with an exclusion for a specific medical condition or injury?	☐ Yes	☐ No
5. Have you ever made, or satisfied the requirements for, a claim for an illness or injury through		
a) a Super Fund (including this fund)?	☐ Yes	☐ No
b) Workers' Compensation?	☐ Yes	☐ No
c) an illness or injury benefit or pension, including through a statutory body?	☐ Yes	☐ No
d) an insurance policy for death, terminal illness, TPD, income protection or trauma?	☐ Yes	☐ No
e) a common law settlement?	☐ Yes	☐ No

If you answered "Yes" to any of the questions above, you are not eligible to covert from New Events Cover to Full Cover using this application.

4. Terms and Conditions

- I understand that if my Child Care Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit Child Care Super from providing me with insurance cover unless I make an appropriate *election*.
- I understand Child Care Super will not be permitted to provide insurance cover until I have an account balance of at least $6,000 (low balance) and I am at least 25 years of age, unless I make an appropriate *election*.
- I direct Child Care Super to accept this application as an *election* to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- I understand this *election* will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my *election* at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Child Care Super.

Please see the *PDS* and the *Insurance Guide* for more information on the amount of Default insurance cover you can receive and the relevant terms and conditions (including eligibility criteria). Exclusions and limits apply.

Signature ✗ Date

Next step

Please return this completed form and any relevant evidence to:
Child Care Super, GPO Box 1088, Melbourne VIC 3001

Need help?

Call Member Services on **1800 060 215** from 8.30am - 5.00pm (AEST/AEDT) Monday - Friday or visit **childcaresuper.com.au**.

Issued by Stewarda Pty Ltd ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185 as trustee of the Smart Future Trust ABN 68 964 712 340, RSE Registration No R1000566 (the Fund). Child Care Super is a product in the Fund.

11/2026