

# Insurance Reinstatement Application



If your cover ceased due to you not having sufficient funds in your account to meet the next premium that falls due, due to your account being inactive for 16 consecutive months, or due to the 'Putting Members' Interest First reforms'. You can request your insurance cover to be reinstated from the date your cover ceased provided you meet the following conditions:

- You must satisfactorily complete and return this form to Freedom of Choice within 60 calendar days of the date your cover ceased, and
- Your account balance must be sufficient to pay the premium owed for your reinstated cover within 60 calendar days of the date your cover ceased, and
- Since your cover ceased you must have continued to remain eligible for cover, including being an Australian Resident and for income protection cover you must be employed by a participating employer on a permanent basis for at least 15 hours or more per week, and
- You must never have been paid a total and permanent disablement benefit or terminal illness benefit from any superannuation fund or insurance policy, never sought medical advice for a condition that would entitle you to apply for or receive a total and permanent disablement benefit, and never been diagnosed with a terminal illness.

If you are not actively performing all of the normal duties and normal hours of your regular occupation for your employer without restriction by any injury or illness on the date Freedom of Choice receives this form, your reinstated cover will be provided as New Events Cover. This means you will only be covered for an illness or an injury that first occurs on or after the date your cover is reinstated until you are capable of performing all of the normal duties and normal hours of your regular occupation for at least 35 hours per week (whether or not you are actually working those hours), without restriction by any illness or injury, for your employer for 30 consecutive days. The same restrictions, conditions, exclusions or premium loadings that applied to your insurance cover immediately prior to the date it ceased will continue to apply to your reinstated cover. Where the above requirements have not been met, or cover ceased for any other reason, reinstatement will not apply and you will need to reapply for cover through underwriting by initially completing a new Insurance Cover Application Form available at [freedomofchoice.com.au](http://freedomofchoice.com.au).

## Section 1: MEMBER DETAILS

Membership No.:				
Full Name:				
Date of Birth:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Smoker:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Residential Address:				
Suburb:	State:		Postcode:	
Phone (H/W/M):	Most convenient time to call:		<input type="checkbox"/> am	<input type="checkbox"/> pm
Email Address:				
Occupation:	Annual Salary (pre-tax):			

## Section 2: ELECTION

- I elect to maintain all my insurance cover in Freedom of Choice even if:
- my account becomes inactive for 16 continuous months; and/or
  - my account has a balance of less than \$6,000; and/or
  - I am under 25 years old

## Section 3: DECLARATION

### I acknowledge that:

- I have read, carefully considered and have understood this form.
- The information I have given on this Form and any accompanying information is true and correct, and I have not withheld any information that may affect the Insurer's decision as to whether or not to reinstate my cover.
- I have never been paid a total and permanent disablement benefit or terminal illness benefit from any superannuation fund or insurance policy, never sought medical advice for a condition that would entitle me to apply for or receive a total and permanent disablement benefit, and have never been diagnosed with a terminal illness.
- The Insurer may undertake appropriate inquiry and investigation to verify the answers I have provided. These inquiries and investigations may be made at any time including, but not limited to, when the Insurer is considering this application or at the time of a claim.

Signature:

Date:

**FoC Super, a division of AMG Super**

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