



If you wish to define additional insurance benefit groups for your members, an authorised officer should complete and sign this form.

1 Plan details

Plan name	Plan reference

2 Insurance groups

<b>Insurance group name</b>		
<b>Insurance group number</b>		
<b>Insurance group description</b>		
<b>Please select an insurance benefit type</b>		
1 No insurance	<input type="checkbox"/>	<input type="checkbox"/>
2 Death only	<input type="checkbox"/>	<input type="checkbox"/>
3 Death and Total and Permanent Disablement (TPD)	<input type="checkbox"/>	<input type="checkbox"/>
4 Death and Salary Continuance	<input type="checkbox"/>	<input type="checkbox"/>
5 Death, TPD and Salary Continuance	<input type="checkbox"/>	<input type="checkbox"/>
<b>Select only one insurance benefit basis from the following and enter the details</b>		
<b>Unit of cover</b>		
Enter number of units		
<b>OR</b>		
<b>Nominated amount</b>		
Enter a nominated amount and then enter either A or B		
<b>A Nominated amount only</b>	<b>A or B</b>	<b>A or B</b>
<b>B Nominated amount linked to Consumer Price Index (CPI)</b>		
<b>OR</b>		
<b>Salary multiple</b>	<b>E or G</b>	<b>E or G</b>
Select from E or G and then enter details		
<b>E Multiple only (advise salary multiple)</b>	<b>Salary multiple</b>	<b>Salary multiple</b>
<b>G X% of salary multiplied by term to age 65 (subject to maximum multiple of Y times salary) (advise X and Y)</b>	<b>X</b> <b>Y</b>	<b>X</b> <b>Y</b>
<b>Salary Continuance</b>		
(please complete this section <b>ONLY</b> if you selected insurance benefit type 4 or 5)		
<b>Benefit period</b>	<input type="checkbox"/> 2 years <input type="checkbox"/> to age 65*	<input type="checkbox"/> 2 years <input type="checkbox"/> to age 65*
<b>Waiting period</b>	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> 90 days
<b>Amount of benefit</b>	<input type="text"/> % of annual salary (maximum 75%)	<input type="text"/> % of annual salary (maximum 75%)

\* Conditions apply. Contact your plan's financial adviser for more information.

3 Authorised officer's signature

	<b>X</b>	/ /
Name of authorised officer	Signature of authorised officer	Date