



Date

Continuation Option details required

Type of Continuation Option (DTH, TPD, GSC)

Name of Group Insurance plan(s)

Plan number(s)

Member's name

Street number and name

Town/Suburb

State

Postcode

Home phone

Business phone

Mobile phone

Member's date of birth

Date member joined company

Date member joined plan

Member's date of exit

Annual salary at last day worked

Sum insured at last day worked

Reason for leaving the plan

Adviser contact details

Adviser's name

Contact number

Email address

Street number and name

Town/Suburb

State

Postcode

Preferred method of supply

Notes