

# Insurance Reinstatement Application



**For cover cancelled on or after 1 July 2019 due to the requirements under the 'Protecting Your Super legislation'**  
**Once completed, please return this form via email to [info@emplus.com.au](mailto:info@emplus.com.au).**

## Is this form right for you?

Only use this form to apply to reinstate cover that is cancelled on or after 1 July 2019 due to the requirements under the 'Protecting Your Super legislation' (PYS).

## About this form

If your cover was cancelled on or after 1 July 2019 due to the inactivity of your account for a continuous period of 16 months under the PYS, you may apply for reinstatement of that cancelled cover using this form, without providing medical evidence and full personal statement. This is subject to Emplus receiving this form from you within 60 days of the date your cover was cancelled.

## Important Information

If this form is accepted by the insurer:

- Your cover will be reinstated from the date cover was last cancelled, and Emplus will advise you in writing.
- The premium for the reinstated cover must be paid by the next premium due date. If there are insufficient funds to pay the required premium on the due date, your cover may be cancelled again with prior notice in accordance with the usual cover cancellation process.

OnePath Life Limited (ABN 33 009 657 176) is the insurer for the cover provided under Emplus, a division of AMG Super.

## SECTION 1: MEMBER DETAILS

Membership Number:	<input type="text"/>		
Full Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
Phone (H/W/M):	<input type="text"/>	Most convenient time to call:	<input type="checkbox"/> am <input type="checkbox"/> pm
Email Address:	<input type="text"/>		
Occupation:	<input type="text"/>	Annual Salary (pre-tax):	<input type="text"/>

## SECTION 2: MEMBER ELECTION

- I request reinstatement of my insurance cover which was cancelled on or after 1 July 2019, on the same terms, and from the date it was cancelled so that there will be no gap in my insurance cover.
- There are sufficient funds in my account to pay the premium for the reinstated insurance cover by the premium due date.
- I elect to maintain all my insurance cover in Emplus even if my account is, or becomes, inactive for 16 continuous months.

## SECTION 3: AT WORK CERTIFICATION

Please select 'yes' if the statement is correct, and 'no' if the statement is incorrect.

1. On the date my insurance cover is to recommence, I was engaged in an occupation or work for reward or financial benefit, whether full-time or part-time or whether on a permanent or temporary basis. Yes  No
2. On the date my insurance cover is to recommence, I was:
  - actively performing all the duties and work hours of my usual occupation, without restriction or limitation due to any illness or injury; or
  - on employer approved leave, however my leave was not a leave taken for reasons related to injury or illness, I had no restriction or limitation due to any illness or injury, and I was capable of performing all the duties and work hours of my usual occupation.Yes  No
3. The date my insurance cover is to recommence, I was not in receipt of, or entitled to claim, income support benefits from any source, including but not limited to workers compensation benefits, statutory motor accident benefits or disability income benefits (including government income support benefits of any kind). Yes  No
4. I understand that if my answers to all of the questions 1-3 above are 'yes', I am considered to be "At Work". Yes  No
5. I understand that if any of my answers to any one or more of the questions 1-3 above is/are 'no', my reinstated cover will be Limited Cover until I am "At Work" for 30 consecutive days. Yes  No
6. I understand that Limited Cover means I am only insured for claims arising from an illness which first becomes apparent to me, or from an injury that occurs to me, on or after the date my cover recommences under the relevant policy. Yes  No

## SECTION 4: DECLARATION

1. I have read the PDS, including the Insurance Guide, and acknowledge that I have received all the information I require in order to exercise the election to reinstate my insurance cover using this form.
2. I have read and carefully considered the questions in this form, and the above statements and information are correct and true. I acknowledge responsibility for their completeness and accuracy whether this form has been completed by me or by another person on my behalf.
3. I acknowledge and understand that:
  - a. this form will be declined if:
    - i. Emplus receives it after 60 days from the date my insurance cover was cancelled; or
    - ii. I do not complete this form correctly in full (e.g. if you do not provide answers to all of the questions, or if you do not sign or date the form).
  - b. if this form is declined by the insurer:
    - i. the insurer's standard underwriting rules will apply. This means, even if I may be able to apply for cover:
      - A. I will need to provide medical evidence with my application; and
      - B. cover will recommence only if the insurer accepts my application upon underwriting assessment; and
    - ii. where cover recommences, it recommences from the date of insurer's acceptance and will not be backdated to the date cover was last cancelled. This means, I will not have insurance cover for the period from the date cover was last cancelled until the date my application for cover is accepted by the insurer.
  - c. if this form is accepted by the insurer, my cover will be reinstated from the date cover was cancelled, and:
    - i. that all exclusions, loadings and any other restrictions, which applied to my cover immediately before cover cancellation will apply to the reinstated cover. For example, if my cover was Limited Cover immediately before cover cancellation, then the reinstated cover will also be Limited Cover; and
    - ii. the premium for the reinstated insurance cover will be deducted from my account from the next premium due date and each month thereafter.
4. I consent to the collection, use, storage and disclosure of my personal information as described in the Onepath Privacy Policy which is available at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy).
5. I consent to the collection, use, storage and disclosure of my personal information as described in Equity Trustees Privacy Statement which is available at [www.eqt.com.au/global/privacystatement](http://www.eqt.com.au/global/privacystatement).

Signature:

Date:

**Please return this completed form to Emplus PO Box 3528, Tingalpa DC Qld 4173**

Phone: 1800 336 911 or 07 3899 7200 Fax: (07) 3899 7299 Email: [info@emplus.com.au](mailto:info@emplus.com.au) Website: [www.emplus.com.au](http://www.emplus.com.au)

**We are committed to respecting the privacy of the personal information you give us.**

Our formal Privacy Statement sets out how we do this. If you would like a copy of Emplus' Privacy Statement, please let us know. We have published our Privacy Statement on our website at [www.emplus.com.au](http://www.emplus.com.au)