



# Application to change insurance group

The level of your insurance cover and the premiums you pay depend on your insurance group, which is based on your type of employment.

Complete this form if:

- your type of employment has changed, or
- you did not nominate a group when you joined the Fund and automatically became a Group 1 category member and are eligible to change groups.

Please read the *Insurance* section of the *Member Information Booklet* (PDS) in full before completing this form.

If you have any questions please call our Customer Service Team on 1800 222 071 or email [twusfadmin@aas.com.au](mailto:twusfadmin@aas.com.au).

## Your details

(Please use CAPITAL LETTERS and a black pen)

Member number (if known)	Mr Mrs Miss Ms Dr	Sex M/F	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname			
<input type="text"/>			
Given names			
<input type="text"/>			
Street number	Street name		
<input type="text"/>	<input type="text"/>		
Suburb/Town/City	State		Postcode
<input type="text"/>	<input type="text"/>		<input type="text"/>
Contact telephone number	Business telephone number	Other telephone number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			

## Your employment details

Name of your employer	Date you started as an employee/contractor	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Street number	Street name	
<input type="text"/>	<input type="text"/>	
Suburb/Town/City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

### Insurance group

The following questions will help us determine how much insurance cover you will receive and how much that cover costs.

Occupation (please describe briefly e.g. contract courier, office worker)

Average number of hours worked per week

Main duties performed

**Insurance group (continued)**

For the full definitions of these groups, please refer to the *Insurance* section of the *Member Information Booklet* (PDS).

If you do not elect a group or provide sufficient information to show that you are in Group 2 or 3, you will automatically be placed in Group 1.

For insurance purposes, I am a:

- Group 1: Manual (do not meet Group 2 or 3 definitions)
- Group 2: Non-manual (working at least 75% of the time in an office environment without manual duties)
- Group 3: Professional (working in an office environment 100% of the time in a sedentary capacity, earning \$80,000 pa or more – or pro rata equivalent if not working full time – and hold an accredited higher education qualification or are eligible to belong to a recognised professional body)

## Read and sign

If your answers to these questions effect a change in your insurance group, we will write to you to confirm your new level of insurance cover and the premiums you will pay depending on your age and type of employment.

Signature (please sign here)

Date

 /  / 

### *We respect your privacy*

Our *Member Information Booklet* (PDS) explains how we collect, use and protect your personal information. Call us on 1800 222 071 or visit [www.twusuper.com.au](http://www.twusuper.com.au) for a copy.



Send your completed form to: TWUSUPER, Locked Bag 5094, Parramatta NSW 2124 or fax it to 1300 889 807