

1. Complete all sections of the form
2. Choose your level of cover
3. Forward original copy to your Payroll Office & send a copy to Coverforce

Union /Ticket No: \_\_\_\_\_ Union Name & Lodge: \_\_\_\_\_  
 Employee No: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
 Date commenced employment: \_\_\_\_\_ Date you want to start deductions: \_\_\_\_\_

Name  
 First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Mr / Mrs / Miss \_\_\_\_\_

Personal  
 Date of Birth: \_\_\_\_\_ Male:  Female:   
 Address: \_\_\_\_\_

Contact  
 Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Loss of Income Insurance Plan**

- > Your benefit level must not exceed 85% of your average salary and will not exceed 2 years of continuous payment in any one incident/event of claim.
- > **You must be and remain a financial member of the union to access this policy.**

Please select your options with a tick in the box. Please ensure you select the box relevant to your age:

Income Protection Benefit Level	Aged 29 and under Weekly Premium	Aged 30 to 39 Weekly Premium	Aged 40 to 49 Weekly Premium	Aged 50 to 59 Weekly Premium	Aged 60 to 69 Weekly Premium
\$1100 Weekly Benefit	\$ 31.50	\$ 37.50	\$ 52.00	\$ 54.00	\$ 59.00
\$1210 Weekly Benefit	\$ 34.65	\$ 41.25	\$ 57.20	\$ 59.40	\$ 64.90
\$1320 Weekly Benefit	\$ 37.80	\$ 45.00	\$ 62.40	\$ 64.80	\$ 70.80
\$1430 Weekly Benefit	\$ 40.95	\$ 48.75	\$ 67.60	\$ 70.20	\$ 76.70
\$1540 Weekly Benefit	\$ 44.10	\$ 52.50	\$ 72.80	\$ 75.60	\$ 82.60
\$1650 Weekly Benefit	\$ 47.25	\$ 56.25	\$ 78.00	\$ 81.00	\$ 88.50
\$1760 Weekly Benefit	\$ 50.40	\$ 60.00	\$ 83.20	\$ 86.40	\$ 94.40
\$1870 Weekly Benefit	\$ 53.55	\$ 63.75	\$ 88.40	\$ 91.80	\$ 100.30
\$1980 Weekly Benefit	\$ 56.70	\$ 67.50	\$ 93.60	\$ 97.20	\$ 106.20
\$2090 Weekly Benefit	\$ 59.85	\$ 71.25	\$ 98.80	\$ 102.60	\$ 112.10
\$2200 Weekly Benefit	\$ 63.00	\$ 75.00	\$ 104.00	\$ 108.00	\$ 118.00
\$2310 Weekly Benefit	\$ 66.15	\$ 78.75	\$ 109.20	\$ 113.40	\$ 123.90

10% discount available to increase waiting period from 14 days to 28 days DIRECT DEBIT ONLY

**Death & TPD (both accident only) \$22.50 per week Inc all charges plus Life Cover (Death by Sickness)**

(cover subject to receipt of AIA Life "Personal Declaration" and acceptance of same from AIA Life)

**Must Read – Important Information**

1. Unless otherwise specified, deductions will commence from the pay period commencing after the date of the new/changed cover specified on this authority. This authority remains in effect until cancelled by me in writing.
2. Should the amount payable by me to Coverforce Pty Ltd be altered by reason of an alteration to the contributions for my cover, then this authority shall extend to cover the altered deductions.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward Original to your Payroll Dept and send a copy to Coverforce via email at [admin@coverforce.com.au](mailto:admin@coverforce.com.au) or via post to Attn: Policy Services Coverforce Pty Ltd PO Box 5273 Sydney 2001. Call us on 07 3613 7911 for assistance or enquiries.

**Important Notice:** This document is a summary of the policy coverage and is not intended to amend, extend, replace or override the policy terms and conditions. In the event of an inconsistency between this document and the policy, the policy prevails.

**Privacy Declaration:** Personal information collected or held by Coverforce is governed by the Australian Privacy Principles (APP's). For further information, contact our Compliance and Risk Officer at [compliance@coverforce.com.au](mailto:compliance@coverforce.com.au) or on 02 9376 7888.