

# SUSPENDING PREMIUM AND COVER APPLICATION

## About this form

Please use this form to apply to pause your cover and premium under the Suspending Premium and Cover feature.

### How to complete this form

The form is writable, so you can save a copy to your computer, type in your responses, print, sign and email the completed form to **customer@encompassprotect.com.au**

Important: The form must be signed by the insured person and policy owner(s).

### Privacy statement

By completing this form, you consent to any personal information we may collect about you in the normal course of our business being used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the Privacy Act, can be found on our website at **www.encompassprotect.com.au/privacy-policy**

### Questions?

We're here to help. If you have any questions in relation to this form, please don't hesitate to contact us on **1300 476 030** or email us at **customer@encompassprotect.com.au**. Alternatively, please contact your financial adviser.

## 1. Policy details

Policy number/s

Insured person

Please note, the Suspending Premium and Cover feature will apply to all covers on your policy, as well as any policy where there are attached or linked covers.

## 2. Eligibility checklist

- a) Has your policy been in force for less than 2 years? ☐ Yes ☐ No
- b) Have you paid your premiums for less than 2 years? ☐ Yes ☐ No
- c) Are you currently on claim, eligible to claim, or has the insured person been recently injured or diagnosed with a condition that may lead to a claim\*? ☐ Yes ☐ No
- If you answered yes to any of the above questions, the Suspending Premium and Cover feature is not available.*
- d) Have you exercised the Suspending Premium and Cover feature on your policy previously? ☐ Yes ☐ No

If yes, over the life of your policy, how long has your premium and cover been suspended?

- 3 months ☐ You're only eligible to suspend cover and premiums for a maximum 9 months
- 6 months ☐ You're only eligible to suspend cover and premiums for a maximum 6 months
- 9 months ☐ You're only eligible to suspend cover and premiums for a maximum 3 months
- 12 months ☐ You're not eligible for the Suspending Premium and Cover feature

\*We ask this question to ensure that your ability to make a claim for any recent sickness or injury is not compromised by suspending your cover.

### 3. Suspending Premium and Cover period

Please select how long you wish to suspend your cover and premium.

- ☐ 3 months
- ☐ 6 months
- ☐ 9 months
- ☐ 12 months

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### 4. Terms and conditions

- The Suspending Premium and Cover feature will apply to all covers on your policy, as well as any policy where there are attached or linked covers.
- The suspension period won't count towards satisfying any exclusion periods or waiting periods applicable to your cover.
- The Indexation Benefit will not apply if your policy renews during the suspension period and will apply on the next policy anniversary after the suspension period has ended.
- You can't increase your cover under the Future Increase Benefit when your premiums and cover are suspended.
- All cover in respect of an insured person and our liability under a suspended policy ceases temporarily for the entire duration of the suspension period. This means no benefit shall be payable for any death, disability, sickness, injury, critical illness event (including partial critical illness event and child support benefit conditions), or any other insured event for which a benefit would ordinarily be payable under a suspended policy where it:
  - first occurs during the suspension period; or
  - arises from or is related to an injury, sickness, condition or symptom that first occurs during the suspension period which the insured person;
    - was aware of, or a reasonable person in the insured person's position would've been aware of; or
    - sought advice or treatment for from a registered medical practitioner or other health professional during the suspension period (or a reasonable person in the insured person's position would've sought such advice or treatment).This shall continue to apply to any cover that you transfer to another Encompass Protection policy. Transferring cover involves replacing it with cover on another policy. For example, Life Cover outside super is replaced with Life Cover inside super.
- These conditions continue to apply to your policy and any attached or linked cover under another policy after the expiry of the suspension period for the duration of the policy.
- You need to advise us at least 20 days before the end of the suspension period if you want to continue the premium and cover suspension. If we are not instructed otherwise by you, or if you have reached the maximum 12 month suspension period, we will automatically reinstate your premium and cover at the expiry of your suspension period.
- The suspension period will take effect from the last paid to date on your policy.
- Any change to your suspension period will only be effective when we've notified you in writing.

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### 5. Policy declaration

#### Declaration for the policy owner and the insured person

You must carefully read the following declarations.

*Note: By selecting "Yes, I/we agree", you have indicated your consent to the Declaration.*

I/we declare that I have read the following statements and agree and acknowledge that:

- I/we understand the terms and conditions relating to 'Suspending Premium and Cover' feature in the Encompass Protection Product Disclosure Statement and Policy Document (PDS).
- my/our request to exercise the Suspending Premium and Cover feature will not become effective until the Administrator accepts this application in writing.
- if my/our request is accepted, the suspension period will start from the date set out in the correspondence that I/we will receive from the Administrator.
- the original application form for this policy, as varied by this application, shall form a part of the contract with the Insurer.
- I/we agree to the terms and conditions set out in section 4 of this application.
- The Administrator will automatically reinstate my/our premium and cover at the expiry of the suspension period without requiring underwriting or a statement of health, and will recommence charging premiums upon expiry of the suspension period.
- the Administrator will cancel my/our cover in accordance with its lapse procedure if I/we do not pay the premiums that are due after the expiry of the suspension period.

- I/we may receive correspondence from the Administrator and the Insurer during the suspension period, which reflects my/our original or a different sum insured. I/we understand that despite anything contained in this correspondence, during the suspension period I/we am/are not insured.
- I/we have read and understood the section in the PDS headed "Your Privacy". I/we consent to the collection, use and disclosure of my/our personal information in accordance with that section.
- I/we consent to the Insurer and Administrator sending notices or communications regarding my insurance to an email address or mobile number provided by me/us and agree that any communications received by the Insurer or Administrator from this email or mobile number will constitute valid communications or instructions from me/us. I/we acknowledge my/our personal and sensitive information may be sent to that email address.
- I/we understand and agree that the insurer and/or the Administrator may accept information from me/us or from my/our financial adviser (or their representative), by any means acceptable to the Insurer (including electronically) and that they will rely on any such information in relation to all matters of administration.

☐ Yes, I agree as the insured person

Insured person full name

Signature 

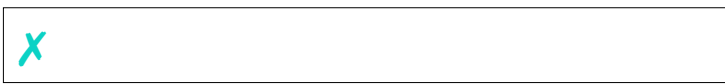
Date  /  /

☐ Yes, I agree as the policy owner

If the policy owner is:

- More than one individual, then all individuals must sign.
- More than one individual as trustee(s) of a self-managed super fund, then all individuals are required to sign.
- a Company:
  - two directors or a director and company secretary are to sign; or
  - in the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company.

Policy owner 1 full name

Signature 

Date  /  /

Policy owner 2 full name

Signature 

Date  /  /



**encompassprotect.com.au**

GPO Box 239, Sydney NSW 2001

e: [customer@encompassprotect.com.au](mailto:customer@encompassprotect.com.au) t: 1300 476 030

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