



# Extending your insurance

Use this form to extend your insurance cover if you are planning to be:

- > on approved leave without pay (LWOP) for more than 12 months, or
- > on reduced pay extended leave for more than 12 months.

Please note:

- > Your insurance will automatically continue for an unlimited time where an insured member travels, is seconded or posted overseas subject to payment of premiums.
- > Exclusions apply and no benefits are payable for death or injury as a result of war or active service.

If your circumstances change after you have lodged this form, you will need to complete a new form.

For information about extending your insurance cover while on LWOP, reduced pay or on an overseas posting, please read the **Product Disclosure Statement** or the **PSSap Death and TPD** fact sheet.

For further information call 1300 725 171.

## SECTION A Personal details

PSSap membership no.

Salutation  Mr  Mrs  Ms  Miss  Other

Surname

Given name(s)

Date of birth  /  /

Address

SUBURB  STATE  POST CODE

Phone BUSINESS HOURS  AFTER HOURS

MOBILE NUMBER

Email

@

## SECTION B Your insurance details

What type of insurance cover do you want to extend?

I want to extend my:  Death and TPD cover  Income protection

When do you want your cover extended to?  /  /

Section B continued on next page

