



Australian
Reward
Investment
Alliance

PSSap 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**, or
- > posted overseas to a country on the specified country list (see page 3) for **more than four years**, or
- > posted overseas to a country not specified on the country list for **more than 12 months**.

Please note:

- > Your insurance will automatically continue for a period of 12 months (or 48 months if you are posted to a country on the specified country list). You only need to complete this form if you are/will be on leave or overseas longer than this period.
- > 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.

If you need assistance, please call **1300 725 171**.

SECTION A - Personal details

PSSap membership number	<input type="text"/>											
Title (please tick one)	<input type="checkbox"/> Mr	<input type="checkbox"/> Ms	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other	<input type="text"/>						
Surname	<input type="text"/>											
Given name/s	<input type="text"/>											
Date of birth	DAY			MONTH			YEAR					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal address	<input type="text"/>											
	<input type="text"/>											
	STATE			POSTCODE								
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone numbers	DAYTIME			EVENING			MOBILE					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>											
	<input type="text"/>											

SECTION B - Your insurance details

What type of insurance cover do you want to extend?	I want to extend my:	Death and TPD cover <input type="checkbox"/>	
		Income protection <input type="checkbox"/>	
When do you want your cover extended to?	DAY MONTH YEAR		
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section B continued over page

SECTION C - Your declaration

- I declare:
- > The information I have provided on this form is complete and correct.
 - > I have read and understood the PSSap Product Disclosure Statement.
 - > I elect to extend my insurance cover for the duration indicated on this form.
 - > I understand that if I lodge a claim while residing overseas, AIG Life may require me to return to Australia for the duration of my claim.

SIGNATURE

DATE

DAY		MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

What now?

Please post this completed form to:

PSSap Insurance, PO Box 22, Belconnen ACT 2616

Faxed copies will not be accepted.

Your privacy is important to us

We are collecting the information on this form to administer your insurance. This information will be passed on to our insurer, American International Assurance Company (Australia) Limited, ABN 79 004 837 861, AFS Licence Number 230043 trading as AIG Life, for the same purpose and AIG Life may make it available to medical practitioners to establish your insurance coverage or if you lodge a claim.

For further information about our privacy policy, see **PRIVACY & DISCLAIMERS** at www.pssap.gov.au or call us on **1300 725 171** for a copy to be emailed or posted to you.

AIG Life's privacy policy can be found at www.aiglife.com.au

Need assistance?

Call us on **1300 725 171**

Specified countries

If you are posted overseas to one of the following specified countries, you will automatically be covered for up to 48 months.

Austria	Luxembourg
Belgium	Netherlands (Holland)
Canada	New Zealand
Denmark	Norway
Finland	Portugal
France	San Marino
Germany	Singapore
Greece	Spain (Gibraltar)
Greenland	Sweden
Hong Kong	Switzerland
Republic of Ireland	Taiwan
Italy	United Kingdom
Japan	United States of America (USA)