

Date Stamp (Internal Office Use Only)



# Change of employment details

Complete this form in pen using CAPITAL letters. Where applicable complete boxes with an **X**

## SECTION 1 - YOUR PERSONAL DETAILS

Client number

Last name

Mr

Mrs

Miss

Ms

Dr

First name/s

Male

Female

Date of birth (DD/MM/YYYY)

Postal address

Suburb/town

State

Postcode

Street address (if different to postal address)

Suburb/town

State

Postcode

Home phone

Day time phone

Mobile

Email

## SECTION 2 - EMPLOYMENT INFORMATION

Name of current employer/s:

Occupation: (NB: Please provide sufficient details regarding your occupation as this may affect the premium you pay.)

Total package salary of all of your employment (Total package salary = annual salary + super + any non-cash benefits)

What is your employment status?

 Full time  Part time  Casual  Self employed

## SECTION 3 - YOUR PRIVACY

Your privacy is important to us. Details on how your personal information is collected, managed and used is contained in our Privacy Policy which includes our Privacy Collection Statement and is available at [www.wasuper.com.au/privacy/](http://www.wasuper.com.au/privacy/).

## SECTION 4 - ACKNOWLEDGEMENT AND DECLARATION

- I declare that all information provided by me on this form is correct. I understand that in completing this form any previous employment details will be replaced by the new details on this form.
- I understand if I make a claim on my insurance, the salary level used to calculate my entitlements will be the lesser of my salary at the date of disablement or death or 110% of the most recently advised salary.
- I understand that, when I terminate employment my insurance cover will continue for a period of 60 days. After this period, unless I notify the Trustee of my change in details I may be paying for cover that I am not eligible for.
- In signing this form, I acknowledge that I will be bound by the Trust Deed and Rules in all respects.

Signature

Date