

Diversa Group Life Pool - Quote Request

Insured Person's Details

Title: Mr Mrs Miss Ms Other: _____ Gender: Male Female
Surname: _____ Given Name(s): _____
Date of Birth (dd/mm/yy): / / Australian Resident: Yes/No (non residents are not eligible for cover)
 Smoker Non Smoker Occupation Title: _____
Main Occupation Duties: _____

Details of Insurance Cover Requested

Default (automatic) Cover Premiums Paid Annually Semi-annually Quarterly Monthly

OR

Underwritten Cover

Death Amount: \$ _____

Death & Total & Permanent Disability Amount: \$ _____

TPD Definition: Own Occupation Any Occupation

- Notes:**
1. TPD cover cannot be provided without death cover
 2. Own occupation TPD definition is only available for white collar and professional occupation categories
 3. A loading of 25% is applicable for TPD Own occupation cover
 4. Quotes are for illustration purposes only. The actual premium payable will be advised at the time that the insurance cover is accepted.

Contact Details

Super Fund / Employer Name (if applicable): _____

Contact Name: _____ Position Held (if applicable): _____

Phone: _____ Email: _____

OR

Adviser (where applicable): _____

Adviser Service Fee Standard Rebated Other _____%

Phone: _____ Email: _____

Please email the completed Quote Request to:

Diversa Superannuation Services Limited E: admin@diversainsurance.com.au

If you have any questions regarding this form or the Group Life Pool, please contact us on (02) 9924 6599.
Group Life Pool PDS, forms & FAQs can be found on the website www.diversainsurance.com.au

OFFICE USE ONLY

Quote:

Date in: _____ Time: _____

Date out: _____ Time: _____

Prepared - Signature: _____ Checked - Signature: _____