

change of occupation class

This form is to change your occupation class for your AvSuper voluntary and automatic insurance cover. Please note occupation can't be changed for Corporate cover. **Please send your completed form to AvSuper Admin, PO Box 1140, Wollongong DC NSW 2500.**

Personal details

Name

AvSuper member number Date of birth

Email

Occupation details

Your current occupation

What is your current Annual Salary \$ When did you start your current job?

Please select the occupation class below that best describes your current occupational duties.

Occupation Class	Description	New class (tick)
Professional	You hold a tertiary qualification and are registered by a government body or are a member of a professional institute and you earn more than \$100,000 pa. You must be working in a sedentary capacity in an office environment.	<input type="checkbox"/>
White Collar	Professional pilot OR You are mainly engaged in clerical and administrative office based duties working indoors and in a sedentary capacity. You must be working in a sedentary capacity in an office environment, in an office or retail building, with less than 20% of your time spent working outdoors.	<input type="checkbox"/>
Light Blue Collar (Default)	Air Traffic Controller OR You are mainly engaged in light manual duties, you may travel for work but do not deliver goods (e.g. you may be in retail or sales, a computer technician, a supervisor of manual work or a professional with some fieldwork).	<input type="checkbox"/>
Heavy Blue Collar	Fire Fighter OR You are mainly performing manual work or are a skilled employee performing heavy manual work (e.g. a cleaner, a labourer, a delivery driver, a storemen, a production worker or a machine operators).	<input type="checkbox"/>

Declaration

- I acknowledge that incorrect answers may affect the amount of my insurance payment and may also result in premium adjustments needing to be made to my membership if I ever make a claim. I understand that details may be verified if I make a claim.
- I have read and understand the general terms and conditions for cover as described in **AvSuper's member insurance guide** and on your website.
- I understand that I have a current and ongoing duty to disclose anything that may influence the insurer's decision about my cover. I have read the **full duty of disclosure** on AvSuper's website.
- I acknowledge that cover is subject to me satisfying the insurer's requirements, including providing evidence of health, and written acceptance of my application for cover by the insurer.
- I have accessed the AvSuper privacy notice (available from www.avsuper.com.au or by phoning 1300 128 751).

Signature

Date