

**Declining Membership of
Lutheran Income Protection Plan**

I hereby decline the offer of membership in the Lutheran Income Protection Plan.

I acknowledge that if I wish to re-join the Plan at a later date, I will need to complete an Application Supplement (which includes the provision of current medical evidence) and my application will be subject to the terms and conditions imposed by the insurer of the Plan at that time.

Signature:

Name (Print)

Employer:

Date:

NB: Business Office – Please email or post a copy of this completed form to:
Group Life Insurance Agencies, PO Box 61, Modbury North SA 5092.
admin@glia.net.au

Note: This information is a guide only. Cover is provided on the terms & conditions set out in the policy documents issued by **The Colonial Mutual Life Assurance Society Limited trading as Commisure** ABN 12 004 021 089. Where the contents of this guide vary in any way from the policy document, the wordings contained in the policy document shall have precedence.