Davzil Pty Ltd trading as **Group Life Insurance Agencies**
Corporate Authorised Representative 255589
Millenium3 Financial Services Pty Ltd. AFSL No: 244252

PO Box 61, Modbury North SA 5092
Phone 0407 619 743
Toll Free: 1800 225 888
Email: admin@glia.net.au

LIPP Member Application Form - including Payroll Deduction Authority

To enable us to contact you directly with information regarding the Lutheran Income Protection Plan (LIPP), we ask that you complete or update this form, and return it to us via email admin@glia.net.au

Current Lutheran Employer _____

Surname _____

First name(s) _____

LIPP Member Number (leave blank – to be completed by GLIA)

Date of birth _____ Gender _____

Annual pre-tax Salary _____

Category (please circle) B LIPP member & Not a member of Lutheran Super
C LIPP member & also Lutheran Super Member

Date Joined Employer _____

Date Joined LIPP _____

Date Became Eligible to join LIPP _____ (If different from 'Date Joined Employer')

Email address _____

Mailing Address _____

Contact phone Home _____ Mobile_____

Payroll Deduction Authority I authorise the payroll deduction for LIPP premium and I understand that:

- this deduction will continue while I continue to remain eligible for cover during the period of my employment, unless I should cancel the deduction in writing using *"LIPP Cancellation"* form and
- should I cancel my cover, it will cease from the date that I sign the cancellation form, and reinstatement of this cover will only occur subject to the terms and conditions (which will include the provision of current medical evidence) imposed by the insurer of the **Lutheran Income Protection Plan** at the time the reinstatement is requested.

GLIA's preferred method of communication is via email – if you would prefer to be contacted by another method – please circle your preference:

Email Post Phone

Signature _____ Date _____