

Payroll Authority for Loss of Income Protection, Life, Total Permanent Disability

Step1: Complete all sections of the form
 Step2: Choose your level of cover
 Step3: Forward original copy to your Payroll Office, & send copy to Cerberos.

Union /Ticket No: _____ Union Name & Lodge: _____

Employee No _____ Employee Name: _____

Date commenced employment: / / Date you want to start deductions: / /

Name: _____

Mr/Mrs/Miss First Middle Surname

Personal: Date of Birth: / / Male: Female:

Address: _____

Contact: Ph: Mobile: Email:

Loss of Income Insurance Plan

- Your benefit level must not exceed 85% of your average salary and will not exceed 2 years of continuous payment in any one incident/event of claim.
- You must be and remain a financial member of the union to access this policy.**

Please select your options with a tick in the box. Please ensure you select the box relevant to your age:

Income Protection Benefit Level	Aged 29 and Under weekly Premium	Aged 30 to 39 Weekly Premium	Aged 40 to 49 Weekly Premium	Aged 50 to 59 Weekly Premium	Aged 60 to 69 Weekly Premium	
\$1100 Weekly Benefit	\$ 31.50	\$ 37.50	\$ 52.00	\$ 54.00	\$ 59.00	
\$1210 Weekly Benefit	\$ 34.65	\$ 41.25	\$ 57.20	\$ 59.40	\$ 64.90	
\$1320 Weekly Benefit	\$ 37.80	\$ 45.00	\$ 62.40	\$ 64.80	\$ 70.80	
\$1430 Weekly Benefit	\$ 40.95	\$ 48.75	\$ 67.60	\$ 70.20	\$ 76.70	
\$1540 Weekly Benefit	\$ 44.10	\$ 52.50	\$ 72.80	\$ 75.60	\$ 82.60	
\$1650 Weekly Benefit	\$ 47.25	\$ 56.25	\$ 78.00	\$ 81.00	\$ 88.50	
\$1760 Weekly Benefit	\$ 50.40	\$ 60.00	\$ 83.20	\$ 86.40	\$ 94.40	
\$1870 Weekly Benefit	\$ 53.55	\$ 63.75	\$ 88.40	\$ 91.80	\$ 100.30	
\$1980 Weekly Benefit	\$ 56.70	\$ 67.50	\$ 93.60	\$ 97.20	\$ 106.20	
\$2090 Weekly Benefit	\$ 59.85	\$ 71.25	\$ 98.80	\$ 102.60	\$ 112.10	
\$2200 Weekly Benefit	\$ 63.00	\$ 75.00	\$ 104.00	\$ 108.00	\$ 118.00	
\$2310 Weekly Benefit	\$ 66.15	\$ 78.75	\$ 109.20	\$ 113.40	\$ 123.90	

10% discount available to increase waiting period from 14 days to 28 days DIRECT DEBIT ONLY

Death & TPD (both accident only) \$22.50 per week Inc all charges

Plus Life Cover (Death by Sickness)

(cover subject to receipt of AIA Life " Personal Declaration" and acceptance of same from AIA Life)

Must Read – Important Information

- Unless otherwise specified, deductions will commence from the pay period commencing after the date of the new/changed cover specified on this authority. This authority remains in effect until cancelled by me in writing.
- Should the amount payable by me to Cerberos be altered by reason of an alteration to the contributions for my
- cover, then this authority shall extend to cover the altered deductions.

Employee Signature: _____ Date: _____ / _____ / _____

Forward Original to Payroll Dept & Copy Only Document to
 Cerberos Brokers P.O. Box 1305 Spring Hill Qld 4001 or email info@cerberos.com.au
 Ph: (07)3088 2070 Fax: (07)3088 2079