

# Changing your occupational category



## IMPORTANT INFORMATION ABOUT OCCUPATIONAL CATEGORIES AND THIS FORM

There are two occupational categories, both reflecting the level of risk associated with different roles, health and occupations. You're automatically put into the General occupational category when you join.

If you meet the eligibility criteria for the Professional category, this can make a difference to how much insurance cover you have and how much it costs.

If you're part of a corporate insurance arrangement (CIA), your occupational category may not be relevant to your insurance cover as long as you're a member of this CIA. For more information, please check your relevant **Corporate Insurance Guide** and **CIA Fact sheet** (if relevant). Our insurer MetLife will be treating this contract as a 'consumer insurance contract'. The person to be insured must complete this application and initial any changes. MetLife will contact you if we require further information.

Please answer all the questions accurately and provide additional information wherever requested.

Complete this form in blue or black pen using BLOCK LETTERS and tick  where applicable.

## PRIVACY – USE AND DISCLOSURE OF PERSONAL INFORMATION

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer').

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process.

MetLife's Privacy Policy is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy).

## DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION – IMPORTANT INFORMATION BEFORE COMMENCING THIS APPLICATION

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on pages 3 and 4 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

## 1. YOUR PERSONAL DETAILS

|  |   |          |
|--|---|----------|
| Member account number  | Date of birth (DD/MM/YYYY)  | Title    |
| Surname  |   |          |
| Given names  |   |          |
| Residential address (required)   |   |          |
| Suburb   | State/territory   | Postcode |
| Postal address (if different from above)   |   |          |
| Suburb   | State/territory   | Postcode |
| Mobile   | Daytime telephone   |          |
| Preferred contact time   | <input type="radio"/> Morning (9am–12pm) <input type="radio"/> Afternoon (12pm–6pm) <input type="radio"/> Anytime |          |
| Email  |   |          |
| Gender   | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> A gender not listed here            |          |
| Employer name  |   |          |
| What is your current occupation?   |   |          |
| \$   | What is your annual income before tax?*   |          |
|  | What industry do you work in? <i>e.g. finance, agriculture, education</i>   |          |
| *including overtime, commission, bonuses and shift allowances and excluding mandated employer super contributions.<br>Note: If you are self-employed this means income after business expenses but before tax. |   |          |
| How many hours on average do you work per week?  |   |          |

## 2. YOUR OCCUPATIONAL CATEGORY

Answer the questions below to find out whether you're eligible to change your category.

1. Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you're not currently employed on a full-time basis)?  Yes  No
2. In the last 12 months have you had any illness or injury that:
  - a) Caused you to take time off work for more than 10 consecutive working days, or  Yes  No
  - b) Required modification to your normal working hours or duties?  Yes  No

If you answered 'Yes' to any of the above questions, you're not eligible to change your occupational category. If you answered 'No' to all of the questions above, please answer the following questions.

3. Are the duties of your occupation solely limited to professional, managerial, administrative, or similar duties, which do not involve manual work?  Yes  No  
**AND**
4. Are you earning more than \$125,000 per year from your profession? (If you're currently working part-time and your full-time equivalent salary is more than \$125,000, you're eligible to answer 'Yes' to this question.)  Yes  No  
**AND**
5. a) Do you hold a tertiary qualification or are you a member of a professional institute or registered as a practising member of your profession by a government body?  Yes  No  
**OR**  
b) Are you in a management or leadership role?  Yes  No



We may base the level and cost of your insurance cover on your age, gender and occupational category. Please refer to your **Insurance Guide** and **Fact sheet** (if relevant) for more information.

### THE DETAILS

If you answered 'No' to question 3, you qualify for the General occupational category.

If you answered 'Yes' to question 3 and question 4, and to either question 5a or 5b, you qualify for the Professional occupational category.

- We'll review your occupational category each time you complete a new **Insurance application** form or apply to vary your insurance cover.
- If you're a new member and you don't complete this section, the General occupational category will usually apply to your insurance cover.

If changing your occupational category increases your level of insurance cover, some restrictions may apply to your extra cover. You'll need to be in active employment for all of the first 30 days from the date your occupational category changes. If you're not in active employment, you'll receive limited insurance cover until you return to active employment for two consecutive months. Earnings are based on your total income.

We've defined 'active employment', 'limited cover' and 'total income' in your **Insurance Guide** and **Fact sheet** (if relevant).

### 3. PRIVACY OF YOUR PERSONAL INFORMATION

#### How CareSuper handles your personal information

CareSuper collects your personal information to establish and administer your superannuation account. If you choose not to provide your personal information CareSuper may not be able to process your insurance application or administer your superannuation account, or provide you with some services offered by CareSuper.

By signing this form, I confirm:

- I've read CareSuper's Privacy Policy available at [caresuper.com.au/privacypolicy](https://caresuper.com.au/privacypolicy) and the insurer's Privacy Policy available at [metlife.com.au/privacy](https://metlife.com.au/privacy)
- I understand how CareSuper intends to handle my personal information and acknowledge that my personal information will only be used for the purposes specified, and
- I consent to the collection and use of my personal information by the Trustee to process this insurance change and administer my superannuation account.

If you have any questions about your rights under the privacy legislation, please call us on **1300 360 149**.

### 4. INFORMATION FROM THE INSURER (METLIFE) – THE DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

#### The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

#### Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

| Potential consequences                 | Additional explanation  | Impact on claims   |
|--|---|--|
| Your cover being avoided               | This means your cover will be treated as if it never existed  | Any claim that has been made will not be payable                                   |
| The amount of your cover being changed | Your cover level could be reduced   | If a claim has been made, a lower benefit may be payable                           |
| The terms of your cover being changed  | We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable | If a claim has been made for an event that is now excluded, it will not be payable |

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.



**Take care to answer all questions we ask as part of your insurance cover application honestly and accurately.**

**Otherwise, you may not be able to rely on your insurance when it's needed the most.**

## Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

## Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any queries please contact CareSuper on **1300 360 149**.

## 5. CONFIRMATION OF YOUR REQUEST

- I've read and understand the Duty to take reasonable care on pages 1 and 3 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance cover
- My answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy
- I confirm I want insurance cover with CareSuper even if:
  - I am under age 25
  - My account balance has not reached \$6,000, or
  - My account is or becomes inactive (including where it has not received contributions or transfers in for 16 continuous months)
- I've read and understood the Privacy Disclosure Statement entitled 'Privacy – Use and disclosure of personal information' on page 1 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms
- I understand that insurance cover under a policy does not begin until acceptance by the insurer, of which I'll be notified in writing
- If I'm an Employee or Personal plan member, I've read the **Member Guide PDS** and my relevant **Insurance Guide** and **Fact sheet** (if relevant) and **Target Market Determination**
- If I'm a member of a CIA, I've read the **CIA PDS** and my relevant **Corporate Insurance Guide** and **CIA Fact sheet** (if relevant) and **Corporate Target Market Determination**.



Member's signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (DD/MM/YYYY)

\_\_\_\_\_  
Full name



### YOU MUST PRINT AND THEN SIGN THIS FORM

The form won't be valid if you don't sign and date it. (We can't accept digital signatures for this form.)

### ONCE YOU'RE DONE

Upload this completed form to the 'Contact us' section of your MemberOnline account or at [caresuper.com.au/getintouch](https://caresuper.com.au/getintouch)

OR

Return this completed form to:

**CareSuper**  
**Locked Bag 20019**  
**Melbourne VIC 3001**

For more information call **1300 360 149**.