

# Insurance application form



## INSTRUCTIONS

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. As part of your application, you may be requested to undergo additional medical tests and MetLife will contact you if we require further information.

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

Before completing this form please read the CareSuper **Member Guide PDS** (Employee Plan members) or **Corporate Insurance PDS** (Cover 125% and 150% members) and your relevant **Insurance Guide** and Target Market Determination available at [caresuper.com.au/pds](https://caresuper.com.au/pds). Please contact us if you are unsure of which **Insurance Guide** is applicable to you.

- To apply to change your occupational category, complete the form at [caresuper.com.au/mycategory](https://caresuper.com.au/mycategory).
- To apply to have standard age-based cover commence on your account as soon as you become eligible and without requiring health evidence (Employee Plan and cover 125% or 150% members only), you can complete the form at [caresuper.com.au/insuranceelectionform](https://caresuper.com.au/insuranceelectionform).
- To apply for the **New Member Option** (Employee Plan and cover 125% or 150% members only), complete sections 1, 2, 3 and 8.
- To apply for tailored cover including cover above the New Member Option, complete sections 1, 3, 4, 5 and 8 and follow all instructions.
- If you wish to opt out or reduce your level of cover, do not complete this form. Instead call **1300 360 149**, go to MemberOnline, or complete the form at [caresuper.com.au/reduceinsurance](https://caresuper.com.au/reduceinsurance).

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](https://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 page 11 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  Morning (9am-12pm)  Afternoon (12pm-6pm)  Anytime

Email \_\_\_\_\_

Gender  Male  Female  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? e.g. finance, agriculture, education

\*including overtime, commission, bonuses and shift allowances and excluding mandated employer super contributions.  
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? \_\_\_\_\_

Are you currently living in Australia?  Yes  No

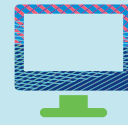
## 2. NEW MEMBER OPTIONS (for Employee Plan and cover 125% or 150% members only)

New Member Option cover is open for 90 days from the date you join CareSuper.

**Please choose a New Member Option by ticking (✓) your choice(s) if desired.**

Provided you are under age 60 and your application is received within 90 days of joining, you can apply to increase your age-based death and total & permanent disability (TPD) cover or add income protection insurance by answering the questions below.

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 are 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
3. Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months?  Yes  No
4. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined, deferred, accepted with a premium loading or exclusion, or any other special terms or conditions?  Yes  No
5. Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury?  Yes  No



### APPLY ONLINE

You can apply to change your cover (if eligible) in the Insurance section of MemberOnline at [caresuper.com.au/login](https://caresuper.com.au/login)



### IMPORTANT

Generally you are an Employee Plan or cover 125% / 150% member if your employer pays super guarantee contributions on your behalf. You are a Personal Plan member if you are responsible for paying your own super. Personal Plan members should not complete section 3 of this form.

Call us on **1300 360 149** if you're not sure what type of membership you have.

If you answered yes to any one of the above questions, you are not eligible for cover through the New Member Options. Please complete sections 4 and 5.

If you answered no to all of the above questions, please choose your New Member Options by ticking (✓) your choices below.

## CHOOSE YOUR NEW MEMBER OPTIONS

### Death and TPD cover

You can choose to increase the standard age-based death and TPD cover scale or fix your cover at a set dollar amount. Maximum cover limits apply to both age-based and fixed cover — either way you can increase your total death and TPD cover up to the lesser of 7 times your total annual income or \$750,000. **Please choose the New Member Option by ticking (✓) your choice(s).**

### Age-based cover

I would like my standard age-based cover level to be a multiple of:

#### Death cover:

1.25

1.50

1.75\*

2.00\*

#### TPD cover:

1.25

1.50

1.75\*

2.00\*

\*Applicable to General and Office occupational category members.

OR

### Fixed cover

I would like to increase my total death and TPD cover up to 7 times my total income (maximum limit of \$750,000). Refer to your relevant **Insurance Guide** for the full definition of total income.

I want my total amount of **fixed cover** to be::

Death \$ \_\_\_\_\_

TPD\* \$ \_\_\_\_\_

I would like to index my fixed cover annually by 5%

\*Under the New Member Option, TPD cover must be less than or equal to death cover. Please check your relevant **Insurance Guide** for details.

## INCOME PROTECTION

Income protection insurance provides a temporary replacement income if you are unable to work due to illness or injury (specific conditions apply).

If you want to apply for income protection insurance above what is offered through the New Member Option, you will also need to complete section 4 and 5. Depending on your occupational category, maximum benefit amounts will apply.

You can apply for income protection insurance as long as you're working a minimum of 15 hours per week or earning at least \$16,000 per year on an ongoing basis. The amount of income protection cover you can apply for is capped at 85% of your income which listed in section 1 of this form.

If your income is less than \$16,000 p.a. you can still be eligible for income protection cover if you work 15 hours or more per week. Please tick (✓) this box if this applies to you.

I would like to apply for \$ \_\_\_\_\_ per month of income protection cover.

### EXAMPLE – HOW TO CALCULATE 85% OF INCOME

Lucy earns a before-tax income of \$81,000 per annum excluding employer super contributions. She is in the Office occupational category.

Lucy decides to apply for the maximum amount of cover which is:

$\$81,000 \times 0.85 \div 12 = \$5,737.50$  per month

As cover must be a round dollar figure, Lucy can apply for up to \$5,738 income protection insurance per month.

Refer to your relevant **Insurance Guide** for more information on how to calculate how much income protection insurance you want.

Your cover amount will automatically increase by 5% on 1 July each year to account for inflation. Premiums will be based on the increased cover.

### Please note:

These multiples are based on standard age-based cover provided in the Employee Plan and not on any existing cover held.

If you are part of a Corporate Insurance Arrangement, your cover may have already been multiplied by 1.25 or 1.50.

Please check your relevant **Insurance Guide** for further information.



You can apply for income protection as a New Member Option within 90 days of joining by answering a few health questions.

Depending on your occupational category, the maximum benefit amounts will apply under New Member Options cover:

**General:** Up to \$61,200 p.a. (\$5,100 per month)

**Office:** Up to \$86,700 p.a. (\$7,225 per month)

**Professional:** Up to \$122,400 p.a. (\$10,200 per month).

### BENEFIT PERIOD

Please indicate by ticking (✓) the benefit period you would like. A 2-year benefit period will apply if you do not make a selection.

- 2 years       5 years

### WAITING PERIOD

Please indicate by ticking (✓) the waiting period you would like to select (refer to your relevant **Insurance Guide** for details). The 30-day waiting period will apply if you do not make a selection.

- 30 days       60 days       90 days

Note: If you wish to reduce the waiting period or increase the benefit period in the future, you will need to complete a new application form, including the Personal health statement.

### 3. OCCUPATIONAL CATEGORIES

CareSuper offers three different occupational categories, each reflecting the level of risk associated with different roles, health and occupations. Please answer (✓) the following questions to determine whether you can change your occupation code.

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 are 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 answer 'yes' to any of the above questions, you are not eligible to change your occupational category.

If you answer 'no' to all of the above questions, please complete (✓) the following questions to determine the category that applies to you.

1. Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work and are undertaken entirely within an office environment (excluding travel time from one office environment to another)?  Yes  No
  2. Are you earning **in excess** of \$100,000 per year from your profession? (Please check your relevant **Insurance Guide** for a definition of 'total income'.)  Yes  No
  3. 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 role?  Yes  No

If you answered no to Q1, you qualify for the **General** occupational category.  
If you answered yes to Q1, you qualify for the **Office** occupational category.  
If you answered yes to Q1 and Q2, and to either Q3a or Q3b, you qualify for the **Professional** occupational category.

- Your occupational category will be reviewed each time you complete a new application form or apply to vary your insurance cover.
- If you do not complete this section and you have not changed your cover, your current occupational category will continue to apply to your cover.



Check the occupational category that applies to you. This will determine your insurance fees or the cover amount that will apply to you.



#### IMPORTANT

If you currently work part-time and your full-time equivalent salary is more than \$100,000 p.a. you're eligible to answer 'yes' to question 2.



The following section is for members who are applying for cover outside of the **New Member Option**.

#### 4. TAILOR YOUR INSURANCE

##### DEATH AND TPD COVER

###### Fixed cover

You can apply for fixed death and TPD cover in multiples of \$1,000. A minimum of \$10,000 applies. You can have more TPD cover than death cover.

Please enter the amounts of fixed cover you require below, and tick (✓) further options as appropriate:

Death cover \$ \_\_\_\_\_

TPD cover \$ \_\_\_\_\_

I would like to index my fixed cover annually by 5%.

**Choose (✓) one of the following options:**

I want to add this cover to my existing level of cover.

**OR**

I want this cover to replace my existing cover.

###### Age-based cover

I want to fix my current age-based cover so that my amount of cover stays the same.

I do not have insurance cover with CareSuper and I would like to apply for standard age-based cover.

See your relevant **Insurance Guide** for information about the level of cover and insurance fees.

##### INCOME PROTECTION

Refer to your relevant **Insurance Guide** for more information on how to calculate how much income protection insurance you want.

You can apply for income protection insurance as long as you're working a minimum of 15 hours per week or earning at least \$16,000 per year on an ongoing basis.

The amount of income protection cover you can apply for is capped at 85% of your income which listed in section 1 of this form.

If your income is less than \$16,000 p.a. you can still be eligible for income protection cover if you work 15 hours or more per week. Please tick (✓) this box if this applies to you.

If your total income exceeds \$423,530, your income protection insurance will be subject to maximum benefit restrictions.

I would like to apply for \$ \_\_\_\_\_ per month of income protection insurance.

Benefit period:  2 years (default)  5 years

Waiting period:  30 days (default)  60 days  90 days



This section is for members who are applying for cover outside of the New Member Option. An application to increase your insurance cover requires a health assessment and is subject to the insurer's approval.

To calculate your annual insurance fee, divide your required level of cover by \$1,000 and multiply the rate for your age, gender and occupational category as found in your relevant **Insurance Guide**.

**Note:** The maximum income protection benefit is 85% of the first \$423,530 p.a. of income, plus 60% of the next \$200,000 p.a. of income for the first two years of the benefit period, regardless of the benefit period.

##### Income protection benefit payments

For cover up to \$30,000 per month, for each \$85 of benefit \$75 is paid as income and \$10 is paid to your super account.

For cover between \$30,000 and \$40,000, for each \$60 of benefit \$50 is paid as income and \$10 to your super account.

See your relevant **Insurance Guide** for more information about how your benefit may be paid, including if you suffer an illness or injury.

**i** **ONLY complete section 5** if you're tailoring your insurance cover and applying to increase your cover above what is offered through the **New Member Option**. Otherwise go straight to section 6, 7 and 8 to sign and date this application form.

**IMPORTANT INSTRUCTIONS**

1. If you've applied for the New Member Option, don't complete section 5 unless you're applying to increase your cover above what is offered through the New Member Option. Go to section 6, 7 and 8 and sign and date the application form.
2. If you are applying for tailored insurance cover, you must complete section 5.

**5. PERSONAL STATEMENT**

**5A. ABOUT YOUR EMPLOYMENT**

1. In the last 6 months have you been stood down, placed on unpaid leave or made redundant, or have there been any changes to your occupation duties, hours worked or income?  Yes  No
2. Have you been made aware of any changes to your employment status, usual occupation duties, hours worked or income that may occur within the next 6 months?  Yes  No

**5B. INSURANCE HISTORY**

1. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined, deferred, accepted with a premium loading or exclusion, or any other special terms or conditions?  Yes  No

If YES, please provide details:

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2. Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury?  Yes  No

If YES, please provide details:

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3. Do you currently have, or are you applying for, any other insurance cover with MetLife or any other life insurance company or superannuation fund?  Yes  No

If YES, please provide details:

Product/Type	Total amount of cover	To be replaced by this cover?
Life cover	\$ _____	<input type="radio"/> Yes <input type="radio"/> No
Total & Permanent Disability (TPD) cover	\$ _____	<input type="radio"/> Yes <input type="radio"/> No
Trauma cover	\$ _____	<input type="radio"/> Yes <input type="radio"/> No
Income Protection (IP) cover	\$ _____ per month Wait Period: _____ Benefit Period: _____	<input type="radio"/> Yes <input type="radio"/> No

## 5C. LIFESTYLE

1. Do you intend to travel to any country outside Australia in the next 12 months?  Yes  No  
If YES please provide details:

Country	Intended dates of travel

2. Do you regularly engage in, or intend to engage in, any of the following hazardous sports or activities? Please tick (✓) all boxes that apply.

- Water sports or activities e.g. *snorkelling, scuba diving, free diving*
- Motor sports or activities e.g. *motorcycle, motorcar, motorboat*
- Snow/winter sports or activities e.g. *skiing, snowboarding, ice skating, ice hockey*
- Aerial sports or activities or aviation e.g. *skydiving, hang gliding, parachuting, ballooning*
- Combat sports or martial arts e.g. *taekwondo, boxing, fencing*
- Field sports or team sports e.g. *hockey, football including touch or soccer, roller derby*
- Horse riding or equestrian activities e.g. *polo, rodeo, dressage, jumping*
- Rock climbing, abseiling or other adventure sports or activities e.g. *mountain biking, parkour*
- Any other hazardous sport or activity not mentioned
- None of these sports or activities

If you have selected any of the sports or activities above, please provide details:

Activity	Details

3. Have you smoked tobacco or any other substance within the last 12 months?  Yes  No  
If YES, please provide details:


4. Have you within the last **5 years** used any drug(s) that were not prescribed to you (other than over-the-counter medication), or have you exceeded the recommended dosage of any medication?  Yes  No

If YES, please provide details:

Drug/Medicine	Frequency of use

5. On average, how many standard alcoholic drinks do you consume each week? \_\_\_\_\_

Note: A standard drink is equivalent to either a schooner of light beer, a middy/pot of full-strength beer, a shot of spirits or a standard serve of wine

6. Have you **ever**:
- required treatment, advice or counselling for alcohol or substance misuse,
  - attended an alcohol or drug support group, or
  - been told to reduce or stop drinking alcohol or using drugs?  Yes  No

If YES, please provide details:

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## 5D. FAMILY HISTORY

1. Has any immediate family member (your mother, father, any brother or sister) been diagnosed **under the age of 60** with any of the following conditions?

- Parkinson's Disease
- Cancer
- Multiple Sclerosis
- Polycystic Kidney Disease
- Muscular Dystrophy
- Huntington's Disease
- Motor Neurone Disease
- Dementia (including Alzheimer's Disease)
- Cardiomyopathy
- Familial Polyposis (FAP)
- Heart Disease or Stroke
- Diabetes
- Any other inherited or hereditary disease or disorder

Yes  No  Unknown

If YES, please provide details:

Relationship to you	Age at diagnosis	Specific conditions

2. Including this application, is the total amount of cover you hold with all insurers or superannuation funds greater than any of the following amounts?  Yes  No

- \$500,000 of Life cover,
- \$500,000 of Total & Permanent Disability (TPD) cover,
- \$200,000 of Trauma cover, or
- \$4,000 per month of Income Protection (IP) cover.

If YES, have you ever had, or are you awaiting the results of, a genetic test?  Yes  No

Please provide details:

Condition	Test results (e.g. positive, negative, carrier, unknown)

## 5E. HEALTH

1. What is your height? \_\_\_\_\_ cm                      What is your weight? \_\_\_\_\_ kg

Has your weight changed by more than 10kg in the last 12 months?  Yes  No

If YES, please provide details:

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2. Females Only: Are you currently pregnant?  Yes  No

If YES, please provide details:

How many weeks pregnant are you? \_\_\_\_\_

Is the pregnancy progressing normally with no complications?  Yes  No



3. In the last **3 years**, have you experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following?

Please tick (✓) all boxes that apply.

- Headache *e.g. tension or cluster headaches, migraines*
- Ear or hearing condition *e.g. partial or total deafness, tinnitus, Meniere's disease, vertigo*
- Eye or eyesight condition (not corrected by glasses or contact lenses) *e.g. partial or total blindness, glaucoma, keratoconus*
- Infectious disease (excluding ordinary cold and flu) *e.g. tuberculosis, glandular fever, malaria, Ross River fever*
- Sexually transmitted infection *e.g. syphilis, chlamydia, gonorrhoea*
- Lung, respiratory or sleep condition *e.g. asthma, bronchitis, pneumonia, emphysema, insomnia, sleep apnoea*
- Trapped or injured nerve *e.g. carpal tunnel syndrome, tennis elbow, pins and needles, numbness, repetitive strain injury (RSI)*
- None of these conditions

If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment):

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4. Have you **ever** suffered from, been diagnosed with or sought medical advice or treatment for any of the following?

Please tick (✓) all boxes that apply.

- Back, neck or spine condition *e.g. pain or injury, scoliosis, disc disorder, arthritis, sciatica*
- Bone, joint, ligament or any other musculoskeletal condition *e.g. pain or injury, gout, arthritis, bone density disorder*
- Mental or behavioural condition *e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder*
- Chronic pain or fatigue *e.g. myalgic encephalomyelitis, fibromyalgia*
- Cancer (including pre-cancerous changes), tumour, cyst, lump or growth of any kind *e.g. breast lump, melanoma, leukemia, lipoma*
- Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar
- High blood pressure or high cholesterol
- Heart or vascular condition *e.g. heart attack, irregular heartbeat, angina, heart murmur, heart valve condition, varicose veins*
- Brain or head condition *e.g. stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia*
- Neurological condition *e.g. multiple sclerosis (MS), Parkinson's, muscular dystrophy, motor neurone disease, optic neuritis*
- Gland or hormone condition *e.g. thyroid conditions, polycystic ovarian syndrome (PCOS), pituitary adenoma*
- Blood condition *e.g. anaemia, deep vein thrombosis (DVT), haemochromatosis, blood clotting disorder*
- Stomach, bowel or digestive condition *e.g. Crohn's, ulcerative colitis, reflux, polyps, diverticular disease*
- Kidney, urinary or genital condition *e.g. kidney stones, cystitis, endometriosis, abnormal cervical screening or prostate screening test*
- Liver, pancreas or gallbladder condition *e.g. fatty liver, hepatitis, pancreatitis, gall stones*
- Skin condition *e.g. dermatitis, psoriasis, eczema, sunspots, skin lesions*
- Autoimmune or inflammatory condition *e.g. rheumatoid arthritis, immunodeficiency, lupus*
- None of these conditions

If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment):

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5. Are you infected with Human Immunodeficiency Virus (HIV)?  Yes  No
6. Have you been referred for or are you waiting on the results of an HIV test?  Yes  No
7. Have you tested positive for or are you waiting on the results of a COVID-19 test?  Yes  No
8. Have you been exposed to COVID-19, or have you been in close contact with anyone who has been diagnosed with, quarantined for, or is suspected to have COVID-19?  Yes  No
9. Apart from what you've already told us, are you considering, or have you been told to have any investigations, treatment, or ongoing prescribed medications. Note: You do not need to tell us about oral contraceptives or over-the-counter medications.  Yes  No

If YES, please provide details:

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10. Apart from what you've already told us, have you had any surgery in the last 5 years, or are you awaiting surgery?  Yes  No
- If YES, please provide details:

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11. What is the name of your usual doctor/medical centre?

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Suburb

\_\_\_\_\_

State/territory

\_\_\_\_\_

Postcode

\_\_\_\_\_

Phone number

\_\_\_\_\_

Fax number (if applicable)

## 6. 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 have 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
- I consent to the collection and use of my personal information by the Trustee to establish and administer my superannuation account.

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

## 7. 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.

### 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**.



Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.

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

Please ensure you initial any errors and amendments made on this form

## 8. CONFIRM YOUR REQUEST

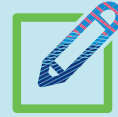
- I have read and understand the Duty to take reasonable care on page 11 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- My answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- I have 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 cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read the insurance section of the current Product Disclosure Statement and my relevant **Insurance Guide** and 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 cannot accept digital signatures.)

### ONCE YOU'RE DONE

Return this completed form and any supporting documents by:

1. Attaching and submitting it online at:  
**caresuper.com.au/getintouch**
2. Posting it to:  
**CareSuper  
Locked Bag 20019  
Melbourne VIC 3001**

For more information call **1300 360 149**