

Corporate 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.

Please refer to the **Corporate Insurance Arrangement (CIA) PDS**, your relevant **Corporate Insurance Arrangement (CIA) Guide** and **CIA Fact sheet** (if relevant) and **Target Market Determination** to determine which of the options you're eligible to apply for on this form.

You can use this form to apply to change your occupational category (if it's available through your employer).

If you've not previously held standard cover with CareSuper, you can apply to have it commence on your account without providing medical information as soon as you're eligible (subject to terms and conditions). Complete and return the **Elect to have insurance cover** form at caresuper.com.au/insuranceelectionform.

If you wish to opt out or reduce (if eligible) your level of standard cover, please don't complete this form and instead call us on **1300 360 149**.

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.

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 10 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's your current occupation? _____

\$ _____ What's 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're 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. TAILOR YOUR INSURANCE

Please refer to the **CIA PDS** and your relevant **CIA Guide** and **CIA Fact sheet** (if relevant) to determine which of the options you're eligible to apply for below. If your application is denied, your existing insurance cover will continue.

I would like to apply for fixed cover as follows:

Death cover: \$ _____ TPD cover: \$ _____

- I understand that cover will either replace or be in addition to any existing death and TPD cover that I have with CareSuper, and that benefits from all sources will be limited to the maximum benefits allowed under the policy as described in my **CIA Guide** and **CIA Fact sheet** (if relevant).

INCOME PROTECTION

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

Under certain corporate insurance arrangements, you'll automatically receive income protection insurance on joining. Please refer to your relevant CIA Guide and CIA Fact sheet (if relevant) for more information.

You can apply to tailor your 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 insurance you can apply for is capped at 87% for most CIA arrangements 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 insurance if you work 15 hours or more per week. Please tick (✓) this box if this applies to you.

I'd like to apply to tailor my income protection cover to \$ _____ per month.

BENEFIT PERIOD

Please indicate by ticking (✓) the benefit period you'd like. A 2-year benefit period will apply if you don't make a selection.

- 2-years (default) 5-years To age 65 (refer to your **CIA Guide** and **CIA Fact sheet** (if relevant) to check eligibility for this option)

WAITING PERIOD

Please indicate by ticking (✓) the waiting period you'd like to select and refer to your relevant **CIA Guide** and **CIA Fact sheet** (if relevant) for details. A 30-day waiting period will apply if you don't make a selection.

- 30 days (default) 60 days 90 days

Please tick (✓) if applicable:

- I understand that any income protection insurance applied for on this form will cancel and replace my existing income protection insurance with CareSuper.
- If your application is denied, your existing insurance cover (if applicable) will continue.



To calculate your annual insurance fees, divide your required level of cover by \$1,000 and multiply the rate for your age, gender and occupational category (where applicable) as shown in your relevant **CIA Guide** and **CIA Fact sheet** (if relevant).

Tailored income protection benefit payments

If you tailor your income protection cover with a 2-year or 5-year benefit period, for each \$87 of benefit, \$75 is paid as income and \$12 is paid to your super account.

If you have a to age 65 benefit period, for the first 24 months for each \$87 of benefit, \$75 is paid as income and \$12 is paid to your super account. After 24 months, for each \$62 of benefit, \$50 is paid as income and \$12 is paid to your super account.

Tax may be applicable on any income protection benefit paid to you and any payments into your super account will be taxed at the standard rate. The above information may not be applicable to certain CIA arrangements so please see your relevant **CIA Guide** and **CIA Fact sheet** (if relevant) for more information about how your benefit may be paid, including if you suffer an illness or injury.

Claim benefit indexation (for 5-year and to age 65 benefit periods)

If you receive income protection benefits for longer than 12 months your monthly benefit amount will be increased by the lesser of CPI and 5% every 12 months to help keep up with the cost of living.

3. OCCUPATIONAL CATEGORIES

CareSuper offers two different occupational categories, both reflecting the level of risk associated with different roles, health and occupations. Please complete (✓) the following questions to determine whether you can change your occupational 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 answer 'Yes' to any of the above questions, you're 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 solely limited to professional, managerial, administrative, or similar duties, which do not involve manual work? Yes No

AND

2. Are you earning **in excess** of \$125,000 per year from your profession? (Please see your relevant **CIA 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 practicing member of your profession by a government body? Yes No
- OR**
- b) Are you in a management or leadership role? Yes No

If you answered 'No' to Q1, you qualify for the **General** 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 don't complete this section and you haven't changed your cover, your current occupational category will continue to apply to your cover.



Occupational categories may determine your fees or cover amount. Check your relevant **CIA Guide** and **CIA Fact sheet** (if relevant) to see if they apply to your cover.



IMPORTANT

If you currently work part-time and your full-time equivalent salary is more than \$125,000 p.a. you're eligible to answer 'Yes' to question 2.

4. PERSONAL STATEMENT

4A. 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

4B. INSURANCE HISTORY

1. Has an application for life*, trauma, total and permanent disablement (TPD), income protection insurance or disability insurance on your life ever been declined, deferred, accepted with an insurance fee, loading or exclusion, or any other special terms or conditions? Yes No
- If YES, please provide details:

DEATH COVER

*Also known as life cover or life insurance.

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:

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 and permanent disablement (TPD) cover	\$ _____	<input type="radio"/> Yes <input type="radio"/> No
Trauma cover	\$ _____	<input type="radio"/> Yes <input type="radio"/> No
Income protection insurance	\$ _____ per month	<input type="radio"/> Yes <input type="radio"/> No
	Wait period: _____	
	Benefit period: _____	

4C. 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've 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 weren't 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:

4D. 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 (PKD)
- Muscular dystrophy
- Huntington's disease
- Motor neurone disease (MND)
- Dementia (including Alzheimer's disease)
- Cardiomyopathy
- Familial adenomatous 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
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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 and permanent disablement (TPD) cover
- \$200,000 of trauma cover, or
- \$4,000 per month of income protection insurance.

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)
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4E. 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:

2. 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've selected any of the above conditions, please provide details (including dates, symptoms, treatment):

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):

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 Yes No

Note: You do not need to tell us about oral contraceptives or over-the-counter medications.

If YES, please provide details:

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:

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

Name

Address

Suburb

State/territory

Postcode

Phone number

Fax number (if applicable)

5. 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 and the insurer's Privacy Policy available at 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**.

6. 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**.



Take care 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 make sure you initial any errors and amendments you make on this form.

7. CONFIRM YOUR REQUEST

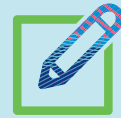
- I've read and understand the Duty to take reasonable care on page 10 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance
- My answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy
- I 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 will be notified in writing
- I've read the insurance section of the current **CIA PDS**, **Target Market Determination** for Corporate Insurance and my relevant **CIA Guide** and **CIA Fact sheet** (if relevant).



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 and any supporting documents to the 'Contact us' section of your MemberOnline account or at caresuper.com.au/getintouch

OR

Post to:

CareSuper
Locked Bag 20019
Melbourne VIC 3001

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