

# 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.

This form is for Employee Plan members, Personal Plan members and 125% and 150% standard cover members. Before completing this form please read the CareSuper **Member Guide PDS, Insurance Guide** and **Fact sheet** (if relevant) and your applicable **Target Market Determination** available at [caresuper.com.au/pds](https://caresuper.com.au/pds). Please contact us if you're unsure if a Fact sheet applies to you.

- To apply to change your occupational category, complete the **Changing your occupational category** form at [caresuper.com.au/mycategory](https://caresuper.com.au/mycategory).
- To apply to have standard age-based insurance cover commence on your account as soon as you become eligible and without requiring medical information, complete the **Elect to have insurance cover** form at [caresuper.com.au/insuranceelectionform](https://caresuper.com.au/insuranceelectionform).
- To apply for the New Member Option (NMO) complete sections 1, 2, 4 and 10.
- To apply for life events cover complete sections 1, 3 and 10. You can also apply by logging in to MemberOnline and going to the 'Insurance' section.
- To apply for tailored insurance cover including cover above the NMO, complete sections 1, 4, 5, 6 and 10 and follow all instructions.
- If you wish to opt out or reduce your level of insurance cover, do not complete this form. Instead call **1300 360 149**, go to MemberOnline or complete the **Request to reduce or cancel insurance cover** 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'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. NEW MEMBER OPTIONS

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

**Please choose a NMO by ticking (✓) your choice(s).**

Provided you're under 60 years old and we receive your application within 90 days of joining, you can apply to increase your age-based death and total and permanent disablement (TPD) cover or add income protection 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'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
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 and permanent disablement (TPD), income protection 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
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 insurance cover (if eligible) in the Insurance section of MemberOnline at [caresuper.com.au/login](https://caresuper.com.au/login)



### IMPORTANT

Generally you're an Employee Plan or cover 125%/150% member if your employer pays super guarantee contributions on your behalf. You're a Personal Plan member if you're responsible for paying your own super. Personal Plan members shouldn't complete section 2 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 of the above questions, you're not eligible for insurance cover through the NMO. Please complete sections 4, 5 and 6.

If you answered 'No' to all of the above questions, please choose your NMO by ticking (✓) your choices below.

## CHOOSE YOUR NMO

### Your death and TPD cover for NMO

You can choose to increase the standard age-based death and TPD cover scale or fix your insurance cover at a set dollar amount. Maximum insurance 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 seven times your total annual income or \$750,000. **Please choose the NMO by ticking (✓) your choice(s).**

#### Age-based cover

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

##### Death cover:

125%

150%

175%\*

200%\*

##### TPD cover:

125%

150%

175%\*

200%\*

\*Applicable to General occupational category members.

## OR

#### Fixed cover

I'd like to increase my total death and TPD cover up to seven 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\* \$ \_\_\_\_\_

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

## YOUR INCOME PROTECTION FOR NMO

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

If you'd like to apply for income protection insurance above what's offered through the NMO, you'll also need to complete sections 4, 5 and 6. 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 87% 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 for \$ \_\_\_\_\_ per month of income protection insurance.

### EXAMPLE – HOW TO CALCULATE 87% OF INCOME

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

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

$\$81,000 \times 0.87 \div 12 = \$5,872.5$  per month

As insurance cover must be a round dollar figure, Lucy can apply for up to \$5,873 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.

We base the level and cost of your insurance cover on your age, gender and occupational category.

## PLEASE NOTE

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

If you're already part of our standard 125% or standard 150% arrangements your cover may already be these multiples of cover.

Please check your relevant **Insurance Guide** and **Fact Sheet** if applicable for further information.



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

Depending on your occupational category, the maximum benefit amounts will apply under NMO cover:

**General:** Up to \$90,000 p.a (\$7,500 per month)

**Professional:** Up to \$132,000 p.a. (\$11,000 per month).

### YOUR BENEFIT PERIOD FOR NMO

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-year       5-year

### YOUR WAITING PERIOD FOR NMO

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

30 days       60 days       90 days

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

### 3. LIFE EVENTS COVER

You can apply to increase your existing death, TPD and income protection cover without having to provide medical evidence when certain life events occur if you meet certain criteria. For further information on what criteria and conditions apply and how it works, please refer to your **Insurance Guide** at [caresuper.com.au/insuranceguide](http://caresuper.com.au/insuranceguide).

#### Your death and TPD cover

The maximum amount of additional cover you can apply for is 25% of your current cover capped at \$200k or the amount of your new mortgage (where relevant).

Please nominate the amount of additional cover you'd like.

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

#### Your total income protection

The maximum amount of additional cover you can apply for is 25% of your current cover capped at \$1,500 per month if you're in the General occupational category or \$2,000 per month if you're in the Professional occupational category.

Please nominate the total amount of income protection cover you'd like.

Income protection: \$ \_\_\_\_\_

Please tick (✓) the life event you've experienced and the documentation you're providing.

- I've got married or registered a de facto relationship.  
*I've provided a copy of the marriage certificate or registration certificate.*
- I've got a divorce or registered a separation from a marriage or registered de facto relationship.  
*I've provided a copy of the divorce or separation order.*
- My spouse or de facto have passed away.  
*I've provided a copy of the death certificate*
- I or my spouse or de facto have given birth to, or adopted a child.  
*I've provided a copy of the birth or adoption certificate with me appearing as a parent.*
- My child has commenced secondary school.  
*I've provided a copy of the child's enrolment and a letter from the secondary school to confirm attendance.*
- I've taken out a mortgage on the initial purchase of my home or have increased an existing mortgage on my home.  
*I've provided:*
  - A letter from the lender showing the identity of the lender and confirming:
    - The amount of the loan to purchase or increase the existing mortgage
    - The loan has been drawn down (not just approved).
  - A statutory declaration confirming the mortgaged property is my principal place of residence.
- I've had a milestone birthday of 30, 40 or 50.  
*I've provided a copy of one of the below:*
  - My current driver licence
  - My state issued proof of age card
  - My current passport identification page.
- I've received an increase in my income. (For income protection cover only.)  
*I've provided confirmation from my employer of the salary increase amount and effective date.*

You'll need to provide the corresponding documentation within 3 months of the date of the life event.

### 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.



#### PLEASE NOTE

If we accept your application to increase your existing death, TPD or income protection by nominating a life event, your insurance cover will become fixed.

#### 4. OCCUPATIONAL CATEGORIES

CareSuper offers two 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'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 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 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 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 insurance cover, your current occupational category will continue to apply to your insurance cover.



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



#### **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.

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

## 5. TAILOR YOUR INSURANCE COVER

### 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 \$ \_\_\_\_\_

Choose (✓) one of the following options:

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

OR

I want this cover to replace my existing insurance cover.

#### Age-based cover

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

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

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

#### Death cover:

- 125%    25%  
 150%    50%  
 175%\*    75%  
 200%\*    100%

#### TPD cover:

- 125%    25%  
 150%    50%  
 175%\*    75%  
 200%\*    100%

\*Applicable to General occupational category members.

See your relevant **Insurance Guide** for information about the level of insurance 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'd like.

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 insurance you can apply for is capped at 87% of your income which listed in section 1 of this form.

If your income is less than \$16,000 p.a. you're 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 for \$ \_\_\_\_\_ per month of income protection insurance.

Benefit period:

- 2 years (default)    5 years    To age 65

Waiting period:

- 30 days (default)    60 days    90 days

To calculate your annual insurance fee for fixed cover, divide your required level of insurance cover by \$1,000 and multiply the rate for your age, gender and occupational category as shown in your **Insurance Guide** and **Fact sheet** (if applicable to you). To calculate your annual insurance fee for age-based cover, multiply the fees in your **Insurance Guide** or **Fact sheet** (if applicable) by the factor of age-based cover you have.

#### 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 of 15%.

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 6** if you're tailoring your insurance cover and applying to increase your insurance cover above what's offered through the **New Member Option**. Otherwise go straight to sections 7, 8, 9 and 10 to print, sign and date this application form.

**IMPORTANT INSTRUCTIONS**

If you've applied for the New Member Option, don't complete section 6 unless you're applying to increase your insurance cover above what's offered through the New Member Option. Go to section 7, 8, 9 and 10 and print, sign and date this form.

If you're are applying for tailored insurance cover, you must complete section 6.

**6. PERSONAL STATEMENT**

**6A. 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

**6B. INSURANCE HISTORY**

- 1. Has an application for life\*, trauma, total and permanent disablement (TPD), income protection 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:

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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 super fund?  Yes  No

If YES, please provide details:

| Product/Type                                | Total amount of insurance cover | To be replaced by this insurance 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 cover                     | \$ _____ per month              | <input type="radio"/> Yes <input type="radio"/> No |
|   | Wait period: _____              |  |
|   | Benefit period: _____           |  |

**DEATH COVER**

\*Also known as life cover or life insurance.

## 6C. 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:

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## 6D. 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 |
|---------------------|------------------|---------------------|
|                     |                  |                     |
|                     |                  |                     |
|                     |                  |                     |

2. Including this application, is the total amount of insurance cover you hold with all insurers or super 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) |
|-----------|--|
|           |  |
|           |  |
|           |  |



- 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've 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?  Yes  No
- Note: You do not need to tell us about oral contraceptives or over-the-counter medications.

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suburb

\_\_\_\_\_  
State/territory

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number (if applicable)

## 7. 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
- 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**.

## 8. 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 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**.

## 9. ELECT TO HAVE INSURANCE COVER

CareSuper can only provide insurance cover to eligible members if their account balance has reached \$6,000 at least once, and if they're age 25 or older. This is due to the Government's Putting Members' Interests First laws, that aim to ensure members only receive insurance cover they need or want.

By completing this form, you're confirming that you'd like cover to commence (when you become eligible), before you meet the above age and balance requirements. This cover will continue if your account becomes inactive in future (if it has not received contributions or transfers-in for 16 continuous months).

I understand that:

- I can cancel my cover at any time
- CareSuper will confirm in writing the level of cover provided to me
- The cost of my insurance cover will be deducted from my investment options based on CareSuper's rules, and I confirm that this election will continue to apply even if I change my investment options
- Cover will not continue indefinitely and may be cancelled if there's not enough in my super account to pay for my fees, or if I reach the maximum insurable age. Policy terms and conditions apply
- If I have previously been paid a TPD or similar payment of any type and from any source, including another super fund or personal insurance policy, I will only be eligible for death cover with CareSuper, not TPD cover or income protection insurance
- If I have previously been paid a terminal illness benefit or have been diagnosed with an illness that reduces my life expectancy to less than 24 months, I will not be eligible for death cover, TPD or income protection insurance with CareSuper
- If I am not eligible for cover as a result of a TPD or similar payment, or terminal illness benefit or diagnosis, I will notify CareSuper or cancel my cover. Otherwise, I understand that insurance fees will continue to be deducted from my account despite the fact that I do not have cover.

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

## 10. CONFIRM YOUR REQUEST

- I've read and understand the Duty to take reasonable care on page 12 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)
- If applying for life events cover:
  - I have not increased my cover under a life event listed in the table above in the 12 months before the current application for increased cover
  - I have not increased cover under a life event more than three times before under this policy (excluding life event increases related to age-based events)
  - I have not previously been declined for any cover by CareSuper due to my medical history, and have not received, or previously been entitled to receive, a terminal illness or total and permanent disability benefit payment.
- 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 **Product Disclosure Statement** (Employee Plan, Cover 125% and 150% members) 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 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**.

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