

Apply for cover

About this application

- Complete this application if you are:
 - a) applying for cover;
 - b) applying to increase existing cover; or
 - c) applying to decrease your waiting period or increase your benefit period (if you hold Income Protection).
- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of your application, you may be required to undergo additional medical tests.
- As part of the overall assessment process MetLife will contact you if further information is required.

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 metlife.com.au/privacy.

Your privacy as a member of CareSuper

The information you provide in this form is collected and held by **CareSuper** to administer your insurance within your CareSuper account. If you don't provide the requested information, CareSuper may be unable to properly administer your insurance. Your personal and sensitive information will only be disclosed to CareSuper staff as required, MetLife Insurance Limited, our legal or other professional advisors if reasonably necessary and where required to by law.

The CareSuper Privacy policy provides information about overseas disclosure of personal information, how you may access and seek correction of your personal and sensitive information as well as how you can make a complaint about a breach of the Australian Privacy Principles or the Privacy Act 1988. You can access the CareSuper Privacy policy at caresuper.com.au/privacy-policy.

Duty to take reasonable care not to make a misrepresentation - Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on pages 9 - 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.

Section 1. Your details

		CareSuper member number		
Title	Given name(s)		Surname	
Residential address		Suburb	State	Postcode
Postal address (if different to above)		Suburb	State	Postcode
Date of birth (dd/mm/yyyy)	Sex at birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address		
Preferred contact number		Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm) <input type="checkbox"/> Any time		

Section 2. Your insurance needs

Death and TPD Cover

Fixed Cover – for category A, B and C members

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

Please enter the amounts of fixed cover you require below, and please 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

Tailored age-based cover – for category C members only

You can apply for cover or increase your death and TPD cover by selecting a cover multiple that is higher than the current level of age-based cover you have.

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

Death cover

25% 50% 75% 100%

125% 150% 175% 200%

TPD cover

25% 50% 75% 100%

125% 150% 175% 200%

Income Protection cover

For category A, B and C members

The amount of income protection cover you can apply for is capped at 85% of your income.

I'd like to apply for \$ _____ per month of income protection cover.

I'd like my Benefit Period and Waiting Period to be:

Benefit Period:

2 years 5 years To age 65

Waiting Period:

30 days 60 days 90 days

Section 3. Your occupation rating

1. What industry do you work in?
e.g. finance, agriculture, education

2. What is your current occupation?

3. What are your usual daily duties?
e.g. office administration, manual labour, retail customer service

4. Do you spend more than 20% of your time outside of the office environment (excluding travel time from one office to another)?

Yes No

5. Do you:

- hold a tertiary qualification or are you a registered member of a professional institute or governing body in relation to your profession, or Yes No
- work in a management role? Yes No

6. What is your annual income before tax (excluding mandated superannuation guarantee contributions)?

Note: If you are self-employed this means income after business expenses but before tax. \$ _____

Section 3. Your occupation rating (continued)

7. In the last **6 months** have you been stood down, placed on unpaid leave, been made redundant, or have there been any changes to your occupation duties, hours worked or income? Yes No

If Yes, please provide details.

8. 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

If Yes, please provide details.

Section 4. Your insurance history

9. 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.

10. 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.

11. 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 give details.

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

Section 5. Your lifestyle

12. Are you a citizen or permanent resident of Australia?

Yes No

13. Are you currently living in Australia?

Yes No

14. Do you intend to travel or live outside of Australia in the next **12 months**?

Yes No

If Yes, please give details.

Country	Intended dates of travel

15. Do you regularly engage in, or intend to engage in, any of the following hazardous sports or activities?

Please tick all boxes that apply.

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

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

Activity	Details

16. Have you smoked tobacco or any other substance, used e-cigarettes, vaping or any nicotine replacement products in the last **12 months**?

Yes No

If Yes, please provide details.

17. 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

Section 5. Your lifestyle (continued)

18. 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. / week

19. Have you **ever**: Yes No

- 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?

If Yes, please provide details.

Section 6. Your family history

20. 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? Yes No

Unknown

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

If Yes, please provide details.

Relationship to you	Age at diagnosis	Specific condition(s)

21. 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)

Section 7. Your health

22. What is your height (cm)?

23. What is your weight (kg)?

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

If Yes, please provide details, including former weight and reason for weight change.

25. Are you currently pregnant?

 Yes No

If Yes, please provide details.

a) How many weeks pregnant are you?

b) Is the pregnancy progressing normally with no complications?

 Yes No26. In the last **3 years** have you experienced symptoms of, sought medical advice, investigations, medication or treatment for, or been diagnosed with any of the following?

Please tick all boxes that apply.

<input type="checkbox"/> Headache <i>e.g. tension or cluster headaches, migraines</i>	<input type="checkbox"/> Ear or hearing condition <i>e.g. partial or total deafness, tinnitus, Meniere's disease, vertigo</i>	<input type="checkbox"/> Eye or eyesight condition (not corrected by glasses or contact lenses) <i>e.g. partial or total blindness, glaucoma, keratoconus</i>
<input type="checkbox"/> Infectious diseases (excluding ordinary cold and flu) <i>e.g. COVID-19, tuberculosis, glandular fever, malaria, Ross River fever</i>	<input type="checkbox"/> Sexually transmitted infection <i>e.g. syphilis, chlamydia, gonorrhoea</i>	<input type="checkbox"/> Lung, respiratory or sleep condition <i>e.g. asthma, bronchitis, pneumonia, emphysema, insomnia, sleep apnoea</i>
<input type="checkbox"/> Trapped or injured nerve <i>e.g. carpal tunnel syndrome, tennis elbow, pins and needles, numbness, repetitive strain injury (RSI)</i>	<input type="checkbox"/> None of these conditions	

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

Section 7. Your health (continued)

27. Have you **ever** experienced symptoms of, sought medical advice, investigations, medication or treatment for, or been diagnosed with any of the following?

Please tick all boxes that apply.

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

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

Section 7. Your health (continued)

28. Apart from what you've already told us, are you having treatment, or taking prescribed medication? Yes No
Note: You do not need to tell us about oral contraceptives or over-the-counter medications.

If Yes, please provide details:

29. Apart from what you've already told us, are you considering, or have you been told to have any investigations, surgery, or treatment? Yes No

If Yes, please provide details:

30. Apart from what you've already told us, have you had any surgery in the last **5 years**? Yes No

If Yes, please provide details:

31. a) Do you have a usual doctor or medical centre you visit? Yes No

If Yes, please confirm the name and contact details of your usual doctor or medical centre:

If No, please confirm contact details of the last doctor or medical centre you visited:

Name	Contact number
<hr/>	<hr/>

Address	Suburb	State	Postcode
<hr/>	<hr/>	<hr/>	<hr/>

- b) When did you commence attending this doctor or medical centre? _____

- c) Have you had your medical records from any previous doctor(s) or medical centres transferred to this doctor or medical centre? Yes No

If No, please provide the name and contact details of your previous doctor or medical centre:

Name	Contact number
<hr/>	<hr/>

Address	Suburb	State	Postcode
<hr/>	<hr/>	<hr/>	<hr/>

Section 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.

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.

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.

Section 8. Information from the Insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation (continued)

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 1800 005 166 Monday to Friday 8am - 7pm AEST/AEDT.

Section 9. Declaration

- I have read and understand the Duty to take reasonable care on pages 9 - 10 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- The answers to the questions in this insurance application are honest, complete and accurate.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- If I do not provide all of the information required from me or I refuse to consent to MetLife obtaining that information, I understand that my application will not be assessed.
- I have read the *insurance* section of the current CareSuper Member PDS and the relevant *Insurance guide*.
- I understand that the changes to my insurance cover will not become effective until MetLife has accepted my application in writing.
- I understand that my insurance cover will be provided in accordance with the group insurance policies between CareSuper and MetLife which may change from time to time without my consent.
- I understand my CareSuper account must have adequate funds to meet the premiums payable at all times and that increases or changes to my insurance premiums may apply.

Election

- I understand that if my CareSuper account has not received any contributions or other amounts for a continuous period of 16 months (**inactive**), superannuation legislation will prohibit CareSuper from providing me with insurance cover unless I make an appropriate election (**election**).
- I understand CareSuper will not be permitted to provide insurance cover, if my superannuation account has not had a minimum balance of at least \$6,000 (**low balance**) and/or I am under 25 years of age, unless I make an appropriate election (**election**).
- I direct CareSuper to accept this application as an election to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- I understand this election will apply to all insurance cover through my account, including any cover for death, total and permanent disablement and income protection that I already hold in my account and that I am applying for by this application.
- I understand this election will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my election at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting CareSuper.

Signature

Signature of applicant

Date (dd/mm/yyyy)



Full name (please print)



Please return the completed form to
CareSuper, GPO Box 1547, Hobart TAS 7001 or email info@caresuper.com.au
For assistance with the completion of the form, please contact us on **1800 005 166**
Monday to Friday 8am - 7pm AEST/AEDT.



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