

## Life event – Legacy insurance

### About this form

Increase your death, TPD or income protection cover without the need for medical evidence, if you have experienced any of the below life events:

- Getting married or registering a de facto relationship
- Getting divorced or registering a separation from a marriage or registered de facto relationship
- Your spouse or de facto passes away
- You or your spouse or de facto gives birth to or adopts a child
- Your child commences secondary school
- Taking out a mortgage on the initial purchase of your home or you increase an existing mortgage on your home
- You have a milestone birthday of 30, 40 or 50
- You have received an increase in your income (for income protection cover only)

You'll need to provide relevant documentation with this form to confirm the life event has occurred.

### Increasing death and TPD cover

To increase your death and TPD cover, you must be under the age of 65. The maximum amount of additional death and TPD cover you can apply for is 25% of your current cover capped at \$200,000 or the amount of your new mortgage (where relevant) and we must receive the evidence and your application within three (3) months after the date of the life event.

### Increasing your income protection cover

To increase your income protection cover, you must be under the age of 60. The maximum amount of income protection cover you can apply for is 25% of your current cover capped at \$1,500 per month if you have an Active occupation rating or \$2,000 per month if you have a Professional occupation rating. You must provide a confirmation letter from your employer of the salary increase amount with the effective date along with your application for this life event option.

Any limitation, restriction or loadings that apply to your existing cover will also apply to the cover granted under the life events option.

- 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.

**Please provide details of your life event and select the specific life event you are applying under to increase your cover.**

Life Event	Documentation Required
<input type="checkbox"/> Getting married or registering a de facto relationship	A copy of your marriage certificate or registration certificate.
<input type="checkbox"/> Getting divorced or registering a separation from a marriage or registered de facto relationship	A copy of your divorce or separation order.
<input type="checkbox"/> Your spouse or de facto passes away	A copy of the death certificate
<input type="checkbox"/> Your spouse or de facto gives birth to or adopts a child	A copy of the birth or adoption certificate with you appearing as a parent.
<input type="checkbox"/> Your child commences secondary school	A copy of your child's enrolment and a letter from the secondary school to confirm attendance.
<input type="checkbox"/> Taking out a mortgage on the initial purchase of your home or you increase an existing mortgage on your home	A letter from the lender showing the identity of the lender and confirming: <ul style="list-style-type: none"> <li>• the amount of the loan to purchase or increase the existing mortgage, and</li> <li>• the loan has been drawn down (not just approved), and</li> <li>• a statutory declaration confirming the mortgaged property is your principal place of residence.</li> </ul>
<input type="checkbox"/> You have a milestone birthday of 30, 40 or 50	A copy of one of the following: <ul style="list-style-type: none"> <li>• Current driver licence</li> <li>• State issued proof of age</li> <li>• Current passport identification page</li> </ul>
<input type="checkbox"/> You have received an increase in your income (for income protection cover only)	Confirmation from your employer of the salary increase amount and effective date.
Date of the life event (dd/mm/yyyy)	The application for increased cover, plus the evidence in the table above, must be received within three (3) months after the date of the life event.

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## 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](http://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](http://caresuper.com.au/privacy-policy).

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## 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 3 - 4 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

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### Section 1. Member 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		

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### Section 2. Occupation rating

- Are the duties of your occupation solely limited to professional, managerial, administrative, or similar duties, which do not involve manual work?  Yes  No
  - Is the income you earn from your occupation greater than \$125,000 per year?  Yes  No
  - Do you:
    - hold a tertiary qualification or are you a registered member of a professional institute or governing body in relation to your profession?  Yes  No

**or**

    - work in a management or leadership role?  Yes  No
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### Section 3. Life event

1. Have you successfully increased your cover under life events in the past 12 months or more than three times in the past – excluding increases for turning 30, 40 or 50?  Yes  No

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2. Have you previously been declined for any cover due to your medical history?  Yes  No

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3. Have you received or previously been entitled to receive a terminal illness or total and permanent disablement benefit payment?  Yes  No

**Note: If you answer Yes to either question 1, 2 or 3 above, you are not eligible for cover under the life event option.**

4. What cover do you require?
- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Death                           | Additional cover required \$ _____ |
| <input type="checkbox"/> Total and Permanent Disablement | Additional cover required \$ _____ |
| <input type="checkbox"/> Income protection               | Additional cover required \$ _____ |

### Section 4. Information from the Insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation

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

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

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

**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
<b>Your cover being avoided</b>	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
<b>The amount of your cover being changed</b>	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
<b>The terms of your cover being changed</b>	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

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## Section 4. Information from the Insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation (continued)

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

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## Section 5. Declaration

- I have read and understand the Duty to take reasonable care on pages 3 - 4 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.

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## Section 5. Declaration (continued)

### 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.

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### Signature

Signature of applicant

Date (dd/mm/yyyy)



Full name (please print)

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**Please return the completed form to**

CareSuper, GPO Box 1547, Hobart TAS 7001 or email [info@caresuper.com.au](mailto: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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MetLife Insurance Limited | GPO Box 3319 | Sydney NSW 2001

[metlife.com.au](http://metlife.com.au) | ABN 75 004 274 882 AFSL NO. 238 096

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