

Life event

About this form

Increase your death and TPD cover without the need for medical evidence, if you have experienced any of the below life events within the last 60 days:

- getting married
- the birth or adoption of a child or children
- obtaining a new mortgage on the initial purchase of your primary residence
- divorce
- your spouse passing away
- a dependent child starting primary or secondary school for the first time

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

You can only increase your cover by the lesser of \$200,000 or your existing cover amount.

If cover is provided, your entire cover amount will become fixed cover.

Any loadings or exclusions that apply to 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	A copy of the marriage certificate.
<input type="checkbox"/> The birth or adoption of a child or children	A copy of the child's birth certificate or adoption certificate with your name appearing as mother or father.
<input type="checkbox"/> Taking on a mortgage as security for a loan which is used to purchase that home	A letter from the lender showing the identity of the lender and confirming: <ul style="list-style-type: none"> • the amount of the loan to purchase your principal place of residence, and • the loan has been drawn-down (not just approved).
<input type="checkbox"/> Divorce	A copy of the divorce order.
<input type="checkbox"/> Your spouse passing away	A copy of the death certificate.
<input type="checkbox"/> A dependent child starting primary or secondary school for the first time	A copy of the child's enrolment together with confirmation of attendance.
Date of the life event (dd/mm/yyyy)	The application for increased cover, plus the evidence in the table above, must be received within 60 days after the date of the life event.

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 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.

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			

Section 2. Occupation rating

- Are the duties of your regular occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work or teaching, and you don't spend more than 20% of your working time outside the office environment (excluding travel time from one office environment to another)? Yes No
 - Is the income you earn from your occupation greater than \$110,000 per annum? 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 role? Yes No
-

Section 3. Life event

4. Have you successfully applied for an increase in cover due to a life event before? Yes No
5. Have you received or previously been entitled to receive a terminal illness or total and permanent disablement benefit payment from CareSuper? Yes No
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Note: If you answer Yes to either question 1 or 2 above, you are not eligible for cover under the life event option.

6. What cover do you require?

- Death Additional cover required \$ _____
- Total and Permanent Disablement Additional cover required \$ _____
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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
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.

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

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.

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.

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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