

Application for Insurance Cover Form



Please complete this form using **CAPITAL** letters and a blue or black pen. Please complete the relevant sections of this form if you want to increase insurance cover for Death and Total and Permanent Disablement (TPD) and/or apply for or increase your existing level of Income Protection insurance cover.

NOTE: You can also apply for insurance using eApply, inside Firstonline (the member portal). Applying electronically is faster and easier, and your application will be assessed more quickly.

- 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 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 9 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 personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname				
<input type="text"/>				
Given name(s)			Gender	
<input type="text"/>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Residential address				
<input type="text"/>				
Town/Suburb/City			State	Postcode
<input type="text"/>			<input type="text"/>	<input type="text"/>
Postal address (if different from above)				
<input type="text"/>				
Town/Suburb/City			State	Postcode
<input type="text"/>			<input type="text"/>	<input type="text"/>

Continued over the page

Section 1 | Your personal details (continued)

Telephone (home)

Telephone (work)

Mobile number

Email

Preferred contact number

☐

Home

☐

Work

☐

Mobile

Preferred time of contact

☐

Morning (9am-12pm)

☐

Afternoon (12pm -6pm)

☐

Any time

Section 2 | Death and Total and Permanent Disablement (TPD) Insurance or Death only cover

OPTION 1: UNITISED COVER

Please nominate the **total** number of Death units required:

units

Please nominate the **total** number of TPD units required:

units

Note: This includes any units of cover you already have with First Super.

OR

OPTION 2: FIXED COVER

Please indicate the **total** level of cover you require including your existing cover:

Death cover

\$

TPD cover

\$

- > Your total cover cannot exceed \$5,000,000 for TPD.
- > Any increase in cover is subject to your application being accepted.
- > If the Insurer accepts your application, the cover requested will replace the cover you currently hold with First Super.
- > You cannot hold a combination of unitised and fixed cover at the same time.

Section 3 | Income Protection insurance

I wish to apply for Income Protection insurance cover.

Please select a waiting period:

☐

30 days

☐

60 days

☐

90 days

Income Protection benefit required: (number of \$100 units per month)

units

Note: Your monthly benefit and superannuation benefit combined is subject to a maximum of 85% of your monthly salary at the time of claim.

What is your current occupation?

Are you working on a permanent full-time or part-time basis?

☐

Yes

☐

No

Note: If you are not employed on a permanent basis, that is you are unemployed or employed on a casual basis, you are not eligible for Income Protection insurance cover.

If 'No', please specify:

Section 3 | Income Protection insurance (continued)

Do you work at least 15 hours a week?

☐ Yes ☐ No

Note: If you work less than 15 hours per week on average, you will not be eligible for Income Protection insurance cover.

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.

\$ per year

Section 4 | White Collar/non-manual or Professional cover

If you are engaged in a 'White Collar/non-manual' or 'Professional' occupation, you may be eligible for lower insurance premiums by answering the following questions.

WHITE COLLAR/NON-MANUAL

- > Are you solely engaged in a professional, managerial, marketing, accounting or clerical occupation on a permanent full-time or part-time basis? ☐ Yes ☐ No
- > Do you spend at least 80% of your working time in an office environment? ☐ Yes ☐ No
- > Are you actively working and able to perform your usual duties and are not undergoing any rehabilitation program? ☐ Yes ☐ No

If you have answered 'Yes' to all the above questions you are eligible for White Collar/non-manual premium rates.

PROFESSIONAL

In addition to the requirements set out for 'White Collar/non-manual' premium rates, please answer the following to apply for professional:

- > Are your duties entirely undertaken within an office environment? ☐ Yes ☐ No
- > Do you earn more than \$125,000 per annum from your occupation? ☐ Yes ☐ No
- > Do you hold a senior management role **OR** hold tertiary qualifications relevant to your profession **OR** are you a member of a professional institute or registered government body related to your profession? ☐ Yes ☐ No

If you have answered 'Yes' to all the questions in both White Collar/non-manual and Professional Section you are eligible for Professional premium rates.

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:

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 5 | Insurance history

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:

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:

Do you currently have, or are you applying for, any other insurance cover with MetLife or any other life insurance company or superannuation fund?

☐ Yes ☐ No

If YES, please provide details:

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

Section 6 | Lifestyle

Are you a citizen or permanent resident of Australia?

☐

Yes

☐

No

Are you currently living in Australia?

☐

Yes

☐

No

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

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

Activity

Details

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:

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? If YES, please provide details:

☐

Yes

☐

No

Drug/Medicine

Frequency of use

On average, how many standard alcoholic drinks do you consume each week?

/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.

Section 6 | Lifestyle (continued)

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:

Section 7 | Family history

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

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

If YES, please provide details:

Relationship to proposed insured	Age at diagnosis	Specific condition(s)

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?

Please provide details:

☐ Yes ☐ No

Condition

Test results (e.g. positive, negative, carrier, unknown)

Section 8 | About your health

What is your height? cm

What is your weight? kg

Has your weight changed by more than 10kg in the last 12 months?

☐ Yes ☐ No

If YES, please provide details, including former weight and reason for weight change:

Are you currently pregnant?

☐ Yes ☐ No

If YES, please provide details:

How many weeks pregnant are you?

Is the pregnancy progressing normally with no complications?

☐ Yes ☐ No

Section 8 | About your health (continued)

In the last **3 years**, have you experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following? Please tick all boxes that apply.

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

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

Have you **ever** experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following? Please tick all boxes that apply.

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

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

Section 8 | About your health (continued)

Are you infected with Human Immunodeficiency Virus (HIV)?

☐ Yes ☐ No

Have you been referred for or are you waiting on the results of an HIV test?

☐ Yes ☐ No

Apart from what you've already told us, are you considering, or have you been told to have any investigations, treatment, or ongoing 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:

Apart from what you've already told us, have you had any surgery in the last 5 years, or are you awaiting surgery? If YES, please provide details:

☐ Yes ☐ No

What is the name of your usual doctor/medical centre?

Name:

Contact number:

Address:

How long have you been a patient with this doctor/medical centre?

Section 9 | 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 not to make a misrepresentation

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

When answering our questions, please:

- > Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- > Answer every question that we ask you.
- > Do not assume that we will contact your doctor for any medical information.
- > Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- > Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any queries please contact the fund on 1300 360 988.

Section 10 | Declaration

- > I have read and understand the Duty to take reasonable care not to make a misrepresentation on page 9 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- > My answers to the questions are honest, complete and accurate.
- > I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- > I have 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 cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing and provided my member account has adequate funds to meet the premium payable. I understand that increases or changes to insurance premiums may apply.
- > I have read the insurance section of the current Product Disclosure Statement relevant to my Division, including the Member Guide Supplement: Insurance Guide.
- > I understand that if my First Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit First Super from providing me with insurance cover unless I make an appropriate election (opt-in).
- > I understand First Super will not be permitted to provide insurance cover from 1 April 2020, 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 (opt-in).
- > I direct First Super 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.

Signature of applicant

X

Date (DD/MM/YYYY)

/ /

Full name

This application MUST be received within 30 days of the date you sign it.

Please return this completed form by:


 First Super, PO Box 666, Carlton South, VIC 3053

 claims@firstsuper.com.au

Want to know more? We're here to help.

 1300 360 988

 mail@firstsuper.com.au

 Download the First Super app to manage your account

 firstsuper.com.au

