

Vary your Insurance Cover Form

Please complete this form using BLOCK LETTERS and a blue or black pen.

- > **To apply for Low Risk or Professional Cover, complete Sections 1, 2 & 5 only.**
- > **To apply for Unitised Cover to Fixed Cover, complete Sections 1, 3 & 5 only.**
- > **To reduce or cancel your cover, complete Sections 1, 4 & 5 only.**

Section 1 – Your personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text" value="/ /"/>
Surname			
<input style="width: 100%;" type="text"/>			
Given name(s)			
<input style="width: 100%;" type="text"/>			
Residential address			
<input style="width: 100%;" type="text"/>			
Town/Suburb/City		State	Postcode
<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Postal address (if different from above)			
<input style="width: 100%;" type="text"/>			
Town/Suburb/City		State	Postcode
<input style="width: 80%;" type="text"/>		<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Telephone (home)	Telephone (work)	Mobile number	
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Email			
<input style="width: 100%;" type="text"/>			
Which Industry do you work in?			
<input style="width: 100%;" type="text"/>			
Occupation			
<input style="width: 100%;" type="text"/>			
Duties performed			
<input style="width: 100%;" type="text"/>			

Are you a permanent resident of Australia?

Yes No

Section 2 – Low Risk or Professional cover

Are you engaged in a “Low Risk” or “Professional” occupation? Yes No

If so you may be eligible for lower insurance premiums by answering the following questions:

LOW RISK

- > 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 Low Risk premium rates.

PROFESSIONAL

In addition to the requirements set out for ‘Low Risk’ premium rates, please answer the following to apply for professional cover:

- > 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 Low Risk and Professional Section you are eligible for Professional premium rate.

Section 3 – Fixed cover

Complete this section if you wish to change to Fixed Insurance cover for Death and Total and Permanent Disablement.

- A Please tick this box if you wish to have Fixed Insurance cover
- B Are you actively working and able to perform your usual duties and are not undergoing any rehabilitation program? Yes No

If you ticked the box in question “A” and answered “yes” to question “B” your existing cover will be fixed at its current level.

Section 4 – Reduce or cancel insurance cover

- > I want to **reduce** my current level of cover and request the following new units/level of cover: (Please note that the amount you enter here will replace your existing level of cover)

	Units		Fixed
Death cover	<input type="text"/>	OR	\$ <input type="text"/>
TPD cover	<input type="text"/>	OR	\$ <input type="text"/>
Income Protection	<input type="text"/>		per month

OR

- > I want to **cancel** my insurance cover within First Super (Please indicate which cover you would like to cancel)
 TPD only Death & TPD (you cannot have more TPD cover than Death cover) Income Protection

Section 5 – Declaration

Notice of the Duty of Disclosure from our Life Insurer to you

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell us anything that:

- > reduces the risk we insure you for; or
- > is common knowledge; or
- > we know or should know as an insurer; or
- > we waive your duty to tell us about.

If you do not tell us something that you know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

By signing below I acknowledge that:

- > I have read and carefully considered the questions in this application and all answers provided are true and correct;
- > cover is conditional upon me, as a potential or current insured member, disclosing all matters known to me that are relevant to the Fund's or the Insurer's decision to issue cover, and acknowledge that if I do not comply with this condition, then the Fund or the Insurer may cancel my cover and/or not pay a claim;
- > if I am accepted as an insured member, and I have not fully disclosed all known circumstances then the Fund or the Insurer may not pay a claim arising out of, or in relation to, those circumstances;
- > I have read the Duty of Disclosure and understand my obligations under the Insurance Contracts Act 1984 as explained above;
- > I am not restricted by injury or illness from carrying out all of my normal work duties and I am working my normal hours;
- > If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid and will not be considered by the Insurer;
- > I hereby authorise the release to the Insurer (MetLife Insurance Limited), or any other organisation duly appointed by MetLife Insurance Limited, of any medical information needed in connection with this application, including full details of my past medical history. A photocopy (or similar) of this authorisation will be as valid as the original;
- > Payment of benefits (including any insurance benefits) are subject to taxation legislation; and
- > I have read the Privacy Statement in the More about First Super document that forms part of the Product Disclosure Statement and hereby consent to the collection, use, storage and disclosure of my personal information as described therein.

By signing this form you acknowledge receipt of the First Super Product Disclosure Statement (PDS) and documents referred to in the PDS. You can obtain these and other information by calling First Super on **1300 360 988** or visit **firstsuper.com.au**.

Please sign here

Date (DD/MM/YYYY)

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

Please return this completed form by

Mail First Super
PO Box 666
Carlton South, VIC 3053

OR

Email forms@firstsuper.com.au

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

Call 1300 360 988
Email mail@firstsuper.com.au
Website firstsuper.com.au