Application for Insurance Cover Form

Please complete this form using BLOCK 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.

Section 1 – Your personal details

Title | Member number | Account number (if known) | Date of birth (DD/MM/YYYY) / /

Surname

Given name(s)

Residential address

Town/Suburb/City | State | Postcode

Postal address (if different from above)

Town/Suburb/City | State | Postcode

Telephone (home) | Telephone (work) | Mobile number

Preferred contact number

☐ Home ☐ Work ☐ Mobile

When is the most suitable time to contact you?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ AM ☐ PM

(please note you may be contacted by our Insurer MetLife Insurance Limited should they require further information)

Email

Which industry do you work in?

Occupation

Duties performed

Are you a permanent resident of Australia?

☐ Yes ☐ No

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) ☐

What is your current gross annual salary (i.e. after business expenses but before tax)?

$ ☐ per year

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

On average how many hours do you work each week?

☐ hours

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

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

☐ Yes ☐ No

If 'No', please specify:

☐

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.

Section 4 – Low Risk or Professional cover

If you are engaged in a "Low Risk" or "Professional" occupation, 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:

- 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 rates.

Section 5 – About your insurance history

1. Has an application for Death, Trauma, TPD or Disability Insurance on your life ever been declined, deferred or accepted with a loading or exclusion or any other special condition or terms? ☐ Yes ☐ No

2. Have you ever made a claim for or received sickness, accident or disability benefits, Workers' Compensation, or any other form of compensation due to illness or injury? ☐ Yes ☐ No

3. Do you currently have or are you applying for insurance with MetLife (in addition to this application) or any other insurance company or superannuation fund? ☐ Yes ☐ No

If "Yes", please provide details in the table below.

Product/type	Total amount of cover	To be replaced by this cover?
Death Insurance	$	☐ Yes ☐ No
Total & Permanent Disability (TPD)	$	☐ Yes ☐ No
Income Protection	$	☐ Yes ☐ No

Section 6 – About your health

4. What is your height? _____ cm What is your weight? _____ kg

5. Have you smoked in the last 12 months? ☐ Yes ☐ No

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

☐ Headache or Migraine (eg. tension or cluster headaches or migraines)
☐ Lung or Breathing Conditions (eg. asthma, sleep apnoea)
☐ Eyesight Conditions (does not include contact lenses or glasses for near or far sightedness)
☐ Ear or Hearing Conditions (e.g. hearing loss, tinnitus or swimmer's ear)
☐ Muscle, Tendon or Ligament Problems
☐ Trapped Nerves (e.g. carpal tunnel syndrome, pinched nerve, tennis elbow)
☐ Infectious Diseases (excl. cold & flu)
☐ Gout
☐ None of the above conditions

If you have selected any of the above conditions in question 6, please provide details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

7. In the last **5 years** have you suffered from, been diagnosed with, or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

☐ High Blood Pressure ☐ High Cholesterol ☐ Chronic Fatigue / Fibromyalgia

☐ None of the above conditions

If you have selected any of the above conditions in question 7, please provide details in the table below.

Condition	**Details (include dates, symptoms, treatment)**

8. In the last **5 years** have you suffered from, been diagnosed with, or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

☐ Bone, Joint or Limb ☐ Back Pain ☐ Digestive

☐ Brain or Nerve (including stroke) ☐ Psychological or Emotional ☐ Cancer, Cyst, Growth or Tumour

☐ Thyroid ☐ Skin Disorder ☐ Genitourinary

☐ Auto Immune Diseases ☐ Heart Related ☐ Kidney or Liver

☐ Diabetes ☐ Blood

☐ None of the above conditions

If you have selected any of the above conditions in question 8, please provide details in the table below.

Condition	**Details (incl. dates, symptoms, treatment)**

9. Are you currently pregnant? (Females only) ☐ Yes ☐ No

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

Address

Town/Suburb/City | State | Postcode

Contact number

Section 7 – About your family history

11. Has your mother, father, any brother, sister or child been diagnosed under the age of 55 years with any of the following conditions:

    Alzheimer's Disease, Cancer, Dementia, Diabetes, Familial Polyposis, Heart Disease, Huntington's Disease, Polycystic Kidney Disease, Multiple Sclerosis, Muscular Dystrophy, Stroke or any inherited or hereditary disease?

☐ Yes ☐ No ☐ Unknown

If 'Yes', please give details in the table below.

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

Section 8 – About your lifestyle

12. Do you have firm plans to travel or reside in another country other than New Zealand, America, Canada, the United Kingdom or Europe? ☐ Yes ☐ No

If 'Yes', please give details in the table below.

Country	Length of stay

13. Do you regularly engage in or intend to engage in any of the following activities? Please tick all boxes that apply.

☐ Water Sports (eg. underwater diving, rock fishing)

☐ Motor Sports (eg. motorcycle, auto, motor boat)

☐ Sky Sports (eg. skydiving, hang gliding, parachuting, ballooning)

☐ Aviation (other than as a fare paying passenger on a commercial airline)

☐ Horse Sports (eg. polo, horse riding, rodeo, dressage, jumping)

☐ Combat Sports or Martial Arts (eg. martial arts, boxing, fencing)

☐ Field Sports (eg. hockey or football including touch or tag and soccer)

☐ Hunting (of any kind)

☐ Any activity not mentioned (eg. base jumping, caving, outdoor rock climbing)

☐ None of the above

Please provide details for any activities you have selected above:

Activity	Details

14. Have you within the last 5 years used any drugs that were not prescribed to you (other than those drugs available over the counter)? ☐ Yes ☐ No

If 'Yes', please give details in the table below.

Drug/Medicine	Reason for use

15. Do you drink 6 or more alcoholic drinks on four or more occasions per week? ☐ Yes ☐ No

16. Do you currently have HIV (Human Immunodeficiency Virus) that causes AIDS (Acquired Immune Deficiency Syndrome)? ☐ Yes ☐ No

If 'No', are you in a high risk category for contracting HIV? ☐ Yes ☐ No

17. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness, which you suspect may require medical advice or treatment in the future? ☐ Yes ☐ No

If 'Yes', please provide details below.

Condition	Details

Section 9 – 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.

If the person entering the contract does not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told us everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

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.

Terms and conditions

- I understand that if my First Super account has not received any contributions or other amounts for a continuous period of 16 months (i.e. is inactive), superannuation legislation will prohibit First Super from providing me with insurance cover unless I make a Valid Election (election).
- I understand First Super will not be permitted to provide insurance cover from 1 April 2020 if my First Super 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 a Valid Election (election).
- 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 the effect insurance premium deductions may have on my account balance.
- I understand this election will continue to apply to my insurance cover unless and until it is withdrawn by me by contacting First Super. 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 First Super.

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**.

I confirm that I am authorised to provide the personal details presented and I consent to my information being checked with the document issuer or official record holder via third party systems for the purpose of confirming my identity.

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

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