

Insurance application EmployeeSaver

* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

When completing this form use all capital letters eg and check boxes with a cross eg

Apply online for fastest response – simply login at vicsuper.com.au and complete the application online.

Insurance request

Use this form to:

- Take advantage of the new member offer
- Change your occupation category
- Change your cover
- Cancel some or all of your cover

You are an EmployeeSaver member if you joined VicSuper FutureSaver through your employer. You are a PersonalSaver member if you joined VicSuper FutureSaver as an individual (not through your employer).

Before you reduce or cancel cover – give us a call on 1300 366 216 to make sure you understand your future options.

About this form:

- 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.

Important information

Privacy - Use and disclosure of personal information

The personal information you provide in this form is collected by and held by us to administer your insurance within your VicSuper FutureSaver (EmployeeSaver) account. If you do not provide the requested information, we may be unable to process your insurance application or properly administer your insurance. Your personal and sensitive information will only be disclosed to our staff as required, MetLife Insurance Limited and/or our legal or other professional advisors if reasonably necessary. You should read the ‘Our privacy information’ section in the *Insurance Handbook* which outlines how your sensitive information is collected, used and disclosed by us. You can access our Privacy Policy at vicsuper.com.au/privacy

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 11 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.

Step 3: Occupation category

The premiums you are charged for your insurance cover are determined by your occupation category and age. The default occupation category for new members is General. Depending on your occupation, you may be eligible for reduced premiums. Complete the section below to apply to change your occupation category to White Collar or Professional.

What industry do you work in?
e.g. finance, agriculture, education

What is your current occupation?

1. Are the duties of your regular occupation limited to either:	
a. Professional, managerial, administrative, clerical or similar 'white collar' duties which are undertaken in an office environment for at least 90% of your regular working hours, or managerial duties within an educational institution (for example school principal or deputy principal)? Or	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Educational duties performed within a school or other educational institution (other than school principal or deputy principal)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is the income you earn from your occupation greater than \$100,000 per annum?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you:	
a. Hold a tertiary qualification or are you a registered member of a professional institute or governing body in relation to your profession? Or	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Work in a management role?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Compare your answers on the previous page with the table below to determine which category you qualify for.

General	White Collar	Professional
Answering 'no' to both parts of Question 1	Answering 'yes' to Question 1.(b) or answering 'yes' to Question 1.(a) but 'no' to Question 2 or both parts of Question 3	Answering 'yes' to Question 1.(a) and Question 2 and either (a) or (b) in Question 3. Note: members who answer 'yes' to Question 1.(b) are not eligible for the "Professional" occupation scale

Own occupation

If you qualify for the white collar or professional occupation category, and you select an income protection benefit period of 5 years or age 65, you may elect the own occupation category. Electing the own occupation category does incur a higher premium. See the Income Protection section of the *Insurance Handbook* for further details relating to own occupation.

I would like to elect the own occupation category for my IP cover.

Step 4:
New members –
New member
offer period

For new EmployeeSaver members starting work with a participating employer, the new member offer period is 90 days from the date of your welcome letter. As a new member, and once your default cover is activated, you can increase your death and TPD and/or income protection cover by answering the eligibility questions below. Once you elect to make a change to your death and TPD or income protection cover, your new member offer period ends. The new member offer is not available if you have changed your default cover in any way.

Eligibility Questions

Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
In the last 12 months have you had any illness or injury that: a. caused you to take time off work for more than 10 consecutive working days, or b. required modification to your normal working hours or duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you considering seeking any medical advice or treatment for any illness or injury that: a. you have not already consulted a medical professional for, or b. appears to be getting worse?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>

If you've answered 'Yes' to any of the questions above, you're not eligible to increase your cover under the new member offer. You can still increase your cover by completing Steps 5, 6, 7 & 8.

If you answered 'No' to all the questions above, please choose which changes you would like to make to your cover below.

Note: if you would like to increase your cover beyond these options, you can do so by completing Steps 5, 6, 7 & 8.

Death and TPD

Increase my unit-based death and TPD cover by 1 unit 2 units

If you would also like to transfer your unit-based cover to fixed cover, please complete Steps 5, 6, 7 & 8.

Income Protection

You can increase your cover by up to 2 units and vary your income protection waiting period or benefit period.

Increase my income protection cover by 1 unit 2 units

Change my waiting period to 30 days 60 days

Change my benefit period to 5 years
(This change is not available for casual employees or contractors)

If you want to increase your cover by more than 2 units, you can do so up to 85% of your gross annual income, to a maximum of \$30,000 per month. Complete Steps 5 (income protection) 6, 7 & 8.

Step 5:
Apply for or
change your
insurance

Use this section to change or apply for cover, including cancelling cover.

Increases to your cover and certain other changes to income protection (as directed below) also require the satisfactory completion of **Step 6 - Your personal statement**. Reductions in cover or cancellation of cover don't require any health questions to be completed.

Death and TPD			
The maximum amount of TPD cover is \$5 million.	Select what you would like to be covered for	<input type="checkbox"/> Death & TPD	<input type="checkbox"/> Death Only
The maximum amount of Death cover is unlimited.	Select your type of cover	<input type="checkbox"/> Unit-based	<input type="checkbox"/> Fixed

You can select either unit-based cover or fixed cover, but not a combination of both.

Unit-based cover			
How many units of cover would you like in total?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	Death & TPD Death Only

Refer to the unit-based cover table in the *Insurance Handbook* to determine the sum insured per unit for your age.

Step 5:
Apply for or
change your
insurance
(continued)

Fixed Cover			
Total level of cover you would like?	\$ <input type="text"/>	Death and TPD \$ <input type="text"/>	Death Only <input type="text"/>
Fixed death and TPD or death only cover will be automatically increased at 1 July each year by the lesser of CPI and 7.5%, and premiums will also increase in line with this increase in cover. Please place X in the box below if you don't want to receive this automatic increase.			
<input type="checkbox"/> I don't want my cover increased automatically each year for CPI (inflation).			

Converting your cover

If you would like to convert your current level of unit-based cover to fixed cover, or vice versa, cross the relevant box below.

Convert my unit-based cover to fixed cover Convert my fixed cover to unit-based cover

Use this section to change or apply for cover, including cancelling cover.

Increases to your cover and certain other changes to income protection (as directed below) also require the satisfactory completion of **Step 6 - Your personal statement**. Reductions in cover or cancellation of cover don't require any health questions to be completed.

Converting your cover

If you would like to convert your current level of unit-based cover to fixed cover, or vice versa, cross the relevant box below.

Convert my unit-based cover to fixed cover Convert my fixed cover to unit-based cover

Income Protection

The maximum income protection benefit you can apply for is the lesser of \$30,000 per month or 85% of your gross annual income. In the event of a claim, the maximum income protection amount payable to you is 75% of your gross annual income at the time of the claim, plus up to a further 10% for superannuation contributions which will be paid directly to your VicSuper FutureSaver account.

What is your annual income before tax? \$

Note: If you are self-employed this means income after business expenses but before tax.

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>

Level of cover	
How many units of income protection cover would you like in total?	<input type="text"/> <input type="text"/> (each unit provides a benefit of \$500 per month)

Benefit period	
Choose your benefit period	<input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> To age 65

Premiums for each benefit period can be found in the *Insurance Handbook*. If you're increasing your benefit period to five years or to age 65, also complete **Step 6 - Your personal statement**.

Waiting period	
Choose your waiting period	<input type="checkbox"/> 90 days <input type="checkbox"/> 60 days <input type="checkbox"/> 30 days

Premiums for each waiting period can be found in the *Insurance Handbook*. If you're decreasing your waiting period to 30 or 60 days, also complete **Step 6 - Your personal statement**.

Step 6:
Your personal statement

If additional space is required in order to provide all relevant information, please use a separate piece of paper and return together with this form.

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?
<input type="checkbox"/> Life cover	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Total & Permanent Disability (TPD) cover	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Trauma cover	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Income Protection (IP) cover	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> per month Wait Period: <input type="text"/> Benefit Period: <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Step 6:
Your personal
statement
(continued)

Lifestyle

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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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 or activities 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
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Have you smoked tobacco or any other substance within the last 12 months?

Yes No

If YES, please provide details:

<input type="text"/>
<input type="text"/>

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?

Yes No

If YES, please provide details:

Drug/Medicine	Frequency of use
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Step 6:
Your personal
statement
(continued)

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

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:

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

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

Unknown

If **YES**, please provide details:

Relationship to you	Age at diagnosis	Specific conditions(s)
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

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? Yes No

Please provide details:

Condition	Test results (e.g. positive, negative, carrier, unknown)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Step 6:
Your personal
statement
(continued)

Health

What is your height?	<input type="text"/>	cm
What is your weight?	<input type="text"/>	kg
Has your weight changed by more than 10kg in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES , please provide details, including former weight and reason for weight change:		
<input type="text"/>		
<input type="text"/>		
Females Only: Are you currently pregnant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES , please provide details:		
How many weeks pregnant are you?	<input type="text"/>	<input type="text"/>
Is the pregnancy progressing normally with no complications	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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.		
<input type="checkbox"/>	Headache e.g. <i>tension or cluster headaches, migraines</i>	
<input type="checkbox"/>	Ear or hearing condition e.g. <i>partial or total deafness, tinnitus, Meniere's disease, vertigo</i>	
<input type="checkbox"/>	Eye or eyesight condition (not corrected by glasses or contact lenses) e.g. <i>partial or total blindness, glaucoma, keratoconus</i>	
<input type="checkbox"/>	Infectious disease (excluding ordinary cold and flu) e.g. <i>tuberculosis, glandular fever, malaria, Ross River fever</i>	
<input type="checkbox"/>	Sexually transmitted infection e.g. <i>syphilis, chlamydia, gonorrhoea</i>	
<input type="checkbox"/>	Lung, respiratory or sleep condition e.g. <i>asthma, bronchitis, pneumonia, emphysema, insomnia, sleep apnoea</i>	
<input type="checkbox"/>	Trapped or injured nerve e.g. <i>carpal tunnel syndrome, tennis elbow, pins and needles, numbness, repetitive strain injury (RSI)</i>	
<input type="checkbox"/>	None of these conditions	
If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment):		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
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.		
<input type="checkbox"/>	Back, neck or spine condition e.g. <i>pain or injury, scoliosis, disc disorder, arthritis, sciatica</i>	
<input type="checkbox"/>	Back, joint, ligament or any other musculoskeletal condition e.g. <i>pain or injury, gout, arthritis, bone density disorder</i>	
<input type="checkbox"/>	Mental or behavioural condition e.g. <i>anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder</i>	
<input type="checkbox"/>	Chronic pain or fatigue e.g. <i>myalgic encephalomyelitis, fibromyalgia</i>	
<input type="checkbox"/>	Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind e.g. <i>breast lump, melanoma, leukemia, lipoma</i>	
<input type="checkbox"/>	Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar	
<input type="checkbox"/>	High blood pressure or high cholesterol	
<input type="checkbox"/>	Heart or vascular condition e.g. <i>heart attack, irregular heartbeat, angina, heart murmur, heart valve condition, varicose veins</i>	
<input type="checkbox"/>	Brain or head condition e.g. <i>stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia</i>	
<input type="checkbox"/>	Neurological condition e.g. <i>multiple sclerosis (MS), Parkinson's, muscular dystrophy, motor neurone disease, optic neuritis</i>	

Step 6:
Your personal
statement
(continued)

<input type="checkbox"/>	Gland or hormone condition e.g. <i>thyroid conditions, polycystic ovarian syndrome (PCOS), pituitary adenoma</i>
<input type="checkbox"/>	Blood condition e.g. <i>anaemia, deep vein thrombosis (DVT), haemochromatosis, blood clotting disorder</i>
<input type="checkbox"/>	Stomach, bowel or digestive condition e.g. <i>Crohn's, ulcerative colitis, reflux, polyps, diverticular disease</i>
<input type="checkbox"/>	Kidney, urinary or genital condition e.g. <i>kidney stones, cystitis, endometriosis, abnormal cervical screening or prostate screening test</i>
<input type="checkbox"/>	Liver, pancreas or gallbladder condition e.g. <i>fatty liver, hepatitis, pancreatitis, gall stones</i>
<input type="checkbox"/>	Skin condition e.g. <i>dermatitis, psoriasis, eczema, sunspots, skin lesions</i>
<input type="checkbox"/>	Autoimmune or inflammatory condition e.g. <i>rheumatoid arthritis, immunodeficiency, lupus</i>
<input type="checkbox"/>	None of these conditions

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

Are you infected with Human Immunodeficiency Virus (HIV)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been referred for or are you waiting on the results of an HIV test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you tested positive for or are you waiting on the results of a COVID-19 test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been exposed to COVID-19, or have you been in close contact with anyone who has been diagnosed with, quarantined for, or is suspected to have COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
<i>Note: You do not need to tell us about oral contraceptives or over-the-counter medications.</i>		
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES , please provide details:		

What is the name of your usual doctor/medical centre?	
Name:	<input type="text"/>
Contact number:	<input type="text"/>
Address:	<input type="text"/>
	<input type="text"/>

Step 7: Duty to take reasonable care

Important

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.

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.

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.

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's Member Centre on 1300 366 216.

Step 8:
General consent
& Sign

You must read and acknowledge the General Consent by signing below -

- I have read and understand the Duty to take reasonable care not to make a misrepresentation on page 11 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- I declare the answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy. This includes ensuring there are sufficient funds in my VicSuper FutureSaver account at all times to meet the insurance premium payable.
- I have read and understood the privacy policy available at vicsuper.com.au/privacy and 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 the terms of these documents.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read the insurance section of the current *Product Disclosure Statement* and the relevant *Target Market Determination* (TMD) available at vicsuper.com.au/pds.
- I understand that if I have chosen fixed TPD cover that this cover will reduce by 10% annually on my birthday between the ages of 61 and 68. From my 68th birthday TPD benefits will remain at 20% of my cover value through to age 70 when cover ceases.
- I consent to any employer or Insurer holding information about my employment or insurance history to disclose that information to MetLife.
- I agree that a photocopy or electronic version of these authorisations shall be considered as effective as a hard copy original.
- I understand that if I have any un-finalised requests for Transfer of Cover or Life Event Increase, these cover amounts will not be incorporated to the Total Cover amounts - applied for under this application.
- I understand that my right to receive benefits under the insurance policies is dependent on meeting the conditions of the policies, meeting a condition of release under the *Superannuation Industry (Supervision) Act 1993* (Cth) and the Insurer approving my claim.
- I understand that there are certain circumstances where a claim cannot be made for a pre-existing condition and that I can refer to the *Insurance Handbook* for further details.
- I understand that my insurance cover will be issued and continue subject to the terms and conditions of the insurance policy even if I am under the age of 25, my account balance is less than \$6,000 and/or there has been no activity on my account (including no contributions or rollovers received) for a continuous period of 16 months.
- I understand that if I have chosen to cancel my existing cover, my ability to restart new cover may be subject to health assessment, insurance policy conditions and acceptance by the Insurer, and I may not be able to get cover.

I acknowledge and consent to the above.

Given name/s*

Surname*

Signature*

Date*

Step 9:
Send your form
to us

Send your completed form along with any supporting documentation to
VicSuper
GPO Box 89
MELBOURNE VIC 3001

Please **do not fax this form**. We will not process any changes to your cover received via fax as we must receive the original form to make changes to your cover.

Insurance cover outlined in the form is provided under group life insurance and group income protection policies issued and underwritten by MetLife Insurance Limited ABN 75 004 274 882 AFSL NO. 238 096

Aware Super Pty Ltd, ABN 11 118 202 672, AFSL 293340, The trustee of Aware Super ABN 53 226 460 365.