

## Application for Insurance

### About the application

- This application can also be completed online through your member online account.
- This application needs to be completed by the person to be insured.
- Please complete the application in BLACK ink pen only.
- Any changes made to this application are to be initialled by the person to be insured.
- Please answer all the questions as accurately as possible and provide additional information wherever requested.
- 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 on your preferred phone number if further information is required.

### Important Information

Under superannuation legislation, Australian Ethical Super is prohibited from providing you with insurance cover if your superannuation account has not received any contributions or other amounts for a continuous period of 16 months (inactive account), or if your superannuation account has not had a minimum balance of \$6,000 at least once (low balance), and/or you are under 25 years of age, unless you make an appropriate election.

If your application for insurance is accepted, it will be treated as an election made by you to permit Australian Ethical Super to provide you with insurance cover even if your account is inactive or has a low balance, or you are under 25 years of age. The election will apply to all insurance cover through your account, including any cover for death, total and permanent disablement and income protection that you already hold in your account and any insurance cover that you are applying for in this application.

If you do not wish for your insurance application to be treated as an election, you can withdraw your election at any time by contacting Australian Ethical Super.

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### 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](http://www.metlife.com.au/privacy).

Name of scheme or superannuation fund

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### Section 1. About you

First name		Middle name		Surname	
Residential address			Suburb		State
Date of birth (dd/mm/yyyy)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Email address
Preferred contact number		Other contact number		Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm)	

## Section 2. About your insurance needs

Total required cover

	Death cover	Total & Permanent Disability cover	Income Protection	
Existing policy cover (if known)	\$	\$	\$	per month
Additional policy cover requested	\$	\$	\$	per month
Total cover requested (= existing + additional policy cover requested)	\$	\$	\$	per month

What Income Protection Waiting Period would you like?

30 days                       60 days                       90 days

What Income Protection Maximum Benefit Period would you like?

2 years                       5 years                       To age 65

**IMPORTANT NOTE:** If your Income Protection benefit period is longer than 2 years and you are no longer in permanent employment or self-employed, the maximum period Income Protection benefits will be paid is 2 years.

## Section 3. About your work

- What is your current gross annual salary? \$

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- Do you currently work more than **15 hours** per week?  Yes  No

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- 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 and are undertaken entirely within an office environment (excluding travel time from one office environment to another)?  Yes  No - skip to Q4

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  - Do you either hold tertiary qualifications or are you a registered member of a professional institute or governing body in relation to your profession, or do you work as a member of the executive leadership team with your employer?  Yes  No

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- Are you either performing light manual skilled work or *trade qualified working in a non-hazardous industry*\*?  Yes  No - continue to Q5

*\*Trade qualified working in a non-hazardous industry can include:*

  - Qualified tradespeople such as electricians or carpenters working in a domestic environment
  - Trade occupations in an office environment such as equipment repair person
  - Occupations involving light manual work such as Café owner, retail sales or travelling sales- person
  - Technical occupations requiring field work greater than 20% involving light manual work such as insurance assessor, building inspector or surveyor
  - Occupations involving the supervision of manual work such as building foreman

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- Do you perform moderate to heavy manual work or operate heavy machinery, and you hold tertiary or trade qualifications relevant to your current occupation, and you do not work in *high risk occupations*^?  Yes  No

*^High risk occupations can include:*

  - Working at heights or underground
  - Working in any occupation that exposes you to danger, such as firefighter or pilot
  - Working with firearms, such as police officers
  - Working in heavy manual occupations that does not require tertiary or trade qualifications such as labourer, warehouse worker, brick layer, factory worker
  - Working as an inter-state bus or truck driver

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## Section 4. About your insurance history

6. Has an application for Life, 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
7. 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
8. 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 give details in the table below.

Product/type	Total amount of cover	To be replaced by this cover?
Life Insurance	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total & Permanent Disability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Protection	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 5. About your health

9. What is your height?  cm | What is your weight?  kg
10. Have you smoked any substance, including cigarettes or e-cigarettes, or used nicotine replacement products in the last 12 months?  Yes  No

11. 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.

<input type="checkbox"/> Headache or migraine (e.g. tension or cluster headaches or migraines)	<input type="checkbox"/> Lung or breathing conditions (e.g. asthma, sleep apnoea)	<input type="checkbox"/> Eyesight conditions (does not incl. contact lenses or glasses for near or far sightedness)
<input type="checkbox"/> Ear or hearing conditions (e.g. hearing loss, tinnitus or swimmer's ear)	<input type="checkbox"/> Muscle, tendon or ligament problems	<input type="checkbox"/> Trapped nerves (e.g. carpal tunnel syndrome, pinched nerve, tennis elbow)
<input type="checkbox"/> Infectious diseases (excl. cold and flu)	<input type="checkbox"/> Gout	<input type="checkbox"/> <b>None of these conditions</b>

If you have selected any of the above conditions in question 11, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

12. 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.

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Chronic fatigue/Fibromyalgia	<input type="checkbox"/> <b>None of these conditions</b>
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If you have selected any of the above conditions in question 12, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

## Section 5. About your health (continued)

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

<input type="checkbox"/> Bone, joint or limb conditions	<input type="checkbox"/> Back pain	<input type="checkbox"/> Digestive conditions
<input type="checkbox"/> Brain or nerve conditions <i>(incl. stroke)</i>	<input type="checkbox"/> Psychological or mental health conditions	<input type="checkbox"/> Cancer, cyst, growth, lump, polyps or tumour
<input type="checkbox"/> Thyroid conditions	<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Urinary or gender specific conditions and abnormal findings
<input type="checkbox"/> Autoimmune conditions	<input type="checkbox"/> Heart related conditions	<input type="checkbox"/> Kidney or liver conditions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Blood conditions	<input type="checkbox"/> <b>None of these conditions</b>

If you have selected any of the above conditions in question 13, please give details in the table below.

Condition	Details <i>(incl. dates, symptoms, treatment)</i>

14. Are you currently pregnant?  Yes  No

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

Address

Contact number

## Section 6. About your family history

16. Has your mother, father, any brother or sister 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, Motor Neurone 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 7. About your lifestyle

17. 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

Country	Length of stay

18. Do you regularly engage in or intend to engage in any of the following activities? Please tick all boxes that apply.  Yes  No

<input type="checkbox"/> Water sports (e.g. underwater diving, rock fishing)	<input type="checkbox"/> Motor sports (e.g. motorcycle, auto, motor boat)	<input type="checkbox"/> Sky sports (e.g. skydiving, hang gliding, parachuting, ballooning)
<input type="checkbox"/> Aviation (other than as a fare paying passenger on a commercial airline)	<input type="checkbox"/> Horse sports (e.g. polo, horse riding, rodeo, dressage, jumping)	<input type="checkbox"/> Combat sports or Martial Arts (e.g. Taekwondo, boxing, fencing)
<input type="checkbox"/> Field sports (e.g. hockey or football incl. touch, tag or soccer)	<input type="checkbox"/> Hunting (of any kind)	<input type="checkbox"/> Any other hazardous activity not mentioned (e.g. base jumping, caving, outdoor rock climbing)
<input type="checkbox"/> None of these activities		

Please provide details for any activities you have selected above.

Activity	Details

19. Have you within the last 5 years used any drugs that were not prescribed to you (other than over the counter drugs)? If Yes, please give details in the table below.  Yes  No

Drug/medicine	Reason for use

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

21. 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

22. 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

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## Section 8. Duty of Disclosure

Before you become insured under the Australian Ethical Super insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide you cover and on what terms. For the purposes of this section, 'us' and 'we' means Australian Ethical Super's insurer.

This duty applies until we agree to provide your cover. You also have this duty when you extend, vary or reinstate your cover.

You don't 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 don't tell us something

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

If you don't tell us anything you're required to, and we wouldn't have provided the cover if you had told us, we may avoid the cover within three years of entering into it.

If we choose not to avoid the cover, we may, at any time, reduce the amount of cover provided. This would be worked out using a formula that takes into account the premium (insurance cost) that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within three years of entering into the cover.

If we choose not to avoid the cover or reduce the amount of cover provided, we may, at any time vary the cover in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right doesn't apply if the policy provides cover on death.

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

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## Section 9. Declaration

- I have read and understand my Duty of Disclosure and understand that this duty applies until formal notification of acceptance.
- My answers to the questions are true, and I have not deliberately withheld any information or material to the proposed insurance.
- 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 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 understand that if my superannuation account has not received any contributions or other amounts for a continuous period of 16 months (**inactive account**), superannuation legislation will prohibit Australian Ethical Super from providing me with insurance cover unless I make an appropriate election.
- I understand Australian Ethical 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 after 1 November 2019 (**low balance**) and/or I am under 25 years of age, unless I make an appropriate election.
- If my application is accepted, I direct Australian Ethical Super to accept this application as a valid election to be provided with insurance cover even if my account is an inactive account, 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/or 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 or over the phone. 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 Australian Ethical Super.

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## Section 9. Declaration (continued)

- I understand the cost of my insurance cover will continue to be deducted from my super account on a monthly basis. If there isn't enough money in my super account to cover the cost of insurance, my cover will be cancelled.
- I have read and understood the current Australian Ethical Super Product Disclosure Statement (PDS) and the incorporated Insurance Guide available on [australianethical.com.au](http://australianethical.com.au).
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.

Signature of applicant

Date (dd/mm/yyyy)



### Please return completed form to

Australian Ethical Retail Superannuation Fund, Locked Bag 20013, Melbourne VIC 3001

As part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.

Australian Ethical Retail Superannuation Fund (ABN 49 633 337 743) ("Australian Ethical Super")

[metlife.com.au](http://metlife.com.au)



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