



Insurance Application Form

About the application

- This application can also be completed online through your member online portal.
- 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

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.

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 8 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. About you

| | | | | |
|----------------------------|---|--|-------|----------|
| First name | Middle name | Surname | | |
| Residential address | | Suburb | State | Postcode |
| Date of birth (dd/mm/yyyy) | Sex at birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Another term (please specify) _____ | Email address | | |
| Preferred contact number | Other contact number | Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm) <input type="checkbox"/> Anytime | | |



Section 2. About your insurance needs

Total required cover

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

1. 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

\$

2. Do you work at least **15 hours** a week?

Yes No

3. a) 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

b) 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

4. 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

5. 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



Section 3. About your work (continued)

6. 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.

7. 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 4. About your insurance history

8. 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.

9. 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.

10. 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 give details.

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



Section 5. About your lifestyle

11. Are you a citizen or permanent resident of Australia?

Yes No

12. Are you currently living in Australia?

Yes No

13. Do you intend to travel to any country outside Australia in the next 12 months?

Yes No

If Yes, please give details.

| Country | Intended dates of travel |
|---------|--------------------------|
| | |
| | |
| | |

14. Do you regularly engage in, or intend to engage in, any of the following hazardous sports or activities?

Please tick all boxes that apply.

| | | |
|--|---|--|
| <input type="checkbox"/> Water sports or activities <i>e.g. snorkelling, scuba diving, free diving</i> | <input type="checkbox"/> Motor sports or activities <i>e.g. motorcycle, motorcar, motor boat</i> | <input type="checkbox"/> Snow/winter sports or activities <i>e.g. skiing, snowboarding, ice skating, ice hockey</i> |
| <input type="checkbox"/> Aerial sports or activities or aviation <i>e.g. skydiving, hang gliding, parachuting, ballooning</i> | <input type="checkbox"/> Combat sports or martial arts <i>e.g. taekwondo, boxing, fencing</i> | <input type="checkbox"/> Field sports or team sports <i>e.g. hockey, football including touch or soccer, roller derby</i> |
| <input type="checkbox"/> Horse riding or equestrian activities <i>e.g. polo, rodeo, dressage, jumping</i> | <input type="checkbox"/> Rock climbing, abseiling or other adventure sports or activities <i>e.g. mountain biking, parkour</i> | <input type="checkbox"/> Any other hazardous sport or activity not mentioned |
| <input type="checkbox"/> None of these activities | | |

If you have selected any of the sports or activities above, please provide details.

| Activity | Details |
|----------|---------|
| | |
| | |
| | |

15. 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.

| |
|--|
| |
| |

16. 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 |
|---------------|------------------|
| | |
| | |
| | |

17. 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



Section 5. About your lifestyle (continued)

18. Have you **ever**: Yes No
- 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?

If Yes, please provide details.

Section 6. About your family history

19. Has any immediate family member (your mother, father, any brother or sister) been diagnosed Yes No
under the age of 60 with any of the following conditions? Unknown

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

If Yes, please provide details.

| Relationship to you | Age at diagnosis | Specific condition(s) |
|---------------------|------------------|-----------------------|
| | | |
| | | |
| | | |

20. Including this application, is the total amount of cover you hold with all insurers or superannuation funds greater Yes No
than any of the following amounts?

- \$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) |
|-----------|--|
| | |
| | |

Section 7. About your health

21. What is your height (cm)? 22. What is your weight (kg)?

23. 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.



Section 7. About your health (continued)

24. Are you currently pregnant?

Yes No

If Yes, please provide details.

a) How many weeks pregnant are you?

b) Is the pregnancy progressing normally with no complications?

Yes No

25. 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 <i>e.g. tension or cluster headaches, migraines</i> | <input type="checkbox"/> Ear or hearing condition <i>e.g. partial or total deafness, tinnitus, Meniere's disease, vertigo</i> | <input type="checkbox"/> Eye or eyesight condition (not corrected by glasses or contact lenses) <i>e.g. partial or total blindness, glaucoma, keratoconus</i> |
| <input type="checkbox"/> Infectious diseases (excluding ordinary cold and flu) <i>e.g. COVID-19, tuberculosis, glandular fever, malaria, Ross River fever</i> | <input type="checkbox"/> Sexually transmitted infection <i>e.g. syphilis, chlamydia, gonorrhoea</i> | <input type="checkbox"/> Lung, respiratory or sleep condition <i>e.g. asthma, bronchitis, pneumonia, emphysema, insomnia, sleep apnoea</i> |
| <input type="checkbox"/> Trapped or injured nerve <i>e.g. 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).

26. 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 <i>e.g. pain or injury, scoliosis, disc disorder, arthritis, sciatica</i> | <input type="checkbox"/> Bone, joint, ligament or any other musculoskeletal condition <i>e.g. pain or injury, gout, arthritis, bone density disorder</i> | <input type="checkbox"/> Mental or behavioural condition <i>e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder</i> |
| <input type="checkbox"/> Chronic pain or fatigue <i>e.g. myalgic encephalomyelitis, fibromyalgia</i> | <input type="checkbox"/> Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind <i>e.g. 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 <i>e.g. heart attack, irregular heartbeat, angina, heart murmur, heart valve condition, varicose veins</i> | <input type="checkbox"/> Brain or head condition <i>e.g. stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia</i> |
| <input type="checkbox"/> Neurological condition <i>e.g. multiple sclerosis (MS), Parkinson's, muscular dystrophy, motor neurone disease, optic neuritis</i> | <input type="checkbox"/> Gland or hormone condition <i>e.g. thyroid conditions, polycystic ovarian syndrome (PCOS), pituitary adenoma</i> | <input type="checkbox"/> Blood condition <i>e.g. anaemia, deep vein thrombosis (DVT), haemochromatosis, blood clotting disorder</i> |



Section 7. About your health (continued)

| | | |
|--|--|---|
| <input type="checkbox"/> Stomach, bowel or digestive condition e.g. Crohn's, ulcerative colitis, reflux, polyps, diverticular disease | <input type="checkbox"/> Kidney, urinary or genital condition e.g. kidney stones, cystitis, endometriosis, abnormal cervical screening or prostate screening test | <input type="checkbox"/> Liver, pancreas or gallbladder condition e.g. fatty liver, hepatitis, pancreatitis, gall stones |
| <input type="checkbox"/> Skin condition e.g. dermatitis, psoriasis, eczema, sunspots, skin lesions | <input type="checkbox"/> Autoimmune or inflammatory condition e.g. rheumatoid arthritis, immunodeficiency, lupus | <input type="checkbox"/> None of these conditions |

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

27. Are you infected with Human Immunodeficiency Virus (HIV)?

Yes No

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

Yes No

29. 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.

30. Apart from what you've already told us, have you had any surgery in the last 5 years, or are you awaiting surgery?

Yes No

If Yes, please provide details.

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

| | |
|------|----------------|
| Name | Contact number |
|------|----------------|

| | | | |
|---------|--------|-------|----------|
| Address | Suburb | State | Postcode |
|---------|--------|-------|----------|

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



Section 8. 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

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 us on 1800 021 227.



Section 9. Declaration

- I have read and understand the Duty to take reasonable care on page 8 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 true, and I have not deliberately withheld any information or material to the proposed insurance.
- 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'. 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.
- 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 also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Australian Ethical Super.
- 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.
- I understand that before making any financial decision it's important for me to evaluate the appropriateness of insurance to my financial circumstances, needs and objectives. I have considered the cost of cover over time as this may impact the amount of money I end up with in retirement (noting that the cost of my insurance is taken out of my superannuation balance).

Signature of applicant

Date (dd/mm/yyyy)



Full name (please print)



Please return the completed form to

Australian Ethical Retail Super, GPO Box 3117, Brisbane QLD 4001; or login to the member portal at australianethical.com.au/login and upload your completed form under the 'We're here to help' section.

For assistance with the completion of this form, please contact us on **1800 021 227 (AEST)**.

Australian Ethical Superannuation Pty Ltd (ABN 43 079 259 733, RSE L0001441, AFSL 526 055) is the Trustee of Australian Ethical Retail Superannuation Fund.

metlife.com.au



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