

# Insurance Choice Form

For Super members previously  
with Christian Super



Use this form if you were previously  
a Christian Super member.

## Send your completed form to:

Australian Ethical Super, Locked Bag 5073  
Parramatta NSW 2124

Email: [members@australianethical.com.au](mailto:members@australianethical.com.au)

## 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 the overall assessment process MetLife will contact you if further information is required.

## Important notes

### Please complete this form if you want to:

- cancel your existing cover or opt-out of insurance before it starts automatically
- reduce your current Death and Total and Permanent Disablement (TPD) Cover
- reduce your current Income Protection Cover
- increase your waiting period under your current Income Protection Cover
- reduce your benefit period under your current Income Protection Cover
- apply for additional Death and Total and Permanent Disablement Cover under Life Events Cover
- change your occupation classification

Certain eligibility conditions apply if you are changing your existing Death, Death and TPD or Income Protection insurance cover. For details of these conditions and other information, please refer to the **Insurance Guide** Ex-Christian Super members available from our website. Insurance is provided by MetLife Insurance Limited ("MetLife" or the "Insurer") (ABN 75 004 274 882, AFSL 238096).

Default Cover which is made up of Death, TPD and Income Protection Cover which is provided as unitised cover, is automatically provided to you when you are aged 25 or over (but under 67) and have had an account balance of \$6,000 and receive a mandatory employer contribution. If you are under age 25 and/or have an account balance less than \$6,000 account balance and you wish to opt-in for Default Cover (provided this is the first time you receive Default Cover), you will need to complete the **Insurance Opt-in Form** available from our website.

If you're applying to increase Life Events Cover, or applying for new cover, you will need to complete the **Insurance Application Form** available from our website.

## 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 [metlife.com.au/privacy](https://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 pages 5 and 6 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: Personal details (the applicant)

Member number

Mr/Mrs/Ms/Rev/Other

Surname

Given Names

Date of birth

Sex at birth

☐ Male ☐ Female

Postal Address

Street Number/PO Box

Street Name

Suburb/Town

State

Postcode

Country

### Section 2: Occupation classification

Your occupation classification determines the premium rates that applies to you.

There are three occupation classifications:

- Group 1 – Professional/White Collar
- Group 2 – White Collar
- Group 3 – Blue Collar

The occupation classification that applies to you depends on your responses to the questionnaire below:

**Group 1 (Professional/White Collar):** Professionals, executives and senior professional workers who possess university qualifications and do not perform any manual work. e.g. lawyer, doctor, solicitor, accountant, principal, school business manager ☐

**Group 2 (White Collar):** Qualified community professionals, clerical or administrative workers who do not perform any manual work or salespeople not involved in deliveries. e.g. teacher, clergy, social worker, office worker, travel consultant, home duties ☐

**Group 3 (Blue Collar):** Skilled technician or trade-based worker and supervisors in non-hazardous industries who are involved in light manual work. Also Pilots of the Mission Aviation Fellowship, skilled or semi-skilled manual workers and heavy machine operators who are not exposed to high-risk accidents or health hazards. e.g. jeweller, computer technician, shop assistant, waiter, nurse, bus driver, police officer ☐

## Position details

Position title

Position duties

### Section 3: Cancel your cover

I wish to cancel the following existing insurance cover that I have:

☐ Death ☐ Total and Permanent Disablement ☐ Income Protection

❗ Please note that you cannot have standalone Total and Permanent Disablement (TPD) Cover under Australian Ethical Super, which means that if you wish to keep your TPD Cover, you also need to keep your Death Cover.

OR

☐ Opt-out of Default Death and Total and Permanent Disablement Cover before it starts automatically

❗ Please note that by selecting this option, you have opted out of receiving Default Death and TPD Cover once you meet the eligibility criteria (aged 25 and under 65 and have reached \$6,000 in your super account).

OR

☐ Opt-out of Default Income Protection Cover before it starts automatically

❗ Please note that by selecting this option, you have opted out of receiving Default Income Protection Cover once you meet the eligibility criteria (aged 25 and under 65 and have reached \$6,000 in your super account).

There are a few things to be aware of when cancelling your cover:

- you won't be eligible to lodge an insurance claim once your cover is cancelled.
- we will cease deducting premiums from your superannuation account the date your cover is cancelled.
- should you wish to apply for insurance cover at a later date after your cover is cancelled, you will be required to provide additional information which is subject to the acceptance by the Insurer.
- If you choose to have cover in the future, it will be subject to a health assessment and acceptance by the insurer. You may not be able to get cover at all or it may be subject to exclusions or loadings for certain conditions.

### Section 4: Switching Unitised Death and TPD Fixed Cover

Complete this section if you want to fix or convert to unitised Death and Total and Permanent Disablement Cover

There are a few things about Fixed Cover you should be aware of:

- you are aged between 30 and 59
- Total and Permanent Disablement Cover cannot be higher than Death Cover
- the amount of cover you hold will stay the same and won't reduce as you get older, however your Total and Permanent Disablement Cover will start to reduce each year from age 61 until it is reduced to 0 upon reaching age 70
- any restrictions that applied to your previous cover will continue to apply to your new Fixed Cover

☐ I want to convert my Unitised Cover to Fixed Cover

☐ I want to convert my Fixed Cover to Unitised Cover

❗ Refer to the [Insurance Guide](#) for Ex-Christian Super members for further information.

If you need to increase your level of cover in the future, you will be required to complete a series of health questions, which is subject to the insurer's approval.

## Section 5: Reduce Death and Total Permanent Disablement Cover

### Unitised Cover

Default Death Cover

units

Default TPD Cover:

units

### Fixed Cover

You can reduce your current Death and Total and Permanent Disablement Cover by entering the amount of cover you require below:

Death Cover:

TPD Cover:

Your Total and Permanent Disablement Cover cannot exceed the Death Cover amount.

**!** If you need to increase your level of cover in the future, you will be required to complete the [Insurance Application Form](#), which is subject to the insurer's approval.

## Section 6: Reduce Income Protection Cover

You can reduce your current Income Protection Cover by entering the number of units you require below:

Income Protection Cover:

units

You can increase your waiting period on your current Income Protection Cover by nominating the waiting period you require below:

☐ 60 days

☐ 90 days

You can reduce your benefit period your current Income Protection Cover by nominating the benefit period you require below:

☐ 2 years

☐ 5 years

You can only **increase** your waiting period or **reduce** your benefit period using this form.

If you wish to reduce your waiting period or increase your benefit period, you will need to apply using the [Insurance Application Form](#) available from our website.

## Section 7: Life Events Cover

Complete this section to apply for Death and Total and Permanent Disablement Cover upon the occurrence of one of the following life events:

- getting married or divorced
- birth or adoption of first child
- first mortgage over \$100,000
- death of a spouse
- first child commences private school
- a new business loan or increase in an existing business loan over \$100,000

You can apply for Life Events Cover within 90 days of the occurrence of the life event.

You'll need to complete Steps 1 to 3 of this section and satisfy the eligibility check, as well as provide documentation with this form to confirm the life event has occurred.

You can apply for a Life Events Cover once in any 12 month period if you meet the eligibility conditions and haven't increased your cover under a Life Events Cover more than three times before.

### Step 1: Eligibility check

- a. 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
- b. 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 ☐ No
- c. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined or deferred? ☐ Yes ☐ No

**!** Note: If you answer "Yes" to any of the above questions, you are not eligible to increase your cover under Life Events Cover. You can apply for additional cover by completing the [Insurance Application Form](#) available from our website.

## Step 2: Details of Life Event

Select the specific life event you are applying under to increase your cover

LIFE EVENT	DOCUMENTATION REQUIREMENTS
<input type="checkbox"/> Marriage or Divorce	Copy of the marriage certificate which must be recognised as valid under the <i>Marriage Act 1961</i> (Cth) or a copy of the divorce order
<input type="checkbox"/> Birth or adoption of first child	A copy of the child's birth certificate or adoption certificate with you appearing as the parent
<input type="checkbox"/> Death of a spouse	A copy of the death certificate
<input type="checkbox"/> Taking out a new mortgage on a newly purchased property or parcel of land where you intend to reside immediately after purchase or immediately after building a house on the land	A copy of all of the following: <ul style="list-style-type: none"><li>• statement of the loan; and</li><li>• stamped front page of the contract of sale; and</li><li>• statutory declaration confirming the purchased property will be the insured member's primary residence</li></ul>
<input type="checkbox"/> First child commences private school	A copy of the acceptance from the private school which you have enrolled your child/children to.
<input type="checkbox"/> A new business loan or increase in an existing business loan over \$100,000	A copy of a statement of loan

Date of event

--	--	--	--	--	--	--	--

The application, plus the evidence in the table above, must be received within 90 days of the event. Please note, additional eligibility criteria apply. For further information on Life Events Cover, contact us by phone or email.

## Step 3: Cover required

I wish to apply for:

- ☐ additional 1 unit of the same type of cover or the value of 1 unit if fixed cover is held

### 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 the fund on 1800 021 227.***

## Section 9: Declaration

- I have read and understand the Duty to take reasonable care on pages 5 and 6 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.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information' on page 2 of this form. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of the Privacy Disclosure Statement.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- Where applicable, any existing cover that is subject to special terms, such as loadings and/or exclusions, will remain applicable to the relevant portion of that cover.
- I have read the insurance section of the current Product Disclosure Statement.
- Agree to be bound by the terms and conditions set out in the **Insurance Guide** Ex-Christian Super members available on the Australian Ethical website.
- 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 Superannuation from providing me with insurance cover unless I make a valid election.
- I understand Australian Ethical Superannuation will not be permitted to provide Default 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 election.
- If my application is accepted, I direct Australian Ethical Superannuation to accept this application as an election to be provided with insurance cover even if my account is an inactive account.
- 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 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 Superannuation.
- I understand that if I cancel my Default Cover, I won't be eligible to receive Default Cover in the Future.

**Additionally I acknowledge that:**

- If I don't fully complete this application (including by sending any required documentation, where applicable), or I do not sign and date it, I will not be eligible to vary my existing insurance cover to my account with the Australian Ethical Retail Superannuation Fund.
- The variations to my existing insurance cover will not commence until MetLife have accepted my application of which I will be notified in writing.
- The Australian Ethical Retail Superannuation Fund and MetLife may undertake appropriate enquiry and investigation to verify the answers I have provided. These enquires and investigations may be made at any time including, but not limited to, when the Australian Ethical Retail Superannuation Fund and MetLife are considering this application or in the event of a claim at that time.
- If I have chosen to cancel my insurance cover, I will no longer be insured and will need to apply and be accepted for cover by the Insurer.
- If I have chosen to reduce my cover, any request to increase my cover in the future will be subject to acceptance by the Insurer.
- 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).

- ❗ Please note if you are using an electronic signature, this must be signed using OneSpan, DocuSign, or Adobe Acrobat Sign, and the forms will need to be accompanied by a time-stamped certificate.

Signature

X

Member's full name (please print)

Date

- ❓ If you have any questions, please contact Australian Ethical Super on 1800 021 227.