Australian Ethical

MetLife

Insurance Application Form

About the application

- 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.
- Please note if your occupation is classified as High Risk you are not eligible to apply for voluntary cover

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

☐ Male ☐ Female ☐ Another term (please specify) _____

Email address	Preferred contact number	Other contact number

Preferred time of contact

☐ Morning (9am-12pm) ☐ Afternoon (12pm-6pm) ☐ Anytime

Section 2. About your insurance needs

Total cover required	Death cover	Total & Permanent Disablement (TPD) cover	Income Protection (IP) cover
☐ Existing cover amount ($ or units, if known)	$	$	$ per month
☐ Additional cover requested ($ or units)	$	$	$ per month
☐ Unitised cover is capped at 48 units for TPD Fixed cover is capped at $5 million for both Death and TPD cover	☐ Unitised cover ☐ Fixed cover	☐ Unitised cover ☐ Fixed cover	$ per month
☐ Total cover required, $ or units (= existing + additional cover requested)	$	$	$ per month

To find out what the value of 1 unit of Default Cover that applies for your age group, refer to the age-based unitised cover scale in the Insurance Guide available at **www.australianethical.com.au/super/pds-forms**.

Important note: For former Christian Super members on special Income Protection rates, changing your Income Protection Cover (with the exception of changing Occupation Category) will result in the Cover expiry age reducing from age 70 to age 65. Further, the grandfathered special Income Protection rates will no longer apply and standard insurance fee rates will apply as outlined in the Insurance Guide.

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

Section 3. About your work

1. What is your current occupation and what are your duties?

2. 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 $

3. Are you a member of Australian Ethical Super and employed in permanent employment, employed on a Fixed term contract of 6 months or more, or self-employed? ☐ Yes ☐ No

4. Do you work at least **15 hours** a week? ☐ Yes ☐ No

5. The occupation category that applies to you depends on your occupation election below:

   ☐ Professional:

   Members who only work within an office or similar environment and their duties do not involve any manual work or teaching and:
   - they earn more than $100,000 p.a. (before tax); and
   - they hold tertiary qualifications or are a registered member of a professional institute or governing body in relation to their job, or work as a member of the executive leadership team with their employer.

   Examples include: Accountant, Lawyer/Solicitor, Medical Doctor

   ☐ White Collar:

   Members who only work in an office or similar environment and their duties include managerial, administrative or clerical activities:
   - but their job does not involve any manual work or teaching.

   Examples include: Bank Teller, Administrative Assistant, Book-keeper

Section 3. About your work (continued)

☐ Light Manual:

Members who perform light manual skilled work, a classroom teaching role, or trade qualified working in a non-hazardous industry.

Examples include:

- Classroom Teacher including PE or Music Teacher
- Registered Childcare Worker
- Qualified tradespeople such as Electricians or Landscaper 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
- 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

☐ Manual:

Members who are tertiary or trade qualified for their job, performing moderate to heavy manual work or operate heavy machinery, not in a high-risk occupation:

Examples include: Sheet Metal Worker, Mechanic, Plumber, Commercial Electrician

High risk occupations 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 do not require tertiary or trade qualifications such as Labourer,
- Warehouse Worker, Brick Layer, Factory Worker
- Working as an inter-state Bus or Truck Driver

☐ Heavy Manual:

Members who perform moderate to heavy manual work or operate heavy machinery or they are not trade or tertiary qualified for their current job or they work in a high-risk occupation:

Examples include: Prison Guard, Removalist, Carpenter

High risk occupations 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

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. 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 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 provide details.

Product/Type	Total amount of cover ($ or units)	To be replaced by this cover?
☐ Death cover	$	☐ Yes ☐ No
☐ Total & Permanent Disability (TPD) cover	$	☐ Yes ☐ No
☐ Trauma cover	$	☐ Yes ☐ No
☐ Income Protection (IP) cover	$ per month	☐ Yes ☐ No
	Wait period:	
	Benefit period:	

Section 5. 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 provide details.

Country	Intended dates of travel

Section 5. Your lifestyle (continued)

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.

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

If you have selected any of the sports or activities in question 14, 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

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. Your family history

19. 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 ☐ Unknown

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

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 than any of the following amounts? ☐ Yes ☐ No

- $500,000 of Death 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. 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.

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

Section 7. Your health (continued)

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.

- ☐ Headache *e.g. tension or cluster headaches, migraines*
- ☐ Ear or hearing condition *e.g. partial or total deafness, tinnitus, Meniere's disease, vertigo*
- ☐ Eye or eyesight condition (not corrected by glasses or contact lenses) *e.g. partial or total blindness, glaucoma, keratoconus*
- ☐ Infectious diseases (excluding ordinary cold and flu) *e.g. COVID-19, tuberculosis, glandular fever, malaria, Ross River fever*
- ☐ Sexually transmitted infection *e.g. syphilis, chlamydia, gonorrhoea*
- ☐ Lung, respiratory or sleep condition *e.g. asthma, bronchitis, pneumonia, emphysema, insomnia, sleep apnoea*
- ☐ Trapped or injured nerve *e.g. carpal tunnel syndrome, tennis elbow, pins and needles, numbness, repetitive strain injury (RSI)*
- ☐ **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.

- ☐ Back, neck or spine condition *e.g. pain or injury, scoliosis, disc disorder, arthritis, sciatica*
- ☐ Joint, bone, ligament or musculoskeletal condition *e.g. pain or injury, gout, arthritis, bone density disorder*
- ☐ Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind *e.g. breast lump, melanoma, leukemia, lipoma*
- ☐ Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar
- ☐ Mental or behavioural condition *e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder*
- ☐ Fibromyalgia, chronic fatigue syndrome or chronic pain syndrome
- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Heart or vascular condition *e.g. heart attack, irregular heartbeat, angina, heart murmur, heart valve condition, varicose veins*
- ☐ Brain or head condition *e.g. stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia*
- ☐ Skin condition *e.g. dermatitis, psoriasis, eczema, sunspots, skin lesions*
- ☐ Neurological condition *e.g. multiple sclerosis (MS), Parkinson's, muscular dystrophy, motor neurone disease, optic neuritis*
- ☐ Gland or hormone condition *e.g. thyroid conditions, polycystic ovarian syndrome (PCOS), pituitary adenoma*
- ☐ Blood condition *e.g. anaemia, deep vein thrombosis (DVT), haemochromatosis, blood clotting disorder*
- ☐ Stomach, bowel or digestive condition *e.g. Crohn's, ulcerative colitis, reflux, polyps, diverticular disease*
- ☐ Kidney, urinary or genital condition *e.g. kidney stones, cystitis, endometriosis, abnormal cervical screening or prostate screening test*
- ☐ Liver, pancreas or gallbladder condition *e.g. fatty liver, hepatitis, pancreatitis, gall stones*
- ☐ Immune or inflammatory condition *e.g. rheumatoid arthritis, lupus, HIV, immunodeficiency, or inflammatory condition*
- ☐ **None of these conditions**

Section 7. Your health (continued)

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

27. Apart from what you've already told us, are you having treatment, or taking 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.

28. Apart from what you've already told us, are you considering, or have you been told to have any investigations, surgery, or treatment? ☐ Yes ☐ No
If Yes, please provide details.

29. Apart from what you've already told us, have you had any surgery in the last **5 years**? ☐ Yes ☐ No
If Yes, please provide details.

Section 7. Your health (continued)

30. a) Do you have a usual doctor or medical centre you visit? ☐ Yes ☐ No

If Yes, please confirm the name and contact details of your usual doctor or medical centre:
If No, please confirm contact details of the doctor or medical centre you visited:

Name	Contact number		
Address	**Suburb**	**State**	**Postcode**

b) When did you commence attending this doctor or medical centre? Date

c) Have you had your medical records from any previous doctor(s) or medical centres transferred to this doctor or medical centre? ☐ Yes ☐ No

If No, please provide the name and contact details of your previous doctor or medical centre:

Name	Contact number		
Address	**Suburb**	**State**	**Postcode**

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 insurance fee 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 voided	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

Section 8. Information from the Insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation (continued)

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 0210 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.

Section 9. Declaration (continued)

- 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)

Australian Ethical

Please return the completed form to
Australian Ethical 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.

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MetLife

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