Life events top-up

ChildCareSuper

What you need to do

Complete this form and return it with your documentary proof to: **Child Care Super, GPO Box 1088 Melbourne VIC 3001** or scan and email to **info@childcaresuper.com.au**, within 60 days of the event occurring or within 30 days of the issue of the first periodic statement to you after the event, whichever is later.

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

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 4 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 void or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

Issued by Stewarda Pty Ltd (ABN 56 098 527 256, AFSL 236049, RSE Licence L0000185) as trustee of the Smart Future Trust ABN 68 964 712 340 (the Fund). Child Care Super is a product of the Fund.

1. Personal details (please complete all sections in block letters)

Member no.

Date of birth

Gender at birth ☐ Female ☐ Male

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other:

Given name(s)

Surname

Phone no. (home)

Phone no. (work)

Mobile phone no.

Email

Preferred time of contact ☐ Morning (9am-12pm) ☐ Afternoon (12pm-6pm) ☐ Any time

RESIDENTIAL ADDRESS

Street no.

Street name

Suburb

State

Postcode

POSTAL ADDRESS *(if different to residential address)*

Street no./PO Box

Street name

Suburb

State

Postcode

2. Are you eligible for Life Events Top-Up?

A maximum of one increase in any 12 month period with a maximum of four increases over the life of your membership with Child Care Super is allowed. If you have Death and/or TPD cover, the maximum is the lesser of $100,000 or 25% of your existing cover in any 12 month period and four Life Event increases over the life of your Child Care Super membership. Maximum total cover amounts also apply: $5 million for Death cover, $3 million for TPD cover and $30,000 per month or 85% of your income (whichever is the lower) for IP cover.

To be eligible, on the date of application for a Life Event Top-Up, you must:

- be under age 55
- have cover on standard terms with no exclusions
- have not been declined for cover by the current or previous insurer of the Fund
- have not made a claim or be aware of any condition which would make you eligible to claim with any insurer, and
- provide relevant documentary proof of the event within 60 days of the event occurring or within 30 days of the issue of the first periodic statement to you after the event, whichever is later.

If you are not in Active Employment on the date the Insurer receives your application, New Events Cover will apply to the amount of the increase in Death, TPD or IP cover until you are in Active Employment for 30 consecutive days. Refer to the *Insurance Guide* for further details.

3. Life Events Top-Up application

I would like to apply for one additional unit of Income Protection cover (please tick below) without having to provide health information:

☐ Income Protection (IP) cover

I would like to apply for the following amount of Death and/or TPD cover (up to the lesser of $100,000 or 25% of my existing cover):

Death	TPD
$	$

The following Life Event/s has/have occurred (tick all that apply):

Death & TPD	IP	Life Event	Supporting documentation required[1]
☐	☐	My marriage	Copy of your marriage certificate recognised as valid under the Marriage Act 1961 (Cth)
☐	☐	My divorce	Copy of your divorce certificate
☐	☐	Birth or adoption of my child	Copy of the birth certificate or certificate of adoption of your child
☐	☐	Effecting a mortgage for a purchase of a new home in which I will live or land on which to build my principal place of residence	Copy of all of the following: • statement of loan, and • stamped front page of the contract of sale, and • declaration confirming the purchased property will be the primary place of residence.
☐	N/A	My child turning 12	Copy of your child's birth certificate.
☐	N/A	Enrolment of my child in private education	Copy of a letter from the school which confirms the enrolment of your child as a student. The school must be recognised as a private education institution by the Department of Education, Employment, Training and Youth Affairs (DEETYA).

1 Certified or copy of documents are acceptable

4. Is your Occupational Classification up to date?

Occupational Classifications – Active, White Collar and Professional – will determine how much you pay for cover. It is essential we have your correct Occupational Classification on record so you pay the right amount.

Contact Child Care Super to find out the Occupational Classification we have on record for you. To update your Occupational Classification, complete the *Update Your Occupational Classification* form available on our website or give us a call on 1800 060 215 between 8.30am - 5pm (AEST) Monday to Friday if you need assistance.

5. Information from the Insurer (MetLife) – The duty to take reasonable care not to make a misrepresentation

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.

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being 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

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.

6. Declaration

I declare the following:

- I have read and understand the Duty to take reasonable care on page 4 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 and understood the current *Insurance Guide* and *Product Disclosure Statement*.

Furthermore, I acknowledge that:

- I hereby declare that I am eligible for Life Events Top-Up cover (as described in section 2) and I have had a Life Event (as described in section 3).
- I understand that if I am not in Active Employment on the date the Insurer receives this application, I will have New Events Cover only for the increased amount in the circumstances described in this form.
- I also understand that no Death, TPD or IP benefit will be payable in respect of the increase in cover where an exclusion applies in relation to the increased amount, or my cover generally.
- I understand no Death or TPD benefit will be paid if the cause of my claim is related to any intentional self-inflicted injury or any attempt to commit suicide, whether or not I was sane at the time, within 13 calendar months from the date that any increased or additional Death or TPD cover commences, and that other benefit exclusions apply.
- I understand that this application is subject to acceptance by the Insurer (MetLife Insurance Limited ABN 75 004 274 882 AFS Licence No. 238096 (MetLife)) and that the insurance cover commences on acceptance.
- I understand that additional premiums will be deducted from my Child Care Super account for additional insurance cover obtained through Life Events Top-Up.
- I understand that if my Child Care Super account has not received any contributions or other amounts for a continuous period of 16 months (*inactive*), superannuation legislation will prohibit Child Care Super from providing me with insurance cover unless I make an appropriate *election*.
- I understand Child Care Super will not be permitted to provide insurance cover until I have an account balance of at least $6,000 (*low balance*) and I am at least 25 years of age, unless I make an appropriate *election*.
- I direct Child Care Super to accept this application as an *election* to be provided with insurance cover even if my account is *inactive*, 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 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. 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 Child Care Super.

Signature ✗

Date

We collect your personal information for purposes as detailed in the Privacy Statement and Privacy Policy which you can access at childcaresuper.com.au/privacy. Call Child Care Super on 1800 060 215 to access or update the personal information we hold about you.