Application for insurance

Complete this application if you want to apply:

1. for new or additional Death Only or Death and Total and Permanent Disablement (TPD) cover
2. for new or to vary your Income Protection (IP) cover, and/or
3. to convert your Default cover to Fixed cover

What you need to do

Complete this form and return it to: Child Care Super, GPO Box 1088 Melbourne VIC 3001, or scan and email it to info@childcaresuper.com.au

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.

Your guide to completing this application

You must complete Section A. And if you wish to apply for cover as a White Collar or Professional worker, then you must also complete Section B.

What would you like to do?	Sections to complete
Apply for new or additional Death Only or Death and TPD cover	A, B, C, F, G, H, I, J
Apply for new or vary your IP cover	A, B, D, F, G, H, I, J
Apply to convert your Default cover to Fixed cover	A, B, E, J

Privacy – Use and Disclosure of personal information

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so we may not be able to provide you with our products or services.

Child Care Super collects your personal information for purposes as detailed in its Privacy Statement and Privacy Policy which you can access at childcaresuper.com.au/privacy.

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.

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.

Child Care Super's insurance is provided by MetLife Insurance Limited, ABN 75 004 274 882 AFS Licence No. 238096 ('our Insurer').

Application for insurance

MetLife | ChildCareSuper

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 13 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.

Section A – 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

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

CONTACTS

Phone number

Mobile number

Email

Preferred time of contact

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

EMPLOYMENT

Are you currently employed (i.e. engaged by an employer under a contract of employment) or self-employed? ☐ Yes ☐ No

What is your current occupation?

Employer name (if applicable)

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.

Section B – White Collar and Professional Occupational Classification

Complete this section if you want your application for insurance assessed under either the White Collar or Professional Occupational Classification.

(a) Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'White Collar' nature tasks which do not involve manual work; and do you spend a minimum of 80% of your working hours in an office environment (excluding travel time from one office environment to another)? ☐ Yes ☐ No

(b) Is the income you earn from your occupation greater than $100,000 per annum? ☐ Yes ☐ No

(c) Are you tertiary qualified and a member of a professional institute registered with a government body or an executive with more than 10 years industry experience? ☐ Yes ☐ No

To qualify for 'White Collar' Occupational Classification you must be able to answer 'Yes' to question **(a)**.

To qualify for 'Professional' Occupational Classification you must be able to answer 'Yes' to questions **(b)** to **(c)**.

If you do not have a White Collar or Professional Occupational classification, then you will have an Active classification.

- Eligibility for White Collar or Professional cover is subject to acceptance by our Insurer.
- If accepted, all cover you hold with Child Care Super will be subject to the appropriate premium rates – White Collar or Professional.
- If our Insurer rejects your application for the White Collar or Professional Occupational Classification, you will be advised of the premium rates which apply to your cover with Child Care Super.

Section C – Complete this section to apply for new or additional Death and TPD cover

Completing this form might not be the most effective way for you to apply for additional cover. For example, if you have had insurance with Child Care Super for less than 3 months or if you have had a recent 'Life Event' (such as marriage or divorce) a simpler process may be available to you. Refer to the information about Insurance Boost and Life Events Top-Up in the *Insurance Guide*.

Death and TPD insurance can be purchased at a set amount and the cost of cover will increase with age.

Please indicate the type and level of cover you require.

Fixed cover

Please indicate the total level of cover you require including any existing cover:

Death cover: $ .00 TPD cover: $ .00

- Maximum Death cover is $5 million.
- Maximum TPD cover is $3 million.
- Any cover or increase in cover is subject to your application being accepted by our insurer and may be subject to limits or exclusions determined by our insurer.
- If our Insurer does not accept your application you will retain your current level of cover. No Death or TPD benefit will be paid if the cause of your claim is related to any intentional self-inflicted injury or any attempt to commit suicide, whether or not you were sane at the time,
- within 13 calendar months from the date that any new or additional Death or TPD cover commences. Other benefit exclusions apply.
- Fixed TPD cover reduces under TPD tapering arrangements described in the *Insurance Guide*.

Section D – Complete this section to apply for or to vary your IP cover

Complete this section if you want to apply for IP cover or apply for additional IP cover, or to alter the Waiting Period or Benefit Period.

IP cover can be purchased in units of cover, where one unit equates to $550 monthly benefit.
Unitised IP cover has a maximum Benefit Period of 5 years and you can elect either a 30, 60 or 90 day waiting period.
Alternatively, you can apply for IP cover to age 65 with a maximum Benefit Period to age 65 and choose from either a 30, 60 or 90 day waiting period.

Unitised IP cover

☐ I would like to apply for or vary my Unitised IP cover.

Please indicate the number of units you require in total including any existing cover:

_____ units

What Waiting Period would you like?

☐ 30 days ☐ 60 days ☐ 90 days

Your maximum Benefit Period is 5 years.

OR

IP cover to age 65

☐ I would like to apply for or vary my IP cover to age 65.

Please indicate the total amount of cover you would like, including any existing cover:

$ _____.00 (Amount of IP cover per month)

What Waiting Period would you like?

☐ 30 days ☐ 60 days ☐ 90 days

Your maximum Benefit Period is to age 65.

- Maximum IP cover is the lower of $30,000 per month or 85% of your income. If your IP benefit is 85% of your income, 75% will be paid to you and 10% will be credited to your superannuation account as a concessional contribution.
- Any cover or increase in cover is subject to your application being accepted by our Insurer and may be subject to limits or exclusions determined by our Insurer.
- If our Insurer does not accept your application, you will retain any existing cover.
- If you currently have IP cover with a maximum Benefit Period of 5 years, it is Unitised cover. Converting to IP cover with a maximum Benefit Period to age 65 means your IP cover amount will be fixed. The reverse also applies.
- If you convert Unitised IP cover to IP cover to age 65, you will lose your ability to access Insurance Boost.

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

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

Section E – Complete this section to convert your Default Death and TPD cover to Fixed cover

You may convert your Default Death and TPD cover to a fixed dollar amount of Death and TPD cover. Answer these questions to see if you can convert Default cover to Fixed cover:

Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)?	☐ Yes	☐ No
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
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 you have answered 'Yes' to any of the above questions, then you cannot convert your Default cover to Fixed cover.

I want the current dollar value of the insurance I hold to be converted to a fixed dollar amount.

By fixing my cover I understand that:

- the amount of my cover will remain the same from year to year and my insurance charges will increase each year
- TPD tapering arrangements apply as described in the *Insurance Guide*

Proceed to Section J – Duty to take reasonable care

Section F – About your insurance history

Has an application for Death, 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:

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:

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		To be replaced by this cover?
Death cover	$		☐ Yes ☐ No
Total & Permanent Disablement cover	$		☐ Yes ☐ No
Trauma cover	$		☐ Yes ☐ No
Income Protection (IP) cover	$	per month	☐ Yes ☐ No
	Wait period:		
	Benefit period:		

Section G – About your lifestyle

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

Do you regularly engage in, or intend to engage in, any of the following hazardous sports or activities? ☐ Yes ☐ No

Please tick all boxes that apply.

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

If YES, please provide details:

Activity	Details

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:

Continued...

Section G – About your lifestyle (continued)

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

On average, how many standard alcoholic drinks do you consume each week? _____ per 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.

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:

Are you a citizen or permanent resident of Australia?
☐ Yes ☐ No

Are you currently living in Australia?
☐ Yes ☐ No

Section H – About your family history

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

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

If YES, please provide details:

Relationship to you	Age at diagnosis	Specific condition(s)

Section I – About your health

What is your height? cm

What is your weight? kg

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:

Are you currently pregnant? ☐ Yes ☐ No

If YES, please provide details:
- How many weeks pregnant are you? weeks
- Is the pregnancy progressing normally with no complications? ☐ Yes ☐ No

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. ☐ Yes ☐ No

- ☐ 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 disease (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):

Continued...

Section I – About your health (continued)

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.

☐ Yes ☐ No

- ☐ Back, neck or spine condition
  e.g. pain or injury, scoliosis, disc disorder, arthritis, sciatica
- ☐ Bone, joint, ligament or any other musculoskeletal condition
  e.g. pain or injury, gout, arthritis, bone density disorder
- ☐ Mental or behavioural condition
  e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder
- ☐ Chronic pain or fatigue
  e.g. myalgic encephalomyelitis, fibromyalgia
- ☐ 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
- ☐ High blood pressure or 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
- ☐ 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
- ☐ Skin condition
  e.g. dermatitis, psoriasis, eczema, sunspots, skin lesions
- ☐ Autoimmune or inflammatory condition
  e.g. rheumatoid arthritis, immunodeficiency, lupus
- ☐ None of these conditions

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

Continued...

Section I – About your health (continued)

Are you infected with Human Immunodeficiency Virus (HIV)? ☐ Yes ☐ No

Have you been referred for or are you waiting on the results of an HIV test? ☐ Yes ☐ No

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? (Note: You do not need to tell us about oral contraceptives or over-the-counter medications.) ☐ Yes ☐ No

If YES, please provide details:

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:

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

Address

Suburb | State | Postcode

Phone number | Mobile phone

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

Section J – 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.

Section K – Declaration

I declare the following:

- I have read and understand the Duty to take reasonable care on page13 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, 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 understand that our Insurer, the Fund Administrator and the Trustee will not process my application or administer my insurance under the Fund's insurance policies without this consent.
- If I do not complete this application correctly, or I do not sign and date this form, my application will be invalid.
- 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.
- I understand that cover and the payment of any claim is subject to the detailed terms and conditions in the insurance policies which apply in addition to the summary of the insurance in the *Insurance Guide*.

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.