Application for insurance cover (short-form)

About this form

Use this form if you are a smartMonday PRIME member under age 55 and want to:

- apply for, or increase, your:
  - Death and TPD cover up to $1,000,000 and/or
  - Income Protection cover up to $8,000 monthly benefit
- select the 'Home Duties' definition of TPD (**personal members only**)

For more information go to our website **smartmonday.com.au**

Some options listed in this form may not be available to you depending on the product or type of employer sub-plan you are in. We may not be able to process your application if this is the case. Please refer to the relevant PDS Insurance guide for your membership, or call us for more information.

If you are age 55 or older, or wish to apply for larger amounts of cover than stated above, you must complete the standard *Personal statement and declaration of health* form available at **smartmonday.com.au**

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 5-6** 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 void or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

Your membership details

☐ I am personal member ☐ I am an employer-sponsored member

Employer name *(if you are a member of an emplayer-sponsored plan in smartManday PRIME)*

Member number *(if known)*	Date of birth *(dd/mm/yyyy)*	Gender ☐ Male ☐ Female
First name	Surname	
Phone	Email	

Postal address

	Suburb	State	Postcode

Issued on behalf of 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, RSE Registration No R1000566 (the Fund). smartMonday is a registered trading name of smartMonday Solutions Pty Ltd (ABN 48 002 288 646. smartMonday products are part of the Fund.

Apply for, or increase Death and TPD cover

Select the appropriate option below and fill in the amount of cover required and indicate whether it is **additional cover** (i.e. additional to any automatic cover you already have in smartMonday), **new cover** (i.e. if you do not have any cover in smartMonday), or **replacement cover** (i.e. if you want this cover to fully replace the cover you already have in smartMonday).

Please note:

- Other restrictions, terms and conditions may apply depending on the type of your smartMonday membership.
- Please read the PDS Insurance guide relevant to your membership before completing this form.
- If your employer is making additional contributions to fund the costs of your automatic insurance cover, you may wish to consider preserving that arrangement if you still work for that employer. Select 'Additional' if this is the case.
- If your application is accepted by the insurer, any additional, new, or replacement cover amount will be categorised as Voluntary cover.

☐ **Death cover:** $ _____ *(amount you are applying for)*

☐ Additional ☐ New ☐ Replacement

☐ **TPD cover:** $ _____ *(amount you are applying for)*

☐ Additional ☐ New ☐ Replacement

Select the 'Home Duties' definition of TPD (personal members only)

If you are a personal member of smartMonday PRIME and you wish to apply for the special 'Home Duties' TPD definition, tick the box below. This is an additional definition of total and permanent disablement that may be available to you if you are wholly engaged in full-time unpaid Domestic Duties in your residence. See the Insurance Guide of the smartMonday PRIME PDS for more information, or call us to speak to a smartCoach.

☐ Home Duties definition - I want this definition to be added to my insurance cover.

Apply for Income Protection insurance cover

Select the appropriate option below and fill in the amount of cover required. Income Protection cover is only available if you are gainfully and permanently employed for a minimum of 15 hours per week. See the Insurance Guide of the smartMonday PRIME PDS for more information.

☐ I require Income Protection insurance cover.

Amount of income insured up to 75% of annual income	Is this new cover or an increase to existing cover? (Select one option only)
	☐ New ☐ Increase

Select the benefit and waiting periods you require:

Maximum benefit period *(tick one box)*:

☐ 2 years ☐ 5 years ☐ To age 65

Waiting period *(tick one box)*:

☐ 30 days ☐ 60 days ☐ 90 days

Your personal history

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

2. Are you currently living in Australia?
   ☐ Yes ☐ No

3. What industry do you work in?
   e.g. finance, agriculture, education

4. What is your current occupation?

5. What are your usual daily duties? *e.g. office administration, manual labour, retail customer service*

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

7. 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.

   $

8. What is your height (cm)?

9. What is your weight (kg)?

10. 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.

11. 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

12. Do you drink more than 20 standard alcoholic drinks per week? ☐ Yes ☐ No
    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.

13. Have you **ever** 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

14. Do you regularly engage in, or intend to engage in, any of the following hazardous sports or activities, not already disclosed in your occupation? ☐ Yes ☐ No
    - 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

Your personal history (continued)

15. Have you **ever** experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following? ☐ Yes ☐ No

- 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*
- 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
- Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar
- Ear or hearing condition *e.g. partial or total deafness, tinnitus, Meniere's disease, vertigo*
- 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*
- Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind *e.g. breast lump, melanoma, leukemia, lipoma*
- Eye or eyesight condition (not corrected by glasses or contact lenses) *e.g. partial or total blindness, glaucoma, keratoconus*
- Liver, pancreas or gallbladder condition *e.g. fatty liver, hepatitis, pancreatitis, gall stones*
- 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*
- Immune or inflammatory condition *e.g. rheumatoid arthritis, lupus, HIV, immunodeficiency, or inflammatory condition*
- Any other medical condition, complaint or findings not mentioned

If you answered YES to one or more of questions 11 to 15 above, you will need to complete the Application for Insurance form available at **smartmonday.com.au**

Declarations and agreement

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 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.

Declarations and agreement (continued)

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 1300 614 644.

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.**

General declarations

I declare that:

- I have read and understand the Duty to take reasonable care on **page 5-6** 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'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with these terms.
- 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.

Signature

Signature of applicant ▶	Date *(dd/mm/yyyy)*

Full name (please print)

Please return the completed form to: smartMonday, GPO Box 1202, Brisbane QLD 4001
or scan and email to memberinsurance@smartmonday.com.au

metlife.com.au

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