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MetLife

Application for Insurance

- 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.

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. Your details

Name of policy/fund	Member number

Title	Given name(s)	Surname

Date of birth *(dd/mm/yyyy)*	Gender	Email address
	☐ Male ☐ Female	

Residential address	Suburb	State	Postcode

Postal address	Suburb	State	Postcode

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

Section 2. Your insurance needs

Total cover required.

	Death Cover	Total & Permanent Disablement (TPD)	Income Protection (IP) Cover	
Existing Cover (if known)	$	$	$	per month
			Wait period:	
			Benefit period:	
Additional Cover Requested	$	$	$	per month
			Wait period:	
			Benefit period:	
Total Cover Requested (= Existing + Additional Cover Requested)	$	$	$	per month
			Wait period:	
			Benefit period:	

Section 3. Your occupation

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

2. What is your current occupation?

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

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

5. 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.
   $

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 Death, Trauma, Total & Permanent Disablement (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.

Section 4. Your insurance history (continued)

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

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 date and duration of travel

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.

☐ Water sports or activities *e.g. snorkelling, scuba diving, free diving*	☐ Motor sports or activities *e.g. motorcycle, motorcar, motor boat*	☐ 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 activities**		

Section 5. Your lifestyle (continued)

If you have selected any of the sports or activities in Q14, 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

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 program, 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

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

If Yes, please provide details.

Relationship to you	Age at diagnosis	Specific condition(s)

Section 7. Your health

20. What is your height (cm)?

21. What is your weight (kg)?

22. 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.

23. 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

24. 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) on the next page.

Section 7. Your health (continued)

25. 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*	☐ Bone, joint, ligament or any other musculoskeletal condition *e.g. pain or injury, gout, arthritis, bone density disorder, hernia*	☐ 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	☐ 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).

Section 7. Your health (continued)

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

If Yes, please provide details.

27. 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.

28. Have you had any surgery in the last 5 years? ☐ Yes ☐ No
If Yes, please provide details.

29 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 the contact details of the last doctor or medical centre you visited:

Name	Contact number		
Address	Suburb	State	Postcode

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

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:

Address	Suburb	State	Postcode

Section 8. 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.

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 your fund.

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.
- 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 return the completed form to
Verve Super, GPO Box 2753, Brisbane QLD 4001 or scan and email it to hello@vervesuper.com.au.

metlife.com.au

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