

Application for Insurance



What you need to do

Online: Submit your application on line at childcaresuper.com.au/options/insurance

Paper: Complete this form and return to **Child Care Super, GPO Box 2788 Melbourne VIC 3001**

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
3. to convert your Unitised cover to Fixed cover, and/or
4. to convert your Fixed cover to Unitised cover.

About the Application

- This application needs to be completed by the person to be insured.
- Any changes made to this application are to be initialled by the person to be insured.
- Please answer all questions as accurately as possible and provide additional information wherever requested.
- As part of your application, you may be required to undergo additional medical tests.
- As part of the overall assessment process our Insurer may contact you on your preferred phone number if further information is required.
- Send the completed application to **Child Care Super, GPO Box 2788 Melbourne VIC 3001**

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

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, G, H, I, J, K
Apply for new or vary your IP cover	A, B, D, G, H, I, J, K
Apply to convert your Unitised cover to Fixed cover	A, B, E, K
Apply for convert your Fixed cover to Unitised cover	A, B, F, K

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

MetLife Insurance Limited complies with the *Privacy Act 1988* and the principles laid out in its privacy policy which details information about how you may access or seek correction of your personal information, how it manages that information and its complaints process. MetLife's Privacy Policy is readily available and can be viewed at www.metlife.com.au/privacy

Duty of Disclosure – Important information before you begin this application

You have a duty of disclosure when applying for insurance. If you do not comply with your duty of disclosure, then MetLife may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive will be reduced. Before answering the questions contained in this application form, it is important that you carefully read the Duty of Disclosure section at the end of this form which explains what you must disclose and the effect if you don't comply with your duty of disclosure.

Please tick the following box to acknowledge that you have read and understood the duty of disclosure and therefore what is required of you. ☐

Section A – Personal details (please complete all sections in block letters)

Child Care Super Member no.	<input type="text"/>									
Title	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>				
Surname	<input type="text"/>									
Given name(s)	<input type="text"/>									
Preferred name	<input type="text"/>									
Date of birth	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>		
Phone no. (home)	(<input type="text"/>	<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile phone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone no. (work)	(<input type="text"/>	<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>									
Residential address										
Street no.	<input type="text"/>			Street name	<input type="text"/>					
Suburb	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>	
Postal address (if different to Residential address)										
Street no. / PO Box	<input type="text"/>			Street name	<input type="text"/>					
Suburb	<input type="text"/>					State	<input type="text"/>	Postcode	<input type="text"/>	
Are you currently employed (i.e. engaged by an employer under a contract of employment) or self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Your occupation	<input type="text"/>									
Employer name (if applicable)	<input type="text"/>									
What is your current gross annual salary?	\$	<input type="text"/>								
Are you a permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No										

Section B – White Collar and Profession Occupational Classification

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

- 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
- Are you earning in excess of \$100,000 p.a. from your profession? ☐ Yes ☐ No
- 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 1.

To qualify for 'Professional' Occupational Classification you must be able to answer 'Yes' to questions 1 to 3.

If you do not have a White Collar or Professional Occupational classification, then you will have a Standard 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 6 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 in units of cover, with the value of the unit decreasing as you get older. Alternatively you can fix your cover at a set amount and the cost of cover will increase with age.

Please indicate which insurance option and the type and level of cover you require. You may choose either Unitised or Fixed cover. Note that the amount of TPD cover cannot be higher than the amount of Death cover (which includes Terminal Illness cover). If the amount of your TPD cover exceeds Death cover, your TPD cover will be capped at the Death cover amount.

Option 1 – Unitised cover

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

Death cover: Units TPD cover: Units

Option 2 – 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.

Are you employed for 15 hours or more per week? ☐ Yes ☐ No

If you have answered 'No' then you are not eligible for IP cover.

IP cover can be purchased in units of cover. 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:

What Waiting Period would you like? 30 Days ☐ 60 Days ☐ 90 Days ☐

Your maximum Benefit Period is 5 years.

OR

Continued over

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

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:

Amount of IP cover \$.00

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.

Section E – Complete this section to convert your Unitised Death Only or Death and TPD cover to Fixed cover

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

1. Are you at the date of this application, due to injury, accident or illness, off work or restricted from being capable of actively performing all of the duties and work hours (for at least 35 hours per week) of your usual occupation, even though your actual employment can be on a full-time, part-time or casual basis? ☐ Yes ☐ No
2. Have you been diagnosed with an illness that reduces your life expectancy to less than 24 months? ☐ Yes ☐ No
3. Have you ever made, or are you entitled to make a claim for an injury or illness (lasting more than four weeks) through workers' compensation, sickness benefit, invalid pension or any insurance policy providing total and permanent disablement cover, accident or sickness cover? ☐ Yes ☐ No

If you have answered 'Yes' to any of the above questions, then you cannot convert your Unitised cover to Fixed cover. Otherwise, insert number of units you currently hold that you would like to convert (in either 1 or 2 below):

1. Death Only cover (complete this section if you currently have Death Only cover)

units of Death Only cover

2. Death and TPD cover (complete this section if you currently have Death and TPD cover)

units of Death cover, and

units of TPD cover.

I want the current dollar value of the insurance units 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 K – Duty of Disclosure

Section F – Complete this section to convert your Fixed Death Only or Death and TPD cover to Unitised cover

You may convert your Fixed Death Only or Fixed Death and TPD cover to Unitised Death Only or Unitised Death and TPD cover.

Insert the Fixed amounts of cover you currently hold that you want to convert in either 1 or 2 below:

1. Death Only cover (complete this section if you currently have Death Only cover)

\$.00

2. Death and TPD cover (complete this section if you currently have Death and TPD cover)

Death cover \$.00 TPD cover \$.00

By choosing to change my Fixed cover to Unitised cover, I understand that:

- my dollar amount of Fixed cover will be converted to units and rounded down to the next whole number of units of the Insured Benefit scale applicable to my age at the date of this application
- TPD tapering will no longer apply
- Unitised TPD cover will cease at age 70, and

[➤ Proceed to Section K – Duty of Disclosure](#)

Section G – About Your Insurance History

- Has an application for Life, Trauma, TPD or Disability Insurance on your life ever been declined, deferred or accepted with a loading or exclusion or any other special condition or terms? ☐ Yes ☐ No
- Have you ever made a claim for or received sickness, accident or disability benefits, workers' compensation, or any other form of compensation due to illness or injury? ☐ Yes ☐ No
- Do you currently have or are you applying for Death, TPD and/or IP cover with MetLife (in addition to this application) or any other insurance company or superannuation fund? ☐ Yes ☐ No

If you have answered 'Yes' to question 3 above, then please give details in the table below:

Product Type	Total amount of cover	Do you want cover under this application to be in addition to the cover you currently have or are applying for with MetLife, other insurer or superannuation fund?
Death cover	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total & Permanent Disablement cover	\$ <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Protection cover	\$ <input type="text"/> per month	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section H – About Your Health

4.

What is your height?

cm

What is your weight?

kg

5.

Have you smoked in the last 12 months?

☐ Yes ☐ No

6.

In the last 3 years have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

☐ Headache or Migraine (e.g. tension or cluster headaches or migraines)

☐ Lung or Breathing Conditions (e.g. asthma, sleep apnoea)

☐ Infectious Diseases (excl. cold & flu)

☐ Ear or Hearing Conditions (e.g. hearing loss, tinnitus or swimmer's ear)

☐ Muscle, Tendon or Ligament Problems

☐ Trapped Nerves (e.g. carpal tunnel syndrome, pinched nerve, tennis elbow)

☐ Eyesight Conditions (does not incl. contact lenses or glasses for near or far sightedness)

☐ Gout

☐ None of these conditions

If you have selected any of the above conditions in question 6, please give details in the table below. If there is insufficient space below, then please include the requisite details on a separate sheet of paper and attach it to this application.

Condition	Details (incl. dates, symptoms, treatment)

7.

In the last 5 years have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

☐ High Blood Pressure

☐ High Cholesterol

☐ Chronic Fatigue / Fibromyalgia

☐ None of these conditions

If you have selected any of the above conditions in question 7, please give details in the table below. If there is insufficient space below, please include the requisite details on a separate sheet of paper and attach it to this application.

Condition	Details (incl. dates, symptoms, treatment)

Continued over

Section H – About Your Health (continued)

8. Have you ever suffered from, been diagnosed with or sought medical advice or treatment for any of the following?
Please tick all boxes that apply.

- | | | |
|--|--|---|
| <input type="checkbox"/> Bone, Joint or Limb Conditions | <input type="checkbox"/> Back or Neck Pain | <input type="checkbox"/> Digestive Conditions |
| <input type="checkbox"/> Brain or Nerve Conditions (incl. stroke) | <input type="checkbox"/> Psychological or Emotional Conditions | <input type="checkbox"/> Cancer, Cyst, Growth, Polyps or Tumour |
| <input type="checkbox"/> Thyroid Conditions | <input type="checkbox"/> Skin Conditions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Autoimmune Conditions | <input type="checkbox"/> Heart Related Conditions | <input type="checkbox"/> Kidney or Liver Conditions |
| <input type="checkbox"/> Urinary or Gender Specific Conditions and Abnormal Findings | <input type="checkbox"/> Blood Conditions | <input type="checkbox"/> None of these conditions |

If you have selected any of the above conditions in question 8, please give details in the table below. If there is insufficient space below, please include the requisite details on a separate sheet of paper and attach it to this application.

Condition	Details (incl. dates, symptoms, treatment)

9. Are you currently pregnant? ☐ Yes ☒ No

- 10.** What is the name of your usual doctor/medical centre?

Address																													
Suburb										State		Postcode																	
Phone no.		()										Mobile phone no.													

Section I – About Your Family History

11. Has your mother, father, any brother or sister been diagnosed under the age of 55 years, with any of the following conditions: Alzheimer's Disease, Cancer, Dementia, Diabetes, Familial Polyposis, Heart Disease, Huntington's Disease, Polycystic Kidney Disease, Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy, Stroke or any inherited or hereditary disease? ☐ Yes ☐ No ☐ Unknown

Note: You are only required to disclose family history information pertaining to first degree blood related family members, living or deceased.

If 'Yes', please give details in the table below. If there is insufficient space, please provide the requested details in a separate document and attach it to this form.

[illegible]

Section J – About Your Lifestyle

12. Do you have firm plans to travel or reside in another country other than New Zealand, United States of America, Canada, the United Kingdom or the European Union?

☐ Yes ☐ No

If 'Yes', please give details in the table below:

Country	Length of stay and purpose

13. Do you regularly engage in or intend to engage in any of the following hazardous activities? Please tick all boxes that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Water Sports
(e.g. underwater diving, rock fishing) | <input type="checkbox"/> Motor Sports
(e.g. motorcycle, auto, motor boat) | <input type="checkbox"/> Sky Sports (e.g. skydiving, hang gliding, parachuting, ballooning) |
| <input type="checkbox"/> Aviation (other than as a fare paying passenger on a commercial airline) | <input type="checkbox"/> Horse Sports (e.g. polo, horse riding, rodeo, dressage, jumping) | <input type="checkbox"/> Combat Sports or Martial Arts
(e.g. martial arts, boxing, fencing) |
| <input type="checkbox"/> Field Sports (eg. hockey or football including touch or tag and soccer) | <input type="checkbox"/> Hunting (of any kind) | <input type="checkbox"/> Any other hazardous activity not mentioned (e.g. Base jumping, caving, outdoor rock climbing) |
| <input type="checkbox"/> None of the above or other hazardous activities | | |

Please provide details for any activities you have selected above:

Activity	Details

14. Have you within the last 5 years used any drugs that were not prescribed to you (other than over the counter drugs) or have you exceeded the recommended dosage of **any** medication?

☐ Yes ☐ No

If 'Yes', please give details in the table below:

Drug/Medicine	Reason for use and duration of

15. On average, how many standard alcoholic drinks do you consume each week (a standard drink is equivalent to either a 125ml glass of wine, a schooner of light beer, a middy/pot of full strength beer or a 30ml shot of spirits)? /week

16. Have you ever been advised by a health professional to reduce your alcohol consumption? ☐ Yes ☐ No

17. Are you infected with Human Immunodeficiency Virus (HIV), the virus which can cause/lead to AIDS (Acquired Immune Deficiency Syndrome)? ☐ Yes ☐ No

If 'No', have you been referred for or waiting on an HIV test result and/or are taking preventative medication? ☐ Yes ☐ No

18. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness, which you suspect may require medical advice or treatment in the future? ☐ Yes ☐ No

If 'Yes', please provide details below:

Condition	Details

Section K – Duty of Disclosure

NOTICE OF THE DUTY OF DISCLOSURE FROM OUR LIFE INSURER TO YOU

Duty of disclosure

The following section applies to members who are applying for cover including any application to vary or increase cover.

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell our Insurer anything that he or she knows, or could reasonably be expected to know, that may affect our Insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until our Insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell our Insurer anything that:

- reduces the risk our Insurer insures you for; or
- is common knowledge; or
- our Insurer knows or should know as an insurer; or
- our Insurer waives your duty to tell it about.

If you do not tell our Insurer something that you know, or could reasonably be expected to know, this may affect our Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell our Insurer something that he or she must tell our Insurer.

If the person entering the contract does not tell our Insurer something

In exercising the following rights, our Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, our Insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell our Insurer anything he or she is required to, and our Insurer would not have provided the insurance if he or she had told our Insurer, our Insurer may avoid the contract within 3 years of entering into it.

If our Insurer chooses not to avoid the contract, our Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told our Insurer everything he or she should have.

However, if the contract provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If our Insurer chooses not to avoid the contract or reduce the amount of insurance provided, our Insurer may, at any time vary the contract in a way that places it in the same position it would have been in if you had told our Insurer everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell our Insurer is fraudulent, our Insurer may refuse to pay a claim and treat the contract as if it never existed.

Continued over

Section K – Duty of Disclosure (continued)

Declaration

I declare the following:

- I have read and carefully considered the questions in this application and all answers provided are true and correct.
- I have told our Insurer everything I know that could affect its decision to accept my application.
- I have read the duty of disclosure and understand my disclosure obligations.

Furthermore, I acknowledge that:

- I have read and understood the Child Care Super Privacy Policy from childcaresuper.com.au/privacy and the Privacy Disclosure Statement contained in the “Privacy – Use and Disclosure of personal information” section of this form. I consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement and MetLife’s Privacy Policy as well as for the purpose of the administration and maintenance of insurance under Child Care Super’s insurance policies.
- 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 authorise any hospital, doctor or other person who has treated or examined me to give to our Insurer or any organisation duly appointed by them, any information on my illness or injury, medical history, consultation, prescription and/or treatment or copies of all hospital or medical reports. A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if requested.

- I understand that cover under a policy does not begin until acceptance by our Insurer (subject to exceptions set out in the *Insurance Guide*) and I will be notified when cover commences.
- I understand that if my Guild 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 (*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 have read and understood the insurance section of the current *Product Disclosure Statement (PDS)* and the *Insurance Guide*.
- 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

/ /

Next steps

Please return this completed form and any relevant evidence to: **Child Care Super: GPO Box 2788 Melbourne VIC 3001**

Need help?

Please call Child Care Super on **1800 060 215** from 8am to 7pm (AEST) Monday to Friday.