

What you need to do

Complete this form and return it to **Child Care Super, GPO Box 2788 Melbourne VIC 3001**, within three months of your Default Death, Total and Permanent Disablement (TPD) and Income Protection (IP) cover commencing.

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

Child Care Super Member no.																				
Title	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other									
Surname																				
Given name(s)																				
Preferred name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date of birth	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>
Phone no. (home)	(<input type="checkbox"/>	<input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobile phone no.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Phone no. (work)	(<input type="checkbox"/>	<input type="checkbox"/>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>									
Email																				
Residential address																				
Street no.					Street name															
Suburb											State	<input type="checkbox"/>	Postcode							
Postal address (if different to Residential address)																				
Street no. / PO Box					Street name															
Suburb											State	<input type="checkbox"/>	Postcode							

2. Do you qualify for Insurance Boost?

To apply for additional insurance cover (not related in any way to Insurance Boost) complete the *Application for Insurance* on our website. You will be asked to provide detailed health information.

Insurance Boost enables you to increase your Death, TPD and/or IP cover. Check that you qualify for Insurance Boost by answering three limited health questions:

Insurance Boost limited health questions

- 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
- Have you been diagnosed with a sickness that reduces your life expectancy to less than 24 months? ☐ Yes ☐ No
- Have you ever made, or are you entitled to make a claim for an injury or sickness (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 limited health questions, then you will not qualify for Insurance Boost. You will also not qualify for Insurance Boost if:

- you opted-in to Default Cover outside the automatic eligibility criteria
- your Default cover commenced more than three months ago, or
- your cover is not Default cover, or
- you have reduced the Default cover that you now wish to increase with Insurance Boost.

If your Default Cover is for New Events Cover only, the same New Events Cover provisions will apply to your Insurance Boost

If you qualify for Insurance Boost, then complete section 3.

3. Nominate your Insurance Boost units for Death, TPD and/or IP cover

If you qualify, then you can apply for up to double the number of default units for Death, TPD and/or IP cover.

Your choice	Death	TPD*	IP
1. Tick the applicable box/es to apply for double the number of default units you have for each type of cover, OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Choose the number of extra units for each type of Default cover you want to apply for. The number of units cannot be greater than double the number currently held.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If the amount of TPD cover exceeds Death cover, then your TPD cover will be capped at the Death cover amount.
Contact Child Care Super if you want to know the number of units you currently have.

If you receive Insurance Boost units for any cover type, you will no longer be considered to have Default Cover for that cover type and so the number of units you have for that cover type will not change as you age.


4. Is your Occupational Classification up to date?

Occupational Classifications – Standard, 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 found on our website.

5. Declaration

- I hereby declare that to the best of my knowledge all information provided in this form is true and correct and no information has been withheld.
- 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 insurance cover commences on acceptance.
- 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 have read and acknowledged the statements as to my duty of disclosure in accordance with the *Insurance Contracts Act 1984* in the *Insurance Guide* (which is part of the Child Care Super *Product Disclosure Statement (PDS)*) and understand that my duty to disclose continues after I have completed this form.
- 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 agree to be bound by the insurance policies between MetLife and the Trustee, which govern the terms of the insurance.
- I understand that additional premiums will be deducted from my Child Care Super account for additional insurance cover obtained through Insurance Boost.
- I have read and understood the *PDS* and the *Insurance Guide*.

Signature 

Date / /

Next steps

Send completed form 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.