

Life Events Top-Up



What you need to do

Complete this form and return it with your documentary proof to **Child Care Super, GPO Box 2788 Melbourne VIC 3001**, within 60 days of the event occurring.

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

Child Care Super Member no.	<input type="text"/>														
Title	Dr <input type="text"/>	Mr <input type="text"/>	Mrs <input type="text"/>	Miss <input type="text"/>	Ms <input type="text"/>	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"/>	<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"/>	<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"/>					

2. Are you eligible for Life Events Top-Up?

A maximum of one increase in any 12 month period with a maximum of four increases over the life of your membership with Child Care Super is allowed. If you have Fixed Death and/or TPD cover, the maximum is the equivalent of the value of one unit in any 12 month period and four units over the life of your Child Care Super membership. Maximum total cover amounts also apply – \$5 million for Death cover, \$3 million for TPD cover and \$30,000 per month or 85% of your income (whichever is the lower) for IP cover.

To be eligible, on the date of application for a Life Event Top-Up, you must:

- be under age 55
- have cover on standard terms with no exclusions
- have not been declined for cover by the current or previous insurer of the Fund
- have not made a claim or be aware of any condition which would make you eligible to claim under the policy or be eligible to make a claim with the current or previous insurer of the Fund or, for IP cover, with any insurer, and
- provide relevant documentary proof of the event within 60 days of the event occurring or within 30 days of the issue of the first periodic statement to you after the event, whichever is later.

If you are not in Active Employment on the date the Insurer receives your application, New Events Cover will apply to the amount of the increase in Death, TPD or IP cover until you are in Active Employment for 30 consecutive days. Refer to the *Insurance Guide* for further details.

3. Life Events Top-Up application

I would like to apply for one additional unit of cover (please tick below) without having to provide health information:

- ☐ Death cover, and/or
☐ Total and Permanent Disablement (TPD) cover (number of TPD units cannot exceed number of Death units), and/or
☐ Income Protection (IP) cover.

If you have Fixed Cover, your application for Life Events Top-Up will be an application for an additional amount of cover equivalent to the value of one unit applicable to your age at the date of this application.

The following Life Event/s has/have occurred (tick all that apply):

Death & TPD	IP	Life Event	Supporting documentation required
<input type="checkbox"/>	<input type="checkbox"/>	My marriage	Certified copy of your marriage certificate recognised as valid under the <i>Marriage Act 1961 (Cth)</i> .
<input type="checkbox"/>	<input type="checkbox"/>	My divorce	Certified copy of your divorce certificate.
<input type="checkbox"/>	<input type="checkbox"/>	Birth or adoption of my child.	Certified copy of the birth certificate or certificate of adoption of your child
<input type="checkbox"/>	<input type="checkbox"/>	Effecting a mortgage for a purchase of a new home in which I will live or land on which to build my principal place of residence	A certified copy of all of the following: <ul style="list-style-type: none"> • statement of loan, and • stamped front page of the contract of sale, and • statutory declaration confirming the purchased property will be the primary place of residence.
<input type="checkbox"/>	N/A	My child turning 12	Certified copy of your child's birth certificate.
<input type="checkbox"/>	N/A	Enrolment of my child in private education	Certified copy of a letter from the school which confirms the enrolment of your child as a student. The school must be recognised as a private education institution by the Department of Education, Employment, Training and Youth Affairs (DEETYA).

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 available on our website.

5. Declaration

- I hereby declare that I am eligible for Life Events-Top-Up cover (as described in section 2) and I have had a Life Event (as described in section 3).
- I also declare to the best of my knowledge that all information provided in this form is true and correct and no information has been withheld.
- I understand that if I am not in Active Employment on the date the Insurer receives this application, I will have New Events Cover only for the increased amount in the circumstances described in this form.
- 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 understand no Death or TPD benefit will be paid if the cause of my claim is related to any intentional self-inflicted injury or any attempt to commit suicide, whether or not I was sane at the time, within 13 calendar months from the date that any increased or additional Death or TPD cover commences, and that other benefit exclusions apply.
- 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 the insurance cover commences on acceptance.
- 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 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 Life Events Top-Up.
- 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 *PDS* and the *Insurance Guide*.

Signature

X

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.