

Application to Transfer Insurance Cover Form



Please complete this form using BLOCK LETTERS with a blue or black pen.

You may be able to transfer your existing insurance cover, which you currently hold with another superannuation fund or insurance policy to First Super by completing this form and providing evidence of your existing cover.

- 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 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 5 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 personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname				
<input type="text"/>				
Given name(s)			Gender	
<input type="text"/>			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Residential address				
<input type="text"/>				
Town/Suburb/City		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Postal address (if different from above)				
<input type="text"/>				
Town/Suburb/City		State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Telephone (home)	Telephone (work)	Mobile number		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Email address				
<input type="text"/>				

Section 2 | Statement and confirmation of requirements

In order for First Super and its Insurer to consider your application to transfer your insurance cover you must answer each of the questions below.

1. Please confirm (by ticking the box below) that all of the following statements are true and correct:

- > The existing insurance cover under my current Fund/Policy **will be** cancelled;
- > **I will not** be transferring the cover under my current Fund/Policy to any other division or section of the Fund/Policy or to any other fund; and
- > **I will not** either effect a continuation option or subsequently reinstate cover within the current Fund/Policy or any other division or associated fund.

I confirm that all three statements are true and correct and agree to abide by these requirements:

Yes No

If your answer is '**No**' you will not be eligible to transfer your insurance cover via this form and you will need to complete an Application for Insurance Cover and be accepted by the Insurer.

Current insurance details (the fund/policy from which cover is to be transferred)

Name of fund/policy

Member number

2. I confirm that my current level and type of cover is as follows:

> Death cover:

> Total and Permanent Disablement cover (TPD):

> Income Protection cover:

per month

Waiting period:

days

Benefit period:

years

What is your annual income before tax?

Note: If you are self-employed this means income after business expenses but before tax.

Please attach your most recent superannuation statement or other document confirming the level and type of each cover you wish to transfer.

Upon acceptance, this cover will be added to any cover you currently hold with First Super.

Please indicate below if you wish to hold all your Death and TPD cover with First Super on a Fixed or Unitised basis.

Fixed OR Unitised (cover will be rounded up to nearest unit)

Continued over the page

Section 2 | Statement and confirmation of requirements (continued)

If you are engaged in a 'White Collar/non-manual' or 'Professional' occupation, you may be eligible for lower insurance premiums by answering the following questions.

WHITE COLLAR/NON-MANUAL

- > Are you solely engaged in a professional, managerial, marketing, accounting or clerical occupation on a permanent full-time or part-time basis? Yes No
- > Do you spend at least 80% of your working time in an office environment? Yes No
- > Are you actively working and able to perform your usual duties and are not undergoing any rehabilitation program? Yes No

If you have answered 'Yes' to all the above questions you are eligible for White Collar/non-manual premium rates.

PROFESSIONAL

In addition to the requirements set out for 'White Collar/non-manual' premium rates, please answer the following to apply for professional:

- > Are your duties entirely undertaken within an office environment? Yes No
- > Do you earn more than \$125,000 per annum from your occupation? Yes No
- > Do you hold a senior management role **OR** hold tertiary qualifications relevant to your profession **OR** are you a member of a professional institute or registered government body related to your profession? Yes No

If you have answered 'Yes' to all the questions in both White Collar/non-manual and Professional Section you are eligible for Professional premium rates.

Section 3 | Health questions

1. 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
2. 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
3. In the last 12 months have you had any illness or injury that:
a. caused you to take time off work for more than 10 consecutive working days, or
b. required modification to your normal working hours or duties? Yes No
4. Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months? Yes No
5. Are you considering seeking any medical advice or treatment for any illness or injury that:
a. you have not already consulted a medical professional for, or
b. appears to be getting worse? Yes No
6. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined or deferred? Yes No

If you answered 'Yes' to questions 1 to 6 you are not eligible to transfer your insurance cover.

7. Was your previous cover accepted with any premium loadings, exclusions or any other special terms or conditions? If Yes, please provide details Yes No

If you answered 'Yes' to question 7 please provide details below and provide a copy of the advice you received from the insurer or current fund confirming your acceptance of cover subject to these additional terms. You will be advised if your transfer of cover is accepted or not.

Section 4 | 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 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.
- > 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.

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 360 988.

Section 5 | Declaration

- > I have read and understand the Duty to take reasonable care not to make a misrepresentation on page 5 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- > My answers to the questions are honest, complete and accurate.
- > 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' on page 1 of this form. 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 and provided my member account has adequate funds to meet the premium payable. I understand that increases or changes to insurance premiums may apply.
- > I acknowledge that MetLife is accepting the transfer of my insurance cover on the basis that I complied with the duty of disclosure or the duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- > I understand that the transferred cover may be treated as not having commenced with MetLife if I did not comply with the duty of disclosure or duty to take reasonable care not to make a misrepresentation (as applicable) when I applied for my existing cover.
- > I have read the insurance section of the current Product Disclosure Statement relevant to my Division, including the Member Guide Supplement: Insurance Guide.
- > I understand that if my First Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit First Super from providing me with insurance cover unless I make an appropriate election (opt-in).
- > I understand First Super will not be permitted to provide insurance cover from 1 April 2020, if my superannuation account has not had a minimum balance of at least \$6,000 (low balance) and/or I am under 25 years of age, unless I make an appropriate election (opt-in).
- > I direct First 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.

Please sign here

Date (DD/MM/YYYY)

This application MUST be received within 30 days of the date you sign it.

Please return this form and attach a copy of your most recent superannuation statement or document confirming the level and type of cover you wish to transfer to First Super.

Please return this completed form by:

 **First Super, PO Box 666, Carlton South, VIC 3053**

 **mail@firstsuper.com.au**

Want to know more? We're here to help.

 **1300 360 988**

 **mail@firstsuper.com.au**

 **firstsuper.com.au**