

# Insurance Application and Personal Statement form

Please print clearly using BLOCK LETTERS and black pen only. Place a cross (X) in the boxes provided, where applicable. If a question does not apply to you, simply leave it blank.

Please read the StatewideSuper Product Disclosure Statement for full details about your insurance options, available at [www.statewidesuper.com.au](http://www.statewidesuper.com.au) or call us on 1300 65 18 65 to have one posted to you.

**Want to apply online? Use our online insurance application, available at [www.statewidesuper.com.au](http://www.statewidesuper.com.au).**

## 1. Your details

Member number  
(for existing members)

Title: Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_

Email address: \_\_\_\_\_

Given names: \_\_\_\_\_

Phone business: \_\_\_\_\_

Surname: \_\_\_\_\_

home: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female

mobile: \_\_\_\_\_

Postal address: \_\_\_\_\_

### Preferred contact method

In the event that we need to contact you, please advise your preferred method and time of contact:

Suburb: \_\_\_\_\_

Email  Home  Work  Mobile

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Before 12 noon  After 12 noon

### Important!

- If you are increasing your level of insurance cover you need to complete the Personal Statement section on pages 2-4. Client Services can help you work this out if you are unsure. Please call 1300 65 18 65.
- Please ensure that you sign the Declaration on page 4 when you have completed your application.

## 2. To apply or to vary your insurance cover (tick all that apply)

- Increase my level of insurance cover or apply for new cover (you will need to complete the Personal Statement on pages 2-4 of this form).
- Change my occupation classification (Please complete Part A). Changing your occupation classification may result in an increase in the level of your insurance cover if you hold units of Standard Insurance. If so, you will need to complete the Personal Statement on pages 2-4 of this form.
- Change my Death and TPD Insurance from unitised (Standard Insurance) to Fixed or vice versa. This may increase your level of cover. If so, you will need to complete the Personal Statement on pages 2-4 of this application.

### What is the new level of cover you require?

Please see the 'Insurance in your super' booklet on the Product Disclosure Statement page on [www.statewidesuper.com.au](http://www.statewidesuper.com.au).

Death and TPD  units or \$  fixed      Death Only  units or \$  fixed

Income Protection (2 years)  units

I would like my Income Protection benefits payable up to age 65 and understand that additional rates and charges apply.

## 3. Part A – To be completed Occupation details

What is your occupation? \_\_\_\_\_

What is your annual salary before tax? \_\_\_\_\_

**By providing us with your occupation details you may qualify for greater insurance cover for the same cost. Please see the 'Insurance in your Super' booklet on the Product Disclosure Statement page on [www.statewidesuper.com.au](http://www.statewidesuper.com.au).**

### To qualify for the White Collar benefit scale you must answer 'Yes' to the following question:

Are your duties of a clerical, administrative or management nature and undertaken entirely within an office environment (excluding travel time between offices) and not including any duties of a manual nature?  Yes  No

### To qualify for the Professional benefit scale you must answer 'Yes' to the following questions:

In addition to meeting the white collar criteria above:

Do you hold a tertiary qualification (eg diploma or degree) relevant to your current occupation or are you a member of the relevant professional institute of your occupation, or are you engaged as a senior member of your employer's management/executive team?  Yes  No

Do you earn in excess of \$100,000 per annum from your profession?  Yes  No



## 4. Cover details

What is your current occupation?

What is your annual salary (before tax)? \$

Have you smoked any substance in the past 12 months?

Yes  No

Do you work for more than 15 hours per week?

Yes  No

Are you permanently employed?

Yes  No

Are you currently able to carry out all the identifiable duties of your current employment on an ongoing basis for 35 hours per week (whether or not you currently work these hours) without restriction due to accident, illness or injury?

Yes  No

## 5. Personal statement

### Personal details

Are you a citizen or permanent resident of Australia?

Yes  No

### Insurance details

1. 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 conditions or terms?

Yes  No

2. 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

## 6. Health questions

What is your height?  cms

What is your weight?  kgs

In the last **3 years** have you suffered from, been diagnosed with or sought medical advice or treatment for (please tick all that apply):

Headaches or migraines

Ear or hearing conditions

Infectious diseases

Lung or breathing conditions

Gout

Muscle, tendon or ligament problems

Eyesight conditions

Trapped nerves

None of the above

Please give details of the specific condition disclosed including any treatment received:

In the last **5 years** have you suffered from, been diagnosed with or sought medical advice or treatment for (please tick all that apply):

High Blood Pressure

Chronic Fatigue/Fibromyalgia

High Cholesterol

None of the above

Please give details of the specific condition(s) disclosed including any treatment received

Have you **ever** suffered from, been diagnosed with or sought medical advice or treatment for (please tick all that apply)

Bone, joint or limb conditions

Cancer, cyst, growths, polyps or tumour

Heart related conditions

Back pain

Thyroid conditions

Kidney or liver conditions

Digestive conditions

Skin conditions

Diabetes

Brain and nerve conditions

Genitourinary conditions

Blood conditions

Psychological or emotional conditions

Auto immune diseases

None of the above

Please give details of the specific condition disclosed including any treatment received:

Are you currently pregnant?

Yes  No

Do you have a usual doctor or medical centre you regularly visit for any medical condition listed in the 'Health questions' section?

Not applicable  Yes  No

If Yes, please provide details of your regular doctor

Name:

Address:

Contact number:

## 7. Family history

Has your mother, father, any brother, sister, or child 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, Multiple Sclerosis, Muscular Dystrophy, Stroke or any inherited or hereditary disease?

Not applicable  Yes  No

If Yes, please give details in the table below

Relationship to proposed insured	Age at diagnosis	Specific condition(s)

## 8. Lifestyle questions

Do you intend to travel to any country outside Australia in the next 6 months?

Yes  No

If Yes, please give details below

Country	Length of stay	Country	Length of stay

Do you regularly engage in or intend to engage in any of the following hazardous activities (not already disclosed in your occupation)? Please tick all that apply

- |   |   |
|---|---|
| <input type="checkbox"/> Water sports   | <input type="checkbox"/> Hunting (of any kind)                            |
| <input type="checkbox"/> Motor sports   | <input type="checkbox"/> Combat sports or martial arts                    |
| <input type="checkbox"/> Sky sports   | <input type="checkbox"/> Field sports (such as Hockey or Football)        |
| <input type="checkbox"/> Aviation or aerial pursuits (other than as a fare paying customer, pilot or cabin crew on a commercial passenger airline, eg Qantas) | <input type="checkbox"/> Horse sports                                     |
| <input type="checkbox"/> Other sports   | <input type="checkbox"/> Any other hazardous activity not mentioned above |
|   | <input type="checkbox"/> None of the above                                |

Please give details if applicable:

Have you within the last 5 years used any drugs that were not prescribed to you (other than those drugs available over the counter)?

Yes  No

How many standard alcoholic drinks do you consume per week on average?  per week

Have you ever been advised by a health professional to reduce your alcohol consumption?

Yes  No

Are you infected with HIV (Human Immunodeficiency Virus) that causes AIDS (Acquired Immune Deficiency Syndrome)?

Yes  No

If No, are you in a high risk category for contracting HIV (Human Immunodeficiency Virus) that causes AIDS (Acquired Immune Deficiency Syndrome)?

Yes  No

**Please turn over and sign the back of this form**

## 9. General questions

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 give details below

If you have any other information you wish to provide to support your application, please give details below

## Your duty of disclosure

### Insurance Contracts Act 1984

Before you enter into a contract of insurance with an Insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the Insurer every matter that you know or could reasonably be expected to know is relevant to the Insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have the same duty to disclose those matters to the Insurer before you extend, vary or reinstate a contract of life insurance.

This duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer
- that is common knowledge
- that the Insurer knows or, in the ordinary course of his/her business, ought to know, and
- as to which compliance is waived by the Insurer.

### Non-Disclosure

If you fail to comply with this Duty of Disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within 3 years of entering into it. For applications accepted from 28 June 2014 onwards, the insurer can exercise the right to avoid the contract even if it would have provided you with cover on different terms. If the non-disclosure is fraudulent, the Insurer may avoid the contract at any time.

An Insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

The Insurer has the same rights if you make a misrepresentation to it. The insurer is required to treat some policies as comprising 2 or more separate contracts of life insurance and elect whether to apply its rights to each contract separately. For example, TPD and income protection benefits may be treated as separate contracts. Additionally, default cover and any additional cover will also be treated separately.

### Additional rights from 28 June 2014

For all cover except death cover received by members from 28 June 2014, the insurer has the following additional rights if you fail to comply with your duty of disclosure or make a misrepresentation to the Insurer:

- Elect to reduce the sum insured according to a formula prescribed by the law at any time;
- If the insurer has not avoided the contract or varied the sum insured, it can vary the contract in a way that places it in the same position it would have been if the non-disclosure or misrepresentation had not occurred.

The insurer also has these additional rights for policies issued before 28 June 2014 if it agrees to:

- increase the sum insured; or
- provide additional kinds of insurance cover

but only to the extent of the variation.

### Privacy

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' and the 'Insurer').

If you make a claim under this policy the Insurer may conduct investigations to assess the value and validity of the claim. This may involve the use of investigation agents, legal advisors and the collection of personal data that MetLife believes is relevant. MetLife complies with the *Privacy Act 1988* and the principles laid out in its privacy policies, which are readily available on request.

### Your privacy as a member of StatewideSuper

The information you provide in this form is collected by and held by the fund administrator, in accordance with the Australian Privacy Principles of the Privacy Act. Such information is usually disclosed to third parties, including the Insurer or medical consultant who may be involved with the assessment of this application, and is held by StatewideSuper and the Insurer.

For more information about privacy, contact Client Services on **1300 65 18 65** or visit **www.statewidesuper.com.au** to view the Privacy Policy.

## 10. Declaration

I declare that:

- I have read and understand my duty of disclosure and that this duty applies until formal notification of acceptance.
- My answers to the questions in this application are true, and I have not deliberately withheld any information material to the proposed insurance.
- I agree to be bound by the terms and conditions attached to this cover as set out in the Insurance Policy Document between StatewideSuper and the Insurer.
- I consent to the collection, use and disclosure of personal and sensitive information by the relevant Insurer and their service providers in order to assess my application and any claim of insurance.
- I have read and understood the Privacy Policy.
- I consent to the Insurer, MetLife Insurance Limited, seeking medical information from any doctor who at any time I have consulted prior to the date hereof.
- I understand that cover under any policy accepted 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 StatewideSuper Product Disclosure Statement.
- By providing your email address you agree to receive promotional material via email from us. If you do not want to receive promotional material from us but you want us to retain your email address on your account records for contact purposes, please call **1300 65 18 65**.

### Insurance

- I authorise any hospital, physician or other person who has treated me to furnish MetLife Insurance Limited or its representatives, any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, treatment, and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective as the original.

**X** Signature:

Date:

Name (print):

Please return this completed form to StatewideSuper GPO Box 1749 Adelaide SA 5001 by fax (08) 8217 8555 or email [info@statewidesuper.com.au](mailto:info@statewidesuper.com.au)