

Insurance application EmployeeSaver

* Indicates that providing this information is mandatory. Not doing so may delay the processing of your request.

When completing this form use all capital letters eg and check boxes with a cross eg

Apply online for fastest response – simply login at vicsuper.com.au and complete the application online.

Insurance request

Use this form to:

- Take advantage of the new member offer
- Change your occupation category
- Change your cover
- Cancel some or all of your cover

You are an EmployeeSaver member if you joined VicSuper FutureSaver through your employer. You are a PersonalSaver member if you joined VicSuper FutureSaver as an individual (not through your employer).

Before you reduce or cancel cover – give us a call on 1300 366 216 to make sure you understand your future options.

Instructions:

- This form must be completed by the person to be insured
- Any changes to the form must be initialled
- Answer all questions as accurately as you can

Important information

Your privacy as a member of VicSuper

The personal information you provide in this form is collected by and held by **VicSuper** to administer your insurance within your VicSuper FutureSaver (EmployeeSaver) account. If you do not provide the requested information, we may be unable to process your insurance application or properly administer your insurance. Your personal and sensitive information will only be disclosed to VicSuper staff as required, MetLife Insurance Limited and/or our legal or other professional advisors if reasonably necessary.

The VicSuper Privacy Policy and the MetLife Privacy Policy provide information about overseas disclosure of personal information, how you may access and seek correction of your personal and sensitive information as well as how you can make a complaint about a breach of the Australian Privacy Principles or the *Privacy Act* 1988. You can access the VicSuper Privacy Policy at vicsuper.com.au/privacy and the MetLife Privacy Policy 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, VicSuper's insurer may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive may be reduced. Before answering the questions contained in this application form, it is important that you carefully read the Duty of Disclosure section of this form (see step 6) which explains what you must disclose and the effect if you do not comply with your duty of disclosure.

Step 3:
New members –
New member
offer period

For new EmployeeSaver members starting work with a VicSuper participating employer, the new member offer period is 90 days from the date of your VicSuper welcome letter. As a new member, and once your default cover is activated, you can increase your death and TPD and/or income protection cover by answering the eligibility questions below.

Once you elect to make a change to your death and TPD or income protection cover, your new member offer period ends. The new member offer is not available if you have changed your default cover in any way.

Eligibility Questions

1. Are you restricted, due to illness or injury from carrying out any of the identifiable duties of your current and normal occupation on a full time basis (even if you are not currently working on a full time basis)? Full time basis is considered to be at least 35 hours per week.	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you contemplating or 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 <input type="checkbox"/> No <input type="checkbox"/>
3. Have you been restricted from work or unable to perform any of your regular duties for more than 10 consecutive days over the past 12 months due to illness or injury (other than for colds or flu)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Have you been diagnosed with an illness that in a doctor's opinion reduces your life expectancy to less than 2 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you currently contemplating any medical treatment or advice for any illness or injury for which you have not previously consulted a medical practitioner or an existing illness or injury, which appears to be deteriorating?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Have you had an application for Life, TPD, Trauma or income protection insurance declined, deferred or accepted with exclusions or loadings by an insurer?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you've answered yes to any of the questions above, you're not eligible to increase your cover under the new member offer. You can still increase your cover by completing Steps 4, 5, 6 & 7.

If you answered no to all the questions above, please choose which changes you would like to make to your cover below.

Note: if you would like to increase your cover beyond these options, you can do so by completing Steps 4, 5, 6 & 7.

Death and TPD

Increase my unit-based death and TPD cover by 1 unit 2 units

If you would also like to transfer your unit-based cover to fixed cover, please complete Steps 4, 6 & 7.

Income Protection

You can increase your cover by up to 2 units and vary your income protection waiting period or benefit period.

Increase my income protection cover by 1 unit 2 units

Change my waiting period to 30 days 60 days

Change my benefit period to 5 years
(This change is not available for casual employees or contractors)

If you want to increase your cover by more than 2 units, you can do so up to 85% of your gross annual income, to a maximum of \$30,000 per month. Complete Steps 4 (income protection) 5, 6 & 7.

Step 4:
Apply for or
change your
insurance
(continued)

Cancel your cover

To increase or reduce your current level of death only, death and TPD or income protection cover use the sections above. To cancel any or all of your insurance cover simply place an **X** in the appropriate box(s) below.

Before you reduce or cancel cover – give us a call on **1300 366 216** to make sure you understand your future options

- Cancel my TPD cover (and retain death only cover)
- Cancel my death cover (this will also cancel any TPD cover you have)
- Cancel my income protection cover
- Cancel all of my insurance cover

Your current cover will be cancelled from the day VicSuper receives this form and premiums will be deducted up until that day. If you cancel your cover within the premium refund period, relevant premiums will be refunded to you in full. If you cancel your cover and decide at a later time to reinstate it, you will be required to complete the Insurer's Personal Statement and be fully underwritten.

Step 5:
Health Questions

If additional space is required in order to provide all relevant information, please use a separate piece of paper and return together with this form.

Your health

What is your height? cm What is your weight? Kg

Have you smoked any substance in the last 12 months Yes No

In the last 3 years have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following?

Place **X** in all boxes that apply

- Headache or migraine (eg tension or cluster headaches or migraines)
- Lung or breathing conditions (eg asthma, sleep apnoea)
- Eyesight conditions (does not include contact lenses or glasses for near or far sightedness)
- Ear or hearing conditions (eg hearing loss, tinnitus or swimmer's ear)
- Muscle, tendon or ligament problems
- Trapped nerves (eg carpal tunnel syndrome, pinched nerve, tennis elbow)
- Infectious diseases (eg Ross river fever, glandular fever, hepatitis, but excluding cold and flu)
- Gout
- None of these conditions

If you've selected any of the above conditions, please give details in the table below.

Condition	Details including dates, symptoms and treatment

In the last 5 years have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following?

Place **X** in all boxes that apply

- High blood pressure
- High cholesterol
- Chronic fatigue/fibromyalgia
- None of the above

Step 5:
Health Questions
(continued)

If you have selected any of the above conditions, please give details in the table below.

Condition Details including dates, symptoms and treatment

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

- | | |
|--|---|
| <input type="checkbox"/> Bone, joint or limb conditions | <input type="checkbox"/> Skin conditions |
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Auto-immune conditions |
| <input type="checkbox"/> Digestive conditions | <input type="checkbox"/> Heart related conditions |
| <input type="checkbox"/> Brain or nerve conditions (incl. stroke) | <input type="checkbox"/> Kidney or liver conditions |
| <input type="checkbox"/> Psychological or emotional conditions | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Cancer, cyst, growth, lump, polyps or tumour | <input type="checkbox"/> Blood conditions |
| <input type="checkbox"/> Thyroid conditions | <input type="checkbox"/> None of these conditions |
| <input type="checkbox"/> Urinary or gender specific conditions and abnormal findings | |

If you have selected any of the above conditions, please give details in the table below.

Condition Details including dates, symptoms and treatment

Are you currently pregnant? Yes No (females only)

What is the name of your usual doctor / medical centre?

Name

Contact number

Address

Suburb

State Postcode

Step 5:
Health Questions
(continued)

Your family history

Has your mother, father, brother, sister or child been diagnosed under the age of 55 years with any of the following conditions:-

Alzheimer’s Disease, Dementia, Huntington’s Disease

Yes No

Motor Neurone Disease, Multiple Sclerosis, Muscular Dystrophy

Yes No

Heart Disease, Stroke, Diabetes, Polycystic Kidney Disease, Cancer, Familial Polyposis

Yes No

Any other inherited or hereditary disease?

Yes No

Note: You’re 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.

Relationship	Age at diagnosis	Specific conditions
	<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"/>	

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

Are you contemplating or 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 insurance with MetLife (in addition to this application) or any other insurance company or superannuation fund? If Yes, please give details in the table below.

Yes No

Product/Type	Total amount of cover	To be replaced by this cover?
Life Insurance (Death)	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Total & Permanent Disablement	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Income Protection	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Your lifestyle

Do you have firm plans to travel or reside in another country other than New Zealand, the 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

Step 5:
Health Questions
(continued)

Do you regularly engage in or intend to engage in any of the following activities?

Place X in all boxes that apply.

- Water sports (eg underwater diving, rock fishing)
- Motor sports (eg motorcycle, auto, motor boat)
- Sky sports (eg skydiving, hang gliding, parachuting, ballooning)
- Aviation (other than as a fare paying passenger on a commercial airline)
- Horse sports (eg polo, horse riding, rodeo, dressage, jumping)
- Combat sports or Martial Arts (eg taekwondo, boxing, fencing)
- Field sports (eg hockey or football including touch or tag and soccer)
- Base jumping, caving, outdoor rock climbing
- Any other hazardous activity not mentioned
- None of these activities

Please provide details for any activities you have selected above.

Activity	Details

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

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

Have you ever required treatment or counselling for alcohol or substance abuse, attended an alcohol support group or been advised to reduce or stop drinking alcohol? Yes No

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

If No to the question above, have you been referred for or waiting on a HIV test result and/or taking preventative medication? Yes No

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

Step 5:
Health Questions
(continued)

If Yes, please provide details below.

Condition	Details

Step 6:
Duty of disclosure

What you need to tell us

When you apply for insurance, and up until the Insurer accepts your application, you have a duty to tell us anything you know, or could reasonably be expected to know, that may affect the Insurer’s decision to insure you and the terms of your insurance. This means answering all the questions in the application honestly, making sure you include all the information we ask for. If you had already given us some of the information we have asked for before completing this form, you will still need to tell us this information again when completing this form.

If anything changes or you remember more information while we’re processing your application you’ll need to let us know.

If you want to change your insurance cover at any time, extend it or reinstate it, you’ll also have the same duty at that time to tell us anything that may affect the Insurer’s decision to insure you.

If you don’t tell us something

If you don’t give all the required information and the missing information would have affected the decision to insure you or the terms of your insurance, the Insurer may:

- **Treat your cover as if it never existed** – the Insurer can only do this within three (3) years of your cover starting. If your failure to tell us was fraudulent, the three (3) year time limit does not apply.
- **Reduce the amount you’ve been insured for** – to take into account the premium you would have had to pay if you had told us everything you should have. For Death cover the Insurer can only reduce the benefit within three years of your cover starting.
- **Vary your cover** – to take into account the information you didn’t tell us and put the Insurer in the same position as they would have been if you had told us. Variations could mean that waiting periods and exclusions may be different.

Your total insurance cover forms one insurance contract with the Insurer. If you don’t give us all the required information, the Insurer may treat your different types of cover as separate contracts when it takes action to address this.

It’s fraudulent to deliberately leave out required information or give us incorrect information. In these situations the Insurer may refuse to pay a claim and treat your insurance cover as if it never existed.

You don’t need to tell us anything:

- that reduces the Insurer’s risk
- that is common knowledge
- the Insurer knows or should know as an insurer, or
- the Insurer told you that you don’t need to tell us.

Step 7:
General consent
& Sign

You must read and acknowledge the General Consent by signing below -

- I have read and understand my Duty of Disclosure and the consequences of failing to comply with this Duty. I understand that this Duty applies until formal notification of acceptance of my application.
- The answers to the questions in this application are true and correct, 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 Documents between VicSuper and the Insurer, MetLife Insurance Limited (“MetLife”).
- I have read the VicSuper privacy policy available at vicsuper.com.au/privacy and the MetLife Privacy Policy available at www.metlife.com.au/privacy and I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.
- I consent to MetLife seeking health information from any doctor or health practitioner who at any time I have consulted prior to the date hereof.
- I understand that my insurance cover will not become effective until MetLife has accepted this application in writing and provided my VicSuper FutureSaver account has adequate funds to meet the premiums payable at all times. I understand that increases or changes to insurance premiums may apply.
- I have read the insurance section of the current VicSuper FutureSaver Member Guide (Product Disclosure Statement) and the *Insurance Handbook*.
- I understand that if I have chosen fixed TPD cover that this cover will reduce by 10% annually on my birthday between the ages of 61 and 68. From my 68th birthday TPD benefits will remain at 20% of my cover value through to age 70 when cover ceases.
- I authorise any hospital, physician, health practitioner or other person who has attended me to provide MetLife or its representatives with 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 consent to any employer or insurer holding information about my employment, health or insurance history to disclose that information to MetLife.

Step 7:
General consent
& Sign
(continued)

- I agree that a photocopy or electronic version of these authorisations shall be considered as effective as a hard copy original.
- I understand that if I have any un-finalised requests for Transfer of Cover or Life Event Increase, these cover amounts will not be incorporated to the Total Cover amounts applied for under this application.
- I understand that my right to receive benefits under the insurance policies is dependent on meeting the conditions of the policies, meeting a condition of release under the *Superannuation Industry (Supervision) Act 1993 (Cth)* and the Insurer approving my claim.
- I understand there are certain circumstances where you cannot claim for a pre-existing condition. Please refer to the *Insurance Handbook* for further details.
- I understand that my insurance cover will be issued and continue subject to the terms and conditions of the insurance policy even if I am under the age of 25, my account balance is less than \$6,000 and/or no contributions, rollovers or other amounts are received for a continuous period of 16 months.
- I understand that if I have chosen to cancel my existing cover I may not be accepted for cover in the future.

I acknowledge and consent to the above.

Given name/s*

Surname*

Signature*

Date*

Step 8:
Send your form
to VicSuper

Send your completed form to VicSuper along with any supporting documentation

VicSuper
GPO Box 89
MELBOURNE VIC 3001

Please **do not fax this form**. VicSuper will not process any changes to your cover received via fax as we must receive the original form to make changes to your cover.

Insurance cover outlined in the form is provided under group life insurance and group income protection policies issued and underwritten by MetLife Insurance Limited ABN 75 004 274 882 AFSL NO. 238 096

VicSuper Pty Ltd ABN 69 087 619 412 AFSL 237333 is the Trustee of VicSuper Fund ABN 85 977 964 496

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