Change insurance cover

About this form

You can use this form to opt in or out of default cover, as well as to apply for or make changes to death and total and permanent disablement (TPD) or income protection (IP) insurance cover. For full details of insurance cover, please refer to the *Equip Super MyFuture Product Disclosure Statement* (PDS) and the *Insurance in your super* guide.

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 later on 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.

1 – Your member details

Please complete in pen using CAPITAL letters

Member number

Title
Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other ☐

Sex
Male ☐ Female ☐

Date of birth (ddmmyyyy)

First name

Last name

Postal address (must be provided)

Suburb

State

Postcode

Country (if not Australia)

Business hours phone

After hours phone

Mobile

Email

Need help?

1800 682 626 **equipsuper.com.au** Equip Super, GPO Box 4303, Melbourne VIC 3001

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as trustee for Equipsuper ABN 33 813 823 017 USI 33 813 823 017 000

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2 – Change insurance cover

Death and total and permanent disablement (TPD) cover

Cover applies automatically when you meet Equip Super's eligibility and cover conditions, unless you have opted out of it previously. Below you can choose to opt in to, opt out of, apply for or change your level of insurance cover in Equip Super.

Opt in to insurance cover *(tick both boxes if you want to opt in to death and TPD cover)*	☐ Default death cover ☐ Default TPD cover	The level of default cover you may be eligible for is outlined in the *Insurance in your super* guide. If you are opting in more than 120 days after receipt of your welcome letter, you'll need to complete a *Personal Statement* and return it to us with this form.
Opt out of insurance cover *(tick both boxes if you want to opt out of death and TPD cover)*	☐ No default death cover ☐ No default TPD cover	If you opt out of cover and then decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.
Apply for additional fixed cover or change total amount of fixed cover to	$ ___,___,___ death cover $ ___,___,___ TPD cover	You can request any amount of death cover, but TPD cover is subject to a maximum of $3 million, including any existing cover. Please refer to the *next steps* section on the following page to see if you also need to complete a *Personal Statement*.
Convert my existing cover	☐ to fixed cover ☐ to age-based cover	Converting default cover to fixed cover fixes both death and TPD cover. If your cover is higher after the cover is converted, you will need to complete a *Personal Statement*.
Cancel my salary-based or age-based default cover	☐ Death cover ☐ TPD cover	If you cancel your cover and then decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.
Cancel my fixed cover	☐ Death cover ☐ TPD cover	If you cancel your cover and then decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

Income Protection (IP) cover

You can request a fixed dollar amount of IP insurance cover and if you're working with one of our participating employers that provide us with your salary information, you also have the option to request cover based on your salary. IP cover is subject to a maximum $30,000 per month. IP payments are limited to a maximum of 87% of your monthly income depending on your selections below. Refer to the *Equip Super MyFuture Insurance in your super* guide for more details.

IP Cover type (select one only)	☐ Fixed IP Cover of $ ___,___ per month **OR** ☐ Salary based IP cover of ___ % of salary (choose any whole percentage between 50% and 75%) **OR** ☐ Salary based IP cover of 87% of salary	You can only apply for salary based IP cover if your employer reports your salary to us. If you are applying for more IP cover than you have now, please refer to the *next steps* section below.
IP benefit period of	☐ 2 years ☐ 5 years	If you are changing your benefit period to a longer time than you have now or if you are changing your waiting period to a shorter time than you currently have, please refer to the *next steps* section below.
IP waiting period of	☐ 90 days ☐ 60 days ☐ 30 days	
Cancel my income protection cover	☐ No IP cover	If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.

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3 – Occupation ratings

What you pay for death and TPD insurance cover varies based on your occupation rating. Occupation ratings reflect the different levels of risk associated with different roles and duties. For example, a member who works primarily in an office-based role is considered low risk, whereas someone operating heavy machinery is considered a higher risk. For most members (but not all) the default occupation rating is **Standard**.

You should review the descriptions below and select the occupation rating that describes your work. By selecting a rating, you may be eligible to pay less for your cover. Your response will only be used to determine if you are eligible to pay less than you currently do based on the occupation rating assigned to your account. We may check your occupation rating if you make a claim so contact us if you're not sure which rating applies to you.

☐ Blue collar	☐ Standard	☐ White collar	☐ Professional
• You are currently employed • You don't perform any duties of a *hazardous occupation*	• You are currently employed • You don't perform any duties of a *hazardous occupation* • You don't perform any manual or physical work OR if you do, it is only light manual duties (example occupations for light manual duties may include retail or sales personnel, computer technicians, supervisors of manual work or professionals who do some fieldwork)	• You are currently employed • You don't perform any duties of a *hazardous occupation* • You don't perform any manual duties or physical work • You spend at least 80% of your time on administrative type duties in an office environment	• You are currently employed • You don't perform any duties of a *hazardous occupation* • You don't perform any manual duties or physical work • You spend at least 80% of your time on administrative type duties in an office environment • You have a tertiary qualification • You earn greater than $100,000 per annum (pro rata for part-time) • You are senior manager or executive responsible for the work of other supervisory, managerial or professional employees or you are managing a key business function in your organisation.

Hazardous occupations include security guards and crowd control. The full list of *hazardous occupations* can be found in the *Insurance in your super* guide.

Next steps

You'll need to complete a *Personal Statement* and return it to us with this form if you've requested an increase in your death, TPD or IP cover, a longer IP benefit period or a shorter IP waiting period than you currently have.

The *Personal Statement* is available on our website or from our Helpline **1800 682 626**. If you've applied for high levels of cover, our insurer may also request you to provide further health evidence (such as blood tests or a medical examination). Any change in your cover will apply from the date we notify you in writing.

If you don't need to complete a *Personal Statement*, simply return this form to us and the change will be effective from the date that we receive your request.

Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustees' Privacy Statement, which you can view online at **equipsuper.com.au/privacy** or you can obtain a copy by contacting us on **1800 682 626**.

Togethr Trustees' Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

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Your privacy with MetLife

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 **metlife.com.au/privacy**

Information from the insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation

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.

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.

The duty to take reasonable care

When applying for insurance, there is 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 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.

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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 contract starts, you think you may not have met your duty, please contact us immediately 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 questions, please contact Equip Super on **1800 682 626**.

4 – Sign the form

By signing this form I:

- have read and understand the Duty to take reasonable care and understand that this duty applies any time I answer questions as part of an application for insurance.
- acknowledge that I have received all the information I require in order to exercise the choices I have made.
- understand that this request replaces any previous instruction by me.
- understand that the provision of any higher insurance cover will be subject to underwriting and require the approval of the insurer and will not be provided until Equip Super has advised me in writing of the acceptance of the increased cover.
- understand that any reduction in death, TPD or IP cover will take effect from the date Equip Super receives this request.
- understand that where I have elected to decrease or cancel any cover, I will need to apply, complete underwriting, and be approved by the insurer should I wish to increase or reinstate cover in future.
- acknowledge that I have read and understood the *Equip Super MyFuture Product Disclosure Statement (PDS)* including the *Insurance in your super* guide and agree to be bound by the terms and conditions outlined in them.

Signature

X

Date (ddmmyyyy)

Please return your completed form to Equip Super, GPO Box 4303, Melbourne VIC 3001

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