Hazardous occupation advice form

Equip Super

About this form

If you have Income Protection (IP) insurance cover in Equip Super and you are employed in a hazardous occupation as described in your Product Disclosure Statement (PDS), you should complete this form so that Equip Super's insurer can assess whether you are eligible to continue your IP cover.

As part of the insurer's review you may be required to provide health evidence for underwriting purposes, such as, completing a *Personal Statement* form or providing medical evidence. You will be advised if this applies to you.

It's important that you're aware of the consequences of not providing the Insurer all the information they require. Please read the Duty to take reasonable care section before completing this form.

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

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383
as trustee for Equipsuper ABN 33 813 823 017 USI 33 813 823 017 000

2 – Your occupation

Job title

What date did you commence working in this occupation? (ddmmyyyy)

Is your occupation included in Equip Super's list of hazardous occupations below? No Yes

Hazardous occupations are defined in Equip Super's insurance policy as: working as a support person, domestic helper or carer (whether in a paid capacity or not) for an organisation which provides such services to persons suffering from Acquired Immune Deficiency Syndrome (AIDS); air traffic controller; commercial pilot; professional sport person; earth drilling, mineral exploration, miner or person working with explosives; professional entertainer such as actor, dancer, musician and stage performer; fireman or policeman; fisherman; forestry worker; workers in the horse racing industry such as a trainer, jockey and strapper; workers whose work requires them to work at heights such as rigger, scaffolder, roof worker and antenna erector; offshore oil rig worker; security guard, doorman, bouncer, or person employed in crowd control; sheltered workshop employee; seasonal worker or employees in industries with casual workforces; underground or underwater worker; sex worker.

Please provide a detailed job description and a list of your occupational duties you undertake as part of your employment:

Does your occupation require you to work underground?

- No
- Yes (less than 10% of my working hours underground)
- Yes (more than 10% of my working hours underground)

Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustee's 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 Trustee's 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**.

3 – Sign the form

By signing this form I:

- acknowledge I have provided true and correct information in this form.
- understand that I may be required to provide health evidence to the insurer for underwriting purposes to commence or retain my IP insurance.
- understand that if the insurer declines to provide me with IP insurance cover (new or existing), the cover and the insurance costs will cease as at the effective date of my commencing in the hazardous occupation.
- acknowledge that I have read and understood the PDS applicable to my membership and agree to be bound by the terms and conditions outlined in it.

Signature

X

Date (ddmmyyyy)

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

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