

Change insurance cover

Corporate (BOC Retained and Spouse members)



About this form

You can apply for insurance for death or death and total and permanent disablement (TPD). If you are a new retained member, you have a limited time to take advantage of a special offer of up to \$25,000 of additional TPD if you can satisfactorily complete the questions on this form. You must be eligible to receive automatic coverage or have opted in within 30 days of becoming a retained member to access the special offer. For full details of insurance cover, see the *Equip Super Corporate - BOC (Retained and Spouse members) Product Disclosure Statement (PDS)* on our website or contact us for a copy.

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

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2 - Special offer TPD insurance for new retained members

Complete this section if you are a new retained member and you would like to apply for up to \$25,000 of additional total and permanent disablement (TPD) insurance under our special offer. The amount of insurance reduces by 20% for each year commencing from age 66 to nil at age 70. To qualify, you must be able to answer no to the four health questions below. You must be eligible to receive automatic cover or have opted in within 30 days of becoming a retained member to access the special offer. The cost of this insurance is deducted from your account. Your application must be received within 30 days of the date of our letter advising you of your new retained member account details.

☐ I wish to apply for up to \$25,000 of additional TPD insurance

Qualifying health questions

	Yes	No
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)?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
4. 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?	<input type="checkbox"/>	<input type="checkbox"/>

3 – Change your insurance

Complete this section to opt in, change or cancel your insurance cover.

Change my insurance to have a total amount of fixed cover of	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> death cover \$ <input type="text"/> , <input type="text"/> , <input type="text"/> TPD cover	You can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million. Your TPD cover cannot be greater than your death cover. Please refer to the <i>next steps</i> section on the following page to see if you also need to complete a <i>Personal Statement</i> .
Opt out of insurance cover (tick the second box if you want to opt out of both death and TPD cover)	<input type="checkbox"/> No TPD cover <input type="checkbox"/> No death or TPD cover	You won't be insured for that cover from the date we receive your cancellation request and you (or your beneficiaries) won't be able to make an insurance claim for that type of cover for an insurable event occurring after that date. If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.
Opt in to insurance cover (tick both boxes if you want to opt in to death and TPD cover)	<input type="checkbox"/> Default death only cover <input type="checkbox"/> Default death and TPD cover	You only need to opt in if you would like to retain and fix the cover you had in your employer sponsored account and you currently are either under 25 or your account balance is less than \$6,000.

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4 – You may be able to pay less for your cover

The premiums you pay vary 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.

The default occupation rating is **Blue collar**. By answering the questions below, you may be eligible to pay lower insurance premiums under our White collar occupation ratings. We may check your occupation rating if you make a claim so contact us if you need help with these questions.

	Yes	No
White collar You'll qualify for our white collar rating if you can answer 'yes' to these four questions.		
1. Do you work in an office or similar environment?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are employed at least 14 hours per week on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you spend at least 80% of your working time in an office?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you work in an occupation that involves management, clerical, marketing, administration, accounting, or other sedentary duties, and which does not involve manual labour.	<input type="checkbox"/>	<input type="checkbox"/>

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 and TPD cover. The *Personal Statement* is available on our website or from our Helpline on **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 Together 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**.

Together 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.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at mercerc.com.au/privacy

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.

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

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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.

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.

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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**.

5 – Sign the form

By signing this form I:

- acknowledge that I have received all the information I require in order to exercise the choices I have made.
- 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 or TPD cover will take effect from the date Equip Super receives the request.
- understand that this request replaces any previous instruction by me.
- 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 relevant *Equip Super Corporate - BOC (Retained and Spouse members) Product Disclosure Statement (PDS)* and agree to be bound by the terms and conditions outlined in it.

Signature

Date (ddmmyyyy)

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

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