

Change your insurance

Corporate (BOC Employees)



About this form

If you are a current employee of BOC, you can use this form to make changes to your Equip insurance cover. For full details of insurance cover, please refer to your *Equip Corporate - BOC (Employees) Product Disclosure Statement (PDS)*.

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

Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (ddmmyyyy) <input type="text"/>	Member number <input type="text"/>
First name <input type="text"/>	Last name <input type="text"/>	Postal address (must be provided) <input type="text"/>	
Suburb <input type="text"/>			
State <input type="text"/>	Postcode <input type="text"/>	Country (if not Australia) <input type="text"/>	
Business hours phone <input type="text"/>	After hours phone <input type="text"/>	Mobile <input type="text"/>	
Email <input type="text"/>			

2 – Select your level of additional death cover

You can apply for additional death cover, but you *cannot* apply for more TPD cover. To apply for additional death cover, enter the dollar amount you would like in the box below. If you are accepted, the premiums for your additional cover will be deducted from your super account.

I would like to apply for additional death cover of: \$, , .

You'll need to complete a *Personal Statement* and return it to us with this form if you've requested an increase in your 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 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.

Need help?

Call us on 1800 682 626 or equipsuper.com.au Equip, GPO Box 4303, Melbourne VIC 3001

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You may be able to pay less for your cover

The premiums you pay for death and TPD insurance cover 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 rating. We may check your occupation rating if you make a claim so contact us if you need help with these questions.

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"/> Yes <input type="checkbox"/> No
	2) Are employed at least 14 hours per week on an ongoing basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	3) Do you spend at least 80% of your working time in an office?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	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"/> Yes <input type="checkbox"/> No

3 – Cancel your insurance

Complete this section to cancel your insurance cover (✓ tick the box for the type of cover you wish to cancel). 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 apply, complete underwriting and be approved by the insurer.

Please note that your employer pays for your basic death and TPD cover. Premiums for any additional death cover you may have are deducted from your account.

Please cancel my: Death and TPD basic cover Additional death cover (if any)
 TPD cover so I only have death cover

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.

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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 charged	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.

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 on **1800 682 626**.

Privacy

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

We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on **1800 682 626**. You can also manage your communication preferences via Equip's secure website or by following any instructions in the emails we may send you.

Equip's Privacy 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, will also handle your personal information. You can view Mercer's Privacy Policy online at mercer.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.

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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

4 – Sign the form

By signing this form I:

- acknowledge that I have received all 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 has advised me in writing of the acceptance of the increased cover.
- understand that any reduction in death and/or TPD cover will take effect from the date Equip 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 Corporate - BOC (Employees) Product Disclosure Statement (PDS)* and agree to be bound by the terms and conditions outlined in it.

Signature

Date (ddmmyyyy)

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

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