

## Occupation rating

### About this form

Use this form to upgrade your occupation rating.

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### 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 MetLife may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive will be reduced. Before answering the questions contained in this application form it is important that you carefully read the Duty of Disclosure section on page 2 of this form which explains what you must disclose and the effect if you don't comply with your duty of disclosure.

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### Privacy - Use and disclosure of personal information

#### 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 [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy).

#### Your privacy as a member of Spirit Super

The information you provide in this form is collected and held by Spirit Super to administer your insurance within your Spirit Super account. If you don't provide the requested information, Spirit Super may be unable to properly administer your insurance. Your personal and sensitive information will only be disclosed to Spirit Super staff as required, MetLife Insurance Limited, our legal or other professional advisors if reasonably necessary and where required to by law.

The Spirit Super Privacy policy provides 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 Spirit Super Privacy policy at [spiritsuper.com.au/privacy-policy](http://spiritsuper.com.au/privacy-policy).

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### Section 1. Member details

		Spirit Super member number	
Title	Given name(s)	Surname	
Residential address	Suburb	State	Postcode
Postal address (if different to above)	Suburb	State	Postcode
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address	
Preferred contact number			

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## Section 2. Occupation rating

1. Are the duties of your regular occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'white collar' tasks which do not involve manual work or teaching, and you don't spend more than 20% of your working time outside the office environment (excluding travel time from one office environment to another)?  Yes  No
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2. Is the income you earn from your occupation greater than \$110,000 per annum?  Yes  No
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3. Do you:
- a) hold a tertiary qualification or are you a registered member of a professional institute or governing body in relation to your profession?  Yes  No
- or**
- b) work in a management role?  Yes  No
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## Section 3. Your Duty of Disclosure

Before you become insured under the Spirit Super insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide you cover and on what terms. For the purposes of this section, 'us' and 'we' means Spirit Super's insurer.

This duty applies until we agree to provide your cover. You also have this duty when you extend, vary or reinstate your cover.

You don't need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

### If you don't tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate insurance policies. If they do, we may apply the following rights separately to each type of cover.

If you don't tell us anything you're required to, and we wouldn't have provided the cover if you had told us, we may avoid the cover within three years of entering into it.

If we choose not to avoid the cover, we may, at any time, reduce the amount of cover provided. This would be worked out using a formula that takes into account the premium (insurance cost) that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within three years of entering into the cover.

If we choose not to avoid the cover or reduce the amount of cover provided, we may, at any time vary the cover in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right doesn't apply if the policy provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the cover as if it never existed.

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## Section 4. Declaration and signature

By signing this form I hereby agree to the following statements:

- I have fully read and understood this form.
- I have read and understood the Spirit Super Member guide and Spirit Super Insurance guide.
- I have read and understood the Duty of Disclosure on page 2 of this form and I have not withheld any information that may affect the insurer's decision as to whether or not to accept my application for cover. The information I have provided in this form is true and correct and complete in all respects.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.
- I understand that the new occupation class that I am applying for in this application will not commence until I am notified of acceptance by Spirit Super in writing.
- I agree to the changes in my insurance premium rates that may be payable for this change in occupation rating.

### Election

- I understand that if my Spirit Super account has not received any contributions or other amounts for a continuous period of 16 months (**inactive**), superannuation legislation will prohibit Spirit Super from providing me with insurance cover unless I make an appropriate election (**election**).
- I understand Spirit Super will not be permitted to provide insurance cover, if my superannuation account has not had a minimum balance of at least \$6,000 (**low balance**) and/or I am under 25 years of age, unless I make an appropriate election (**election**).
- I direct Spirit Super to accept this application as an election to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- I understand this election will apply to all insurance cover through my account, including any cover for death, total and permanent disablement and income protection that I already hold in my account and that I am applying for by this application.
- I understand this election will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my election at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Spirit Super.

Signature

Date (dd/mm/yyyy)



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Full name (please print)

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**Please return the completed form to**

Spirit Super, GPO Box 1547, Hobart TAS 7001 or email [info@spiritsuper.com.au](mailto:info@spiritsuper.com.au)

For assistance with the completion of the form, please contact us on **1800 005 166**

Monday to Friday 8am - 7pm AEST/AEDT.

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Insurance benefits are issued by MetLife Insurance Limited (MetLife), which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand. None of the obligations of MetLife are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group.



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