

Apply for cover

About this application

- This application needs to be completed by the person to be insured.
- Complete this application if you are:
 - a) applying for cover;
 - b) applying to increase existing cover; or
 - c) applying to decrease your waiting period or increase your benefit period (if you hold Income Protection).
- Any changes made to this application are to be initialled by the person to be insured.
- Please answer all the questions as accurately as possible and provide additional information wherever requested.
- As part of your application, you may be required to undergo additional medical tests.
- As part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.

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 6 of this form which explains what you must disclose and the effect if you don't comply with your duty of disclosure.

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.

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.

Section 1. Your 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		Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm)		

Section 2. Your insurance needs

Total Required Cover

	Death Cover	Total & Permanent Disablement Cover	Income Protection	
Existing Policy Cover (if known)	\$	\$	\$	per month
Additional Policy Cover Requested	\$	\$	\$	per month
Total Cover Requested (= Existing + Additional Policy Cover Requested)	\$	\$	\$	per month

a) What Income Protection waiting period would you like to have?

30 days 60 days 90 days

b) What Income Protection benefit period would you like to have?

2 years 5 years age 65

Section 3. Your 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, 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
2. Is the income you earn from your occupation greater than \$110,000 per annum? Yes No
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

Section 4. Your insurance history

4. Has an application for Life, Trauma, TPD or Disability Insurance on your life ever been declined, deferred or accepted with a loading or exclusion or any other special condition or terms? Yes No

If you have answered Yes please provide full details.

5. Are you contemplating or have you ever made a claim for or received sickness, accident or disability benefits, Workers' Compensation, or any other form of compensation due to illness or injury? Yes No

If you have answered Yes please provide full details.

Section 4. Your insurance history (continued)

6. Do you currently have or are you applying for insurance with MetLife (in addition to this application) or any other insurance company or superannuation fund? Yes No

If Yes, please give details in the table below.

Product/Type	Total amount of cover	To be replaced by this cover?
Life Insurance	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total & Permanent Disablement	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Protection	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 5. Your health

7. What is your height? _____ cm | What is your weight? _____ kg

8. Have you smoked any substance in the last 12 months? Yes No

9. In the last **3 years** have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

<input type="checkbox"/> Headache or migraine (e.g. tension or cluster headaches or migraines)	<input type="checkbox"/> Lung or breathing conditions (e.g. asthma, sleep apnoea)	<input type="checkbox"/> Eyesight conditions (does not incl. contact lenses or glasses for near or far sightedness)
<input type="checkbox"/> Ear or hearing conditions (e.g. hearing loss, tinnitus or swimmer's ear)	<input type="checkbox"/> Muscle, tendon or ligament problems	<input type="checkbox"/> Trapped nerves (e.g. carpal tunnel syndrome, pinched nerve, tennis elbow)
<input type="checkbox"/> Infectious diseases (excl. cold and flu)	<input type="checkbox"/> Gout	<input type="checkbox"/> None of these conditions

If you have selected any of the above conditions in question 9, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

10. In the last **5 years** have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

<input type="checkbox"/> High blood pressure	<input type="checkbox"/> High cholesterol	<input type="checkbox"/> Chronic fatigue/fibromyalgia	<input type="checkbox"/> None of these conditions
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If you have selected any of the above conditions in question 10, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

Section 5. Your health (continued)

11. Have you **ever** suffered from, been diagnosed with or sought medical advice or treatment for any of the following?
Please tick all boxes that apply.

<input type="checkbox"/> Bone, joint or limb conditions	<input type="checkbox"/> Back or neck pain	<input type="checkbox"/> Digestive conditions
<input type="checkbox"/> Brain or nerve conditions (incl. stroke)	<input type="checkbox"/> Psychological or mental health conditions	<input type="checkbox"/> Cancer, cyst, growth, lump, polyps or tumour
<input type="checkbox"/> Thyroid conditions	<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Urinary or gender specific conditions and abnormal findings
<input type="checkbox"/> Autoimmune conditions	<input type="checkbox"/> Heart related conditions	<input type="checkbox"/> Kidney or liver conditions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Blood conditions	<input type="checkbox"/> None of these conditions

If you have selected any of the above conditions in question 11, please give details in the table below.

Condition	Details (incl. dates, symptoms, treatment)

12. Are you currently pregnant? (females only) Yes No

13. What is the name of your usual doctor/medical centre?

Name	Contact number		
Address	Suburb	State	Postcode

Section 6. Your family history

14. Has your mother, father, any brother or sister (immediate family) been diagnosed under the age of 55 years, with any of the following conditions: Alzheimer's Disease, Cancer, Dementia, Diabetes, Familial Polyposis, Heart Disease, Huntington's Disease, Motor Neurone Disease, Polycystic Kidney Disease, Multiple Sclerosis, Muscular Dystrophy, Stroke or any inherited or hereditary disease? Yes No
 Unknown

Note: You are only required to disclose family history information pertaining to any immediate family members, living or deceased.

If Yes, please give details in the table below.

Relationship to you	Age at diagnosis	Specific condition(s)

Section 7. Your lifestyle

15. Do you intend to travel to any country outside Australia in the next 12 months? Yes No
If Yes, please give details in the table below.

Country	Length of stay

16. Do you regularly engage in or intend to engage in any of the following hazardous activities, not already disclosed in your application? Please tick all boxes that apply.

<input type="checkbox"/> Water sports (e.g. underwater diving, rock fishing)	<input type="checkbox"/> Motor sports (e.g. motorcycle, auto, motor boat)	<input type="checkbox"/> Aerial sports (e.g. skydiving, hang gliding, parachuting, ballooning)
<input type="checkbox"/> Aviation (other than as a fare paying passenger on a commercial airline)	<input type="checkbox"/> Horse sports (e.g. polo, horse riding, rodeo, dressage, jumping)	<input type="checkbox"/> Combat sports or martial arts (e.g. taekwondo, boxing, fencing)
<input type="checkbox"/> Field sports (e.g. hockey or football including touch or tag and soccer)	<input type="checkbox"/> Any other hazardous activity not mentioned (e.g. base jumping, caving, outdoor rock climbing)	<input type="checkbox"/> None of these activities

Please provide details for any activities you have selected above .

Activity	Details

17. Have you within the last **5 years** used any drugs that were not prescribed to you (other than over the counter drugs) or have you exceeded the recommended dosage of **any** medication? Yes No
If Yes, please give details in the table below.

Drug/Medicine	Reason for use

18. On average, how many standard alcoholic drinks do you consume each week (a standard drink is equivalent to either 125ml glass of wine, a schooner of light beer, a middy/pot of full strength beer or a 30ml shot of spirits)? / week

19. Have you ever required treatment or counselling for alcohol or substance abuse, attended an alcohol support group or been advised to reduce or stop drinking alcohol? Yes No

20. Are you infected with Human Immunodeficiency Virus (HIV), the virus which can cause/lead to Acquired Immune Deficiency Syndrome (AIDS)? Yes No

If No, have you been referred for or waiting on an HIV test result and/or taking preventative medication? Yes No

Section 7. Your lifestyle (continued)

21. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness, which you suspect may require medical advice or treatment in the future? Yes No
If Yes, please provide details below.

Condition	Details

Section 8. 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.

Section 9. Declaration and signature

- I have read and understand my Duty of Disclosure and understand that this duty applies until formal notification of acceptance.
- My answers to the questions are true, and I have not deliberately withheld any information or material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy.
- 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 cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- I have read and understood the Spirit Super Member guide and Spirit Super Insurance guide.

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 of applicant

Date (dd/mm/yyyy)



Full name (please print)



Please return the completed form to

Spirit Super, GPO Box 1547, Hobart TAS 7001 or email info@spiritsuper.com.au

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

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



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