

Your duty to take reasonable care not to make a misrepresentation

About your duty

When you apply for life insurance as a member of Australian Retirement Trust, the insurer may conduct a process called underwriting. It's how the insurer decides whether it will cover you, and if so on what terms and at what cost. If your application is underwritten, you will be asked questions which the insurer needs to know the answers to. These will be about your personal circumstances and may include questions about your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you provide in response to the questions is vital to the insurer's decision.

The duty to take reasonable care

When applying for insurance which is to be underwritten, you have a legal duty to take reasonable care not to make a misrepresentation before your application is accepted by the insurer. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where the insurer later investigates whether the information you provided was true. For example, the insurer may do this when a claim is made.

Guidance for answering questions

When answering questions as part of an application for insurance cover, you should:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us or the insurer before you respond.
- Answer every question.
- Answer truthfully, accurately and completely.
- If you are unsure about whether you should include information or not, you should include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), you should check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that Australian Retirement Trust or the insurer will contact your doctor for any medical information.

Changes before your cover starts

Before your application is accepted, the insurer may ask about any changes that mean you would now answer the questions differently. As any changes might require further assessment or investigation, it could save time if you let us or the insurer know about any changes when they happen.

If you need help

It's important that you understand this information and the questions that you are asked. Ask us or the insurer for help if you have difficulty understanding the process of applying for insurance or answering our or the insurer's questions. If you're having difficulty due to a disability, understanding English or for any other reason, we are here to help and can provide additional support for anyone who might need it.

What can the insurer do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, there are different remedies that may be available to the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position they would have been in if the duty had been met.

For example, the insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether you took reasonable care not to make a misrepresentation (this depends on all of the relevant circumstances);
- what the insurer would have done if the duty had been met – for example, whether they would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before the insurer exercises any of these remedies, they will explain their reasons, how to respond and provide further information, including what you can do if you disagree.

Change of Insurance Cover

Please read the important information

IMPORTANT: Before completing this form please ensure you read and understand your Duty to Take Reasonable Care Not to Make a Misrepresentation located at australianretirementtrust.com.au/duty

Please provide us with as much information as possible. Please tick boxes where appropriate.

Use BLOCK letters and black or blue ink when completing this form and ensure it is signed and dated.

*DENOTES MANDATORY FIELD. If you are under 18 years of age please contact us before completing this form.

To access information about your plan online, visit portal.australianretirementtrust.com.au/DuluxGroup

Member number

if already a member

Office use only

C59384

1 Personal details

Title	First name*	Middle name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last name*	Date of birth (DD/MM/YYYY)*	Gender
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F
Street address / PO Box*		
<input type="text"/>		
Suburb / Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home phone number	Daytime phone number*	
<input type="text"/>	<input type="text"/>	
Personal email address	Mobile phone number*	
<input type="text"/>	<input type="text"/>	

Note: Where we can we'll provide your documents, including statements and notices of changes to your account, electronically. We'll email or SMS you when information is ready to view in [Member Online](#). If you would prefer information is posted to you, change your preferences in [Member Online](#), the [Australian Retirement Trust app](#), or by contacting us.

2 Details of your occupation

2A	Are you at work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Your occupation	<input type="text"/>	Degree/trade qualification	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<p>Note: This means you must be performing your normal paid duties for your employer.</p>							
	Industry (e.g. mining, manufacturing, construction, agriculture, retail)	Name of your employer	Your annual salary	Refer to your Super Savings – Corporate Insurance Guide for the definition of 'salary'.				
	<input type="text"/>	DuluxGroup (Australia) Pty Ltd	\$ <input type="text"/>					
List the principal duties of your occupation and the percentage of time at work spent doing each (e.g. office work 20%, site inspection 80%)								
	1 <input type="text"/>	% <input type="text"/>	2 <input type="text"/>	% <input type="text"/>	3 <input type="text"/>	% <input type="text"/>		
List the primary locations of your occupation, and the percentage of time at each location (e.g. office 20%, home 30%, suburban driving 50%)								
	1 <input type="text"/>	% <input type="text"/>	2 <input type="text"/>	% <input type="text"/>	3 <input type="text"/>	% <input type="text"/>		
2B	Employment status?	Permanent full time <input type="checkbox"/>	Permanent part time <input type="checkbox"/>	Casual <input type="checkbox"/>				
2C	Hours that you work a week (on average):	Under 15 hours <input type="checkbox"/>	15 hours or more <input type="checkbox"/>					

➔ Please continue over page

3 Insurance cover

Important: Before completing this section, please refer to your Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide for insurance details, available on your employer plan’s microsite. Any increase in insurance cover will be subject to acceptance by the insurer and will apply from the date your cover is accepted by the insurer.

3A Would you like to change your level of Standard Death and Total & Permanent Disability (TPD) cover?

Level 1
(5%)

Level 2
(10%)

Level 3
(15%)

Level 4
(20%)

If you’d like more than Level 4 cover, please complete section 3B to apply for Additional cover.

Note: If you’re increasing your cover within 120 days of joining your employer, or reducing your cover, you do not need to complete the entire form; simply tick the appropriate box and sign and date the form in section 4.

OR

3B Would you like to apply for Additional cover?

Death and Total & Permanent Disability (TPD)

I would like to apply for the following amount of fixed cover¹:

Death cover \$

TPD cover² \$

The amount you specify will be in addition to your Standard cover, if any.

¹ Fixed cover means your amount of insurance stays the same but your premiums will generally increase as you get older.

² If you’re applying for TPD cover, your total amount of TPD cover (Standard and Additional cover) cannot exceed your total amount of Death cover.

Income Protection

Are you applying for Income Protection?

YES

NO

Monthly benefit required \$

Note: To be eligible for Income Protection you must be employed on a full-time or part-time permanent basis and working an average of 15 or more hours per week. The maximum Income Protection amount available is 75% of your ‘pre-disability salary’ up to a maximum of \$30,000 per month for a 2-year ‘benefit period’. Refer to your Super Savings – Corporate Insurance Guide for the definition of ‘pre-disability salary’.



If you are applying to increase your cover outside of 120 days of joining your employer (3A), or applying to increase your cover (3B), you must also complete the attached Personal health statement.

If you don’t need to complete the entire form, simply sign and date below and return to Australian Retirement Trust

4 Authorisation and declaration

Privacy

By completing this form you consent to the collection, use and disclosure of any personal information, including information that may be of a sensitive nature we or the nominated insurer may collect about you and exchange with third parties located in Australia and overseas, in the manner outlined in our and the nominated insurer’s respective privacy policies as updated from time to time.

A copy of our privacy policy can be obtained by visiting australianretirementtrust.com.au/privacy. A copy of the nominated insurer’s privacy policy can be obtained by visiting their website directly.

These policies are consistent with the requirements of the *Privacy Act 1988*.

I declare that:

- I acknowledge and have read my Duty to Take Reasonable Care Not to Make a Misrepresentation and all of my details on this Change of Insurance Cover form are correct.

- I have received, read and accept the Super Savings – Corporate Product Disclosure Statement for Accumulation Account (PDS) and Super Savings – Corporate Insurance Guide.
- I understand all the conditions I must meet to be eligible to obtain Additional cover, I agree that my Additional cover will not commence until my application for Additional cover has been accepted by the insurer. I acknowledge insurance cover is provided by an external insurance company.
- I understand the cost of cover will be based on the applicable premium rates applying under the relevant membership division of Australian Retirement Trust and will reflect your occupation category, any employer funded arrangements (if applicable), and any premium loadings or exclusions that may apply.
- By signing this Change of Insurance Cover form, I consent to the collection and disclosure of information about me for the purposes shown above.

Member to sign here*



Full name (print in BLOCK letters)*

Date (DD/MM/YYYY)*

Please return the form to Australian Retirement Trust Reply Paid 2924 Brisbane Qld 4001 OR via australianretirementtrust.com.au/contact-us

We are committed to respecting the privacy of personal information you give us. If you would like a copy of Australian Retirement Trust’s Privacy Policy, visit australianretirementtrust.com.au/privacy or call 13 11 84.

Australian Retirement Trust Pty Ltd ABN 88 010 720 840 AFSL No. 228975 Trustee of Australian Retirement Trust ABN 60 905 115 063

Application for Insurance

- MetLife will be treating this contract as a 'consumer insurance contract'.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- 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 if further information is required.

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.

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 on page 8 of 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.

Section 1. Your details

Name of policy		Member number	
Title	Given name(s)		Surname
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address	
Residential address		Suburb	State Postcode
Postal address		Suburb	State Postcode
Preferred contact number		Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm) <input type="checkbox"/> Any time	
Are you a citizen or permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently living in Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 2. Your insurance needs

Total cover required.

	Life Cover	Total & Permanent Disability (TPD) Cover	Income Protection (IP) Cover	
Existing Policy Cover (if known)	\$	\$	\$	per month
			Wait period:	
			Benefit period:	
Additional Policy Cover Requested	\$	\$	\$	per month
			Wait period:	
			Benefit period:	
Total Cover Requested (= Existing + Additional Policy Cover Requested)	\$	\$	\$	per month
			Wait period:	
			Benefit period:	

When assessing your application, we underwrite you to accommodate future increases in your salary without the need for further underwriting. This may mean that we ask for additional medical evidence that may not have been required for the amount of cover you have applied for.

I would like to be underwritten to the maximum allowable and acknowledge that additional evidence may be required.

Yes No

Section 3. Your occupation

1. What industry do you work in?
e.g. finance, agriculture, education

2. What is your current occupation?

3. Do you work at least 15 hours per week?

Yes No

4. What is your annual income before tax?

\$

5. In the last 6 months have you been stood down, placed on unpaid leave, been made redundant, or have there been any changes to your occupation duties, hours worked or income?

Yes No

If Yes, please provide details.

6. Have you been made aware of any changes to your employment status, usual occupation duties, hours worked or income that may occur within the next 6 months?

Yes No

If Yes, please provide details.

Section 4. Your insurance history

7. Has an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection (IP) or Disability Insurance on your life ever been declined, deferred, accepted with a premium loading or exclusion, or any other special terms or conditions? Yes No

If Yes, please provide details.

8. 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? Yes No

If Yes, please provide details.

9. Do you currently have, or are you applying for, any other insurance cover with MetLife or any other life insurance company or superannuation fund? Yes No

If Yes, please give details.

Product/Type	Total amount of cover	To be replaced by this cover?
<input type="checkbox"/> Life cover	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Total & Permanent Disability (TPD) cover	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Trauma cover	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Income Protection (IP) cover	\$ per month	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wait period:	
	Benefit period:	

Section 5. Your lifestyle

10. Do you intend to travel to any country outside Australia in the next 12 months? Yes No

If Yes, please give details.

Country	Intended dates of travel

Section 5. Your lifestyle (continued)

11. Do you regularly engage in, or intend to engage in, any of the following hazardous sports or activities?
Please tick all boxes that apply.

<input type="checkbox"/> Water sports or activities <i>e.g. snorkelling, scuba diving, free diving</i>	<input type="checkbox"/> Motor sports or activities <i>e.g. motorcycle, motorcar, motor boat</i>	<input type="checkbox"/> Snow/winter sports or activities <i>e.g. skiing, snowboarding, ice skating, ice hockey</i>
<input type="checkbox"/> Aerial sports or activities or aviation <i>e.g. skydiving, hang gliding, parachuting, ballooning</i>	<input type="checkbox"/> Combat sports or martial arts <i>e.g. taekwondo, boxing, fencing</i>	<input type="checkbox"/> Field sports or team sports <i>e.g. hockey, football including touch or soccer, roller derby</i>
<input type="checkbox"/> Horse riding or equestrian activities <i>e.g. polo, rodeo, dressage, jumping</i>	<input type="checkbox"/> Rock climbing, abseiling or other adventure sports or activities <i>e.g. mountain biking, parkour</i>	<input type="checkbox"/> Any other hazardous sport or activity not mentioned
<input type="checkbox"/> None of these activities		

If Yes to any of the above sports or activities, please provide details.

Activity	Details

12. Have you smoked tobacco or any other substance within the last 12 months? Yes No

If Yes, please provide details.

13. Have you within the last 5 years used any drug(s) that were not prescribed to you (other than over-the-counter medication), or have you exceeded the recommended dosage of any medication? Yes No

If Yes, please provide details.

Drug/Medicine	Frequency of use

14. On average, how many standard alcoholic drinks do you consume each week?
Note: A standard drink is equivalent to either a schooner of light beer, a middy/pot of full-strength beer, a shot of spirits or a standard serve of wine. _____ / week

15. Have you ever: Yes No

- required treatment, advice or counselling for alcohol or substance misuse,
- attended an alcohol or drug support group, or
- been told to reduce or stop drinking alcohol or using drugs?

If Yes, please provide details.

Section 6. Your family history

16. Has any immediate family member (your mother, father, any brother or sister) been diagnosed under the age of 60 with any of the following conditions? Yes No

Unknown

- Parkinson's Disease
- Cancer
- Multiple Sclerosis
- Polycystic Kidney Disease
- Muscular Dystrophy
- Huntington's Disease
- Motor Neurone Disease
- Dementia (including Alzheimer's Disease)
- Cardiomyopathy
- Familial Polyposis (FAP)
- Heart Disease or Stroke
- Diabetes
- Any other inherited or hereditary disease or disorder

If Yes, please provide details.

Relationship to you	Age at diagnosis	Specific condition(s)

17. Including this application, is the total amount of cover you hold with all insurers or superannuation funds greater than any of the following amounts? Yes No

- \$500,000 of Life cover,
- \$500,000 of Total & Permanent Disability (TPD) cover,
- \$200,000 of Trauma cover, or
- \$4,000 per month of Income Protection (IP) cover.

If Yes, have you ever had, or are you awaiting the results of, a genetic test? Yes No

Please provide details.

Condition	Test results (e.g. positive, negative, carrier, unknown)

Section 7. Your health

18. What is your height (cm)?

20. What is your weight (kg)?

19. Has your weight changed by more than 10kg in the last 12 months? Yes No

Yes No

If Yes, please provide details, including former weight and reason for weight change.

20. **Females only:** Are you currently pregnant? Yes No

Yes No

If Yes, please provide details.

a) How many weeks pregnant are you?

b) Is the pregnancy progressing normally with no complications?

Yes No

Section 7. Your health (continued)

21. In the last **3 years** have you experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following?

Please tick all boxes that apply.

<input type="checkbox"/> Headache e.g. <i>tension or cluster headaches, migraines</i>	<input type="checkbox"/> Ear or hearing condition e.g. <i>partial or total deafness, tinnitus, Meniere's disease, vertigo</i>	<input type="checkbox"/> Eye or eyesight condition (not corrected by glasses or contact lenses) e.g. <i>partial or total blindness, glaucoma, keratoconus</i>
<input type="checkbox"/> Infectious diseases (excluding ordinary cold and flu) e.g. <i>tuberculosis, glandular fever, malaria, Ross River fever</i>	<input type="checkbox"/> Sexually transmitted infection e.g. <i>syphilis, chlamydia, gonorrhoea</i>	<input type="checkbox"/> Lung, respiratory or sleep condition e.g. <i>asthma, bronchitis, pneumonia, emphysema, insomnia, sleep apnoea</i>
<input type="checkbox"/> Trapped or injured nerve e.g. <i>carpal tunnel syndrome, tennis elbow, pins and needles, numbness, repetitive strain injury (RSI)</i>	<input type="checkbox"/> None of these conditions	

If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment).

22. Have you **ever** experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following?

Please tick all boxes that apply.

<input type="checkbox"/> Back, neck or spine condition e.g. <i>pain or injury, scoliosis, disc disorder, arthritis, sciatica</i>	<input type="checkbox"/> Bone, joint, ligament or any other musculoskeletal condition e.g. <i>pain or injury, gout, arthritis, bone density disorder</i>	<input type="checkbox"/> Mental or behavioural condition e.g. <i>anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder</i>
<input type="checkbox"/> Chronic pain or fatigue e.g. <i>myalgic encephalomyelitis, fibromyalgia</i>	<input type="checkbox"/> Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind e.g. <i>breast lump, melanoma, leukemia, lipoma</i>	<input type="checkbox"/> Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar
<input type="checkbox"/> High blood pressure or high cholesterol	<input type="checkbox"/> Heart or vascular condition e.g. <i>heart attack, irregular heartbeat, angina, heart murmur, heart valve condition, varicose veins</i>	<input type="checkbox"/> Brain or head condition e.g. <i>stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia</i>
<input type="checkbox"/> Neurological condition e.g. <i>multiple sclerosis (MS), Parkinson's, muscular dystrophy, motor neurone disease, optic neuritis</i>	<input type="checkbox"/> Gland or hormone condition e.g. <i>thyroid conditions, polycystic ovarian syndrome (PCOS), pituitary adenoma</i>	<input type="checkbox"/> Blood condition e.g. <i>anaemia, deep vein thrombosis (DVT), haemochromatosis, blood clotting disorder</i>
<input type="checkbox"/> Stomach, bowel or digestive condition e.g. <i>Crohn's, ulcerative colitis, reflux, polyps, diverticular disease</i>	<input type="checkbox"/> Kidney, urinary or genital condition e.g. <i>kidney stones, cystitis, endometriosis, abnormal cervical screening or prostate screening test</i>	<input type="checkbox"/> Liver, pancreas or gallbladder condition e.g. <i>fatty liver, hepatitis, pancreatitis, gall stones</i>
<input type="checkbox"/> Skin condition e.g. <i>dermatitis, psoriasis, eczema, sunspots, skin lesions</i>	<input type="checkbox"/> Autoimmune or inflammatory condition e.g. <i>rheumatoid arthritis, immunodeficiency, lupus</i>	<input type="checkbox"/> None of these conditions

If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment) on the next page.

Section 7. Your health (continued)

23. Are you infected with Human Immunodeficiency Virus (HIV)? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. Have you been referred for or are you waiting on the results of an HIV test? <input type="checkbox"/> Yes <input type="checkbox"/> No
25. Have you tested positive for or are you waiting on the results of a COVID-19 test? <input type="checkbox"/> Yes <input type="checkbox"/> No	26. Have you been exposed to COVID-19, or have you been in close contact with anyone who has been diagnosed with, quarantined for, or is suspected to have COVID-19? <input type="checkbox"/> Yes <input type="checkbox"/> No

27. Apart from what you've already told us, are you considering, or have you been told to have any investigations, treatment, or ongoing prescribed medication? Yes No
Note: You do not need to tell us about oral contraceptives or over-the-counter medications.
If Yes, please provide details.

28. Apart from what you've already told us, have you had any surgery in the last 5 years, or are you awaiting surgery? Yes No
If Yes, please provide details.

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

Name	Contact number		
Address	Suburb	State	Postcode

Section 8. The duty to take reasonable care not to make a misrepresentation

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.

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.

The duty to take reasonable care

When applying for insurance, there is a 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 a 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.

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 cover starts, you think you may not have met your duty, please contact us immediately and 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 queries please contact your representative or MetLife on 1300 555 625.

Section 9. Declaration

- I have read and understand the Duty to take reasonable care on page 8 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- I declare the answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- 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 these terms.
- 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 the insurance section of the current Product Disclosure Statement.

Signature

Signature of applicant

Date (dd/mm/yyyy)



Full name

Please return the completed form to

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or auseservices@metlife.com

[metlife.com.au](https://www.metlife.com.au)



MetLife Insurance Limited | Level 9, 2 Park Street, Sydney | NSW 2000

ABN 75 004 274 882 AFSL NO. 238 096

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