

# 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.

# **Qantas Group Super Plan**

# **Change of Insurance Cover**

## Australian Retirement Trust

|                    |  |   |   |   | 13 11 84   art.com.au                                      |   |
|--------------------|--|---|---|---|--|---|
|                    | se read the important information  | Reply Paid 2924 Brisbane Qld 4001   |   |   |  |   |
|                    | ANT: Before completing this form please ensure<br>lisrepresentation located at art.com.au/duty   | Member number   |   |   |  |   |
|                    | lease provide us with as much information as possible. Please tick boxes where appropriate.  |   |   |   |  | er  |
|                    | See BLOCK letters and black or blue ink when completing this form and ensure it is signed and dated.<br>DENOTES MANDATORY FIELD. If you are under 18 years of age please contact us before completing this form. |   |   |   |  |   |
| To acces           | To access information about your plan online, visit art.com.au/qgsp  |   |   |   |  | e only  |
| 1                  | Personal details   |   |   |   | C59462   |   |
| Title              | First name*  |   | Middle name   |   |  |   |
|                    |  |   |   |   |  |   |
| Last nan           | ie*  |   |   | Date of birth (DI                           | )/MM/YYYY)*  | Gender*   |
|                    |  |   |   |   |  | MF  |
| Street a           | ldress / PO Box*   |   |   |   |  |   |
|                    |  |   |   |   |  |   |
| Suburb/            | Town* St   | tate* Postcode* Hor   | ne phone number   | D   | Daytime phone num  | iber*   |
|                    |  |   |   |   |  |   |
| Persona            | email address  |   |   | Ν   | Nobile phone numb  | er*   |
|                    |  |   |   |   |  |   |
| Note: Wh<br>Member | ere we can we'll provide your documents, including :<br>Online. If you would prefer information is posted to   | statements and notices of changes to<br>you, change your preferences in <mark>Me</mark> r | your account, electronicall<br><b>mber Online</b> , the <b>Australi</b> | y. We'll email or SMS<br>an Retirement Trus | 5 you when information<br><b>st app</b> , or by contacting | is ready to view in<br>us.                                    |
| 2                  | Details of your occupation   |   |   |   |  |   |
| 2A                 | Are you at work?   | Your occupation   |   |   |  | Degree/trade<br>qualification                                 |
|                    | Note: This means you must be performing your normal paid duties for your employer.   |   |   |   |  | YES NO  |
|                    |  |   |   |   | our annual   | Defer to your Super   |
| Industry           | e (e.g. mining, manufacturing, construction, agri  | riculture, retail) Name of your em  | ipioyer   | S   | alary  | Refer to your Super<br>Savings – Corporate<br>Insurance Guide |

Qantas Group

for the definition of 'salary'. 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 % 2 % 3 % 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 % 2 % 3 Permanent Permanent What is the duration **2B** Casual Contractor **Employment status:** months full time part time of your contract? Hours that you work **2C** hours a week (on average):

**O** Please continue over page

\$

### Details of your occupation continued

#### Please select your occupational group:

Group 1 - Working mainly in a sedentary capacity or performing light manual duties within an office or retail environment, with less than 20% of time spent outdoors; or mainly engaged in light manual duties; or travel regularly for work but do not deliver goods (excludes Flight Crew). Examples include: Telephone Sales Consultants, Customer Service Agents, Customer Sales Agents, Executives, Senior Professional Group (SPG) positions Group 2 - Flight crew, skilled trades workers performing a moderate amount of manual work; or engaged in full time home duties for more than 12 months. Examples include: Avionics Maintenance Engineer (AME), Cabin Crew, Chef, Home duties, Licensed Aircraft Maintenance Engineer (LAME), Technical Crew, Pilots

Group 3 - Mainly performing manual work; or skilled workers performing heavy manual work. Examples include: Airline Services Operators, Airline Services Attendants, Apprentices, Catering Service Attendants, Ground Crew/Ramp Services, Store Persons

Note: If you are still unsure of your occupation please advise your job title and describe your main occupation duties:

#### Insurance cover

2

3

**3**A

**2D** 

**Important:** Before completing this section, please refer to your Super Savings – Corporate Insurance Guide for insurance details, available at **art.com.au/qgsp**. 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.

#### Would you like to increase your Standard Death and Total & Permanent Disability (TPD) cover?

Note: Standard Death and TPD cover is calculated as a multiple (based on your age) of your 'salary'. Please refer to your Super Savings – Corporate Insurance Guide for details.

I would like to apply to increase my Standard Death and TPD cover by 1 extra multiple of my 'salary'.

For more information about Standard cover including how it is calculated and definitions of terms used in this form, see your Super Savings – Corporate Insurance Guide.

#### **3B** Would you like to apply for Additional Death and TPD cover?

#### I would like to apply for the following amount of 'fixed cover':

| Death cover | \$ | TPD cover <sup>1</sup> | \$ |
|-------------|----|------------------------|----|
|-------------|----|------------------------|----|

The amount you specify will be in addition to your Standard cover, if any. Maximum cover limits apply. Refer to your Super Savings – Corporate Insurance Guide for details.

For more information about Additional cover, including eligibility conditions and definitions of terms used in this form, see your Super Savings – Corporate Insurance Guide. 1 Your Additional TPD cover can't be more than your Additional Death cover. From age 61, your Additional TPD cover will reduce. Refer to your Super Savings – Corporate Insurance Guide for details.

**Note:** If you previously increased your cover (via Life Events or a Transfer of Insurance Cover) based on Standard cover, and your application for Additional cover in this form is accepted by the insurer, your existing cover will be converted to Additional cover with occupation based premiums.

#### **3C**

#### Would you like to apply for Income Protection cover?

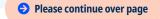
**Note:** To be eligible for Income Protection cover you must be engaged in permanent full-time, permanent part-time or 'fixed term employment', working at least 15 hours per week, as detailed in your Super Savings – Corporate Insurance Guide.

I would like to apply for the following amount of Income Protection cover:

#### 75% of your 'salary' with a 2-year 'benefit period' and 90-day 'waiting period'

Note: Conditions apply such as maximum cover limits and minimum work hours. Refer to your Super Savings – Corporate Insurance Guide for details on these conditions, as well as other relevant details such as 'waiting period', 'benefit period' and definitions of terms such as 'salary'.

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



We are committed to respecting your privacy and take protecting the privacy of personal information seriously. Our Privacy Policy sets out how we do this including how we collect, hold and disclose personal information. For a copy of the Privacy Policy, please visit **art.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 - Corporate**

- 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/n | nm/yyyy)      | Gender<br>Male Eremale | Ema           | il address                      |               |         |          |
| Residential address |               |                        | ·             | Suburb                          |               | State   | Postcode |
| Postal address      |               |                        |               | Suburb                          |               | State   | Postcode |
| Preferred contact   | number        |                        |               | ime of contact<br>ng (9am-12pm) | Afternoon (12 | om-6pm) | Any time |

### **Section 2. Your insurance needs**

Total cover required.

|   | Life Cover | Total & Permanent<br>Disability (TPD) Cover | Income Protection (IP) Cover |           |
|---|------------|---|------------------------------|-----------|
|   |            |   | \$                           | per month |
| Existing Policy Cover (if known)  | \$         | \$  | Wait period:                 |           |
|   |            |   | Benefit period:              |           |
|   |            |   | \$                           | per month |
| Additional Policy Cover Requested   | \$         | \$  | Wait period:                 |           |
|   |            |   | Benefit period:              |           |
|   |            |   | \$                           | per month |
| Total Cover Requested (= Existing +<br>Additional Policy Cover Requested) | \$         | \$  | 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 | Yes | No |
|---|-----|----|
| be required.  |     |    |

| Se | ection 3. Your occupation   |        |  |
|----|---|--------|--|
| 1. | What industry do you work in?<br>e.g. finance, agriculture, education   | 2.     | What is your current occupation?   |
| 3. | Do you work at least <b>15 hours</b> per week?  | 4.     | What is your annual income before tax (excluding mandated superannuation guarantee contributions)? |
|    | Yes No  |        | \$   |
| 5. | In the last 6 months have you been stood down, placed on unpa<br>been any changes to your occupation duties, hours worked or ir |        |  |
|    | If Yes, please provide details.   |        |  |
|    |   |        |  |
| 6. | Have you been made aware of any changes to your employment or income that may occur within the next 6 months?                   | t stat | cus, usual occupation duties, hours worked Yes No  |
|    | If Yes, please provide details.   |        |  |
|    |   |        |  |
|    |   |        |  |
|    |   |        |  |

| Se  | ction 4. Your insurance history   |               |                  |                                   |  |  |  |
|-----|---|---------------|------------------|-----------------------------------|--|--|--|
| 7.  | Has an application for Life, Trauma, Total & Pern<br>Insurance on your life ever been declined, deferr<br>special terms or conditions?                        |               |                  |                                   |  |  |  |
|     | If Yes, please provide details.   |               |                  |                                   |  |  |  |
|     |   |               |                  |                                   |  |  |  |
| 8.  | Have you ever claimed, or are you considering c<br>benefits, worker's compensation, or any other be   |               |                  | sability or life insurance 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 Yes Yes No insurance company or superannuation fund? |               |                  |                                   |  |  |  |
|     | If Yes, please provide details.   |               |                  |                                   |  |  |  |
|     | Product/Type  | Total amoun   | t of cover       | To be replaced by this cover?     |  |  |  |
|     | Life cover  | \$            |                  | Yes No                            |  |  |  |
|     | Total & Permanent Disability (TPD) cover  | \$            |                  | Yes No                            |  |  |  |
|     | Trauma cover  | \$            |                  | Yes No                            |  |  |  |
|     |   | \$            | per month        | Yes No                            |  |  |  |
|     | Income Protection (IP) cover  | Wait period:  |                  |                                   |  |  |  |
|     |   | Bonofit porio | d.               |                                   |  |  |  |
|     |   | Benefit perio | u.               |                                   |  |  |  |
|     |   |               |                  |                                   |  |  |  |
|     | ection 5. Your lifestyle<br>Are you a citizen or permanent resident of Austr  | alia?         | 11 Are you curre | ently living in Australia?        |  |  |  |
| 10. | Yes No  |               | Yes              | No                                |  |  |  |
| 12. | Do you intend to travel to any country outside Australia in the next 12 months? Yes No<br>If Yes, please provide details.                                     |               |                  |                                   |  |  |  |
|     | Country   |               | Intended dates   | of travel                         |  |  |  |
|     |   |               |                  |                                   |  |  |  |
|     |   |               | <u> </u>         |                                   |  |  |  |
|     |   |               | <u> </u>         |                                   |  |  |  |
|     |   |               |                  |                                   |  |  |  |

### Section 5. Your lifestyle (continued)

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

| Water sports or activities<br>e.g. snorkelling, scuba diving, free<br>diving                        | Motor sports or activities<br>e.g. motorcycle, motorcar,<br>motor boat                                  | Snow/winter sports or activities<br>e.g. skiing, snowboarding, ice skating, ice<br>hockey       |
|---|---|---|
| Aerial sports or activities or aviation<br>e.g. skydiving, hang gliding,<br>parachuting, ballooning | Combat sports or martial arts e.g. taekwondo, boxing, fencing   | Field sports or team sports<br>e.g. hockey, football including touch or<br>soccer, roller derby |
| Horse riding or equestrian activities e.g. polo, rodeo , dressage, jumping                          | Rock climbing, abseiling or<br>other adventure sports or<br>activities<br>e.g. mountain biking, parkour | Any other hazardous sport or activity not mentioned   |

None of these activities

If you have selected any of the sports or activities above, please provide details.

| Activity | Details |
|----------|---------|
|          |         |
|          |         |
|          |         |

14. Have you smoked tobacco or any other substance, used e-cigarettes, vaping or any nicotine replacement products in the last 12 months?

| Yes |  | No |
|-----|--|----|
|-----|--|----|

No

If Yes, please provide details.

15. 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? If Yes, please provide details.

|     | Drug/Medicine   | Frequency of use |        |
|-----|---|------------------|--------|
|     |   |                  |        |
|     |   |                  |        |
|     |   |                  |        |
| 16. | On average, how many standard alcoholic drinks do you consum<br>Note: A standard drink is equivalent to either a schooner of light b<br>spirits or a standard serve of wine.  |                  | / week |
| 17. | <ul> <li>Have you ever:</li> <li>required treatment, advice or counselling for alcohol or substate attended an alcohol or drug support group, or</li> <li>been told to reduce or stop drinking alcohol or using drugs?</li> </ul> | ance misuse,     | Yes No |

If Yes, please provide details.

| Se  | ction 6. Your family history  |  |   |                   |  |  |
|-----|---|--|---|-------------------|--|--|
|     | 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?   |  |   |                   |  |  |
|     | <ul> <li>Parkinson's Disease</li> <li>Cancer</li> <li>Multiple Sclerosis</li> <li>Polycystic Kidney Disease</li> <li>Muscular Dystrophy</li> </ul>  | <ul> <li>se</li> <li>Familial Polyposis (FAP)</li> <li>Heart Disease or Stroke</li> <li>Diabetes</li> <li>Any other inherited or<br/>hereditary disease or disorder</li> </ul> | Unknown   |                   |  |  |
|     | If Yes, please provide details.   |  |   |                   |  |  |
|     | Relationship to you   | Age at diagnosis   | Specific condition(s)                               |                   |  |  |
|     |   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
| 19. | <ul><li>than any of the following amounts?</li><li>\$500,000 of Life cover,</li></ul>   |  | d with all insurers or superannuation funds greater | Yes No            |  |  |
|     | <ul> <li>\$500,000 of Total &amp; Permanent Disability (TPD) cover,</li> <li>\$200,000 of Trauma cover, or</li> <li>\$4,000 per month of Income Protection (IP) cover.</li> <li>If Yes, have you ever had, or are you awaiting the results of, a genetic test?</li> </ul> |  |   |                   |  |  |
|     | Please provide details.   |  |   |                   |  |  |
|     | Condition   | Test res   | sults (e.g. positive, negative, carrier, unknown)   |                   |  |  |
|     |   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
| _   |   |  |   |                   |  |  |
|     | ction 7. Your health  |  |   |                   |  |  |
| 20. | What is your height (cm)?   |  | 21. What is your weight (kg)?                       |                   |  |  |
|     |   |  |   |                   |  |  |
| ~~  |   |  | 4.0   | Yes No            |  |  |
| 22. | . Has your weight changed by more than 10kg in the last 12 months?  |  |   |                   |  |  |
|     | If Yes, please provide details, including former weight and reason for weight change.   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
|     |   |  |   |                   |  |  |
| 23. | Are you currently pregnant?   |  |   | Yes No            |  |  |
|     | If Yes, please provide details.   |  |   |                   |  |  |
|     | a) How many weeks pregnant are you  | 2  | b) Is the pregnancy progressing normally with       | no complications? |  |  |
|     | . ,   |  |   |                   |  |  |
|     |   |  | Yes No  |                   |  |  |

### Section 7. Your health (continued)

| 24. | 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?  |
|     |   |

| └── Headache   | Ear or hearing condition  | Eye or eyesight condition (not corrected by  |
|--|---|--|
| e.g. tension or cluster headaches,<br>migraines  | e.g. partial or total deafness,<br>tinnitus, Meniere's disease,<br>vertigo  | <ul> <li>Eye of eyesign condition (not confected b<br/>glasses or contact lenses)</li> <li>e.g. partial or total blindness, glaucoma,<br/>keratoconus</li> </ul>   |
| Infectious diseases (excluding<br>ordinary cold and flu)<br>e.g. COVID-19, tuberculosis, glandular<br>fever, malaria, Ross River fever   | Sexually transmitted infection<br>e.g. syphilis, chlamydia,<br>gonorrhoea   | Lung, respiratory or sleep condition<br>e.g. asthma, bronchitis, pneumonia,<br>emphysema, insomnia, sleep apnoea   |
| Trapped or injured nerve<br>e.g. carpal tunnel syndrome, tennis<br>elbow, pins and needles, numbness,<br>repetitive strain injury (RSI)  | None of these conditions  |  |
| f you have selected any of the above cond  | litions, please provide details (including d  | ates, symptoms, treatment).  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
|  |   |  |
| Have you <b>ever</b> experienced symptoms of   | sought modical advice investigations or t   |  |
| the following?   | sought medical advice, investigations of t  | reatment for, or been diagnosed with any of  |
| he following?<br>Please tick all boxes that apply.   |   |  |
| he following?  | Bone, joint, ligament or any other<br>musculoskeletal condition<br>e.g. pain or injury, gout, arthritis,<br>bone density disorder   | reatment for, or been diagnosed with any of<br>Mental or behavioural condition<br>e.g. anxiety, depression, stress,<br>attention-deficit disorder (ADD/ADHD),<br>eating disorder, bipolar disorder   |
| he following?<br>Please tick all boxes that apply.<br>Back, neck or spine condition<br>e.g. pain or injury, scoliosis, disc  | Bone, joint, ligament or any other musculoskeletal condition e.g. pain or injury, gout, arthritis,  | Mental or behavioural condition<br>e.g. anxiety, depression, stress,<br>attention-deficit disorder (ADD/ADHD),   |
| he following?<br>Please tick all boxes that apply.<br>Back, neck or spine condition<br>e.g. pain or injury, scoliosis, disc<br>disorder, arthritis, sciatica<br>Chronic pain or fatigue<br>e.g. myalgic encephalomyelitis,   | <ul> <li>Bone, joint, ligament or any other musculoskeletal condition         <ul> <li>e.g. pain or injury, gout, arthritis, bone density disorder</li> </ul> </li> <li>Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind         <ul> <li>e.g. breast lump, melanoma,</li> </ul> </li> </ul>   | <ul> <li>Mental or behavioural condition         <ul> <li>e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder</li> </ul> </li> <li>Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar</li> <li>Brain or head condition         <ul> <li>e.g. stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia</li> </ul> </li> </ul>   |
| <ul> <li>he following?</li> <li>Please tick all boxes that apply.</li> <li>Back, neck or spine condition <ul> <li>e.g. pain or injury, scoliosis, disc disorder, arthritis, sciatica</li> </ul> </li> <li>Chronic pain or fatigue <ul> <li>e.g. myalgic encephalomyelitis, fibromyalgia</li> </ul> </li> <li>High blood pressure or high</li> </ul>  | <ul> <li>Bone, joint, ligament or any other musculoskeletal condition         <ul> <li>e.g. pain or injury, gout, arthritis, bone density disorder</li> </ul> </li> <li>Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind         <ul> <li>e.g. breast lump, melanoma, leukemia, lipoma</li> </ul> </li> <li>Heart or vascular condition         <ul> <li>e.g. heart attack, irregular heartbeat, angina, heart murmur,</li> </ul> </li> </ul>  | <ul> <li>Mental or behavioural condition         <ul> <li>e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder</li> <li>Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar</li> <li>Brain or head condition                 e.g. stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia</li> <li>Blood condition                 e.g. anaemia, deep vein thrombosis</li> </ul> </li> </ul>  |
| <ul> <li>the following?</li> <li>Please tick all boxes that apply.</li> <li>Back, neck or spine condition <ul> <li>e.g. pain or injury, scoliosis, disc disorder, arthritis, sciatica</li> </ul> </li> <li>Chronic pain or fatigue <ul> <li>e.g. myalgic encephalomyelitis, fibromyalgia</li> </ul> </li> <li>High blood pressure or high cholesterol</li> <li>Neurological condition <ul> <li>e.g. multiple sclerosis (MS), Parkinson's, muscular dystrophy,</li> </ul> </li> </ul> | <ul> <li>Bone, joint, ligament or any other musculoskeletal condition         <ul> <li>e.g. pain or injury, gout, arthritis, bone density disorder</li> </ul> </li> <li>Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind         <ul> <li>e.g. breast lump, melanoma, leukemia, lipoma</li> </ul> </li> <li>Heart or vascular condition         <ul> <li>e.g. heart attack, irregular heartbeat, angina, heart murmur, heart valve condition, varicose vein</li> <li>Gland or hormone condition             <ul> <li>e.g. thyroid conditions, polycystic ovarian syndrome (PCOS), pituitary</li> </ul> </li> </ul></li></ul> | <ul> <li>Mental or behavioural condition         <ul> <li>e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder</li> <li>Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar</li> <li>Brain or head condition                  e.g. stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia</li> <li>Blood condition                  e.g. anaemia, deep vein thrombosis                  (DVT), haemochromatosis, blood clottindisorder</li> <li>Liver, pancreas or gallbladder conditio                  e.g. fatty liver, hepatitis, pancreatitis, g                  stones</li> </ul> </li> </ul> |

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

immunodeficiency, lupus

| Se  | ction 7. Your health (continued)  |   |              |                     |  |
|---|---|---|--------------|---------------------|--|
|   |   |   |              |                     |  |
|   |   |   |              |                     |  |
|   |   |   |              |                     |  |
|   |   |   |              |                     |  |
|   |   |   |              |                     |  |
|   |   |   |              |                     |  |
|   |   |   |              |                     |  |
| 26.   | Are you infected with Human Immunodeficiency Virus (HIV)?   | 27. Have you been referred for or are<br>an HIV test? | ə you waitin | g on the results of |  |
|   | Yes No  | Yes No  |              |                     |  |
| <ul> <li>28. 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?</li> <li>Note: You do not need to tell us about oral contraceptives or over-the-counter medications.</li> <li>If Yes, please provide details.</li> </ul> |   |   |              |                     |  |
|   |   |   |              |                     |  |
| 29.   | Apart from what you've already told us, have you had any surgery in the last 5 years, or are you awaiting Yes No surgery? |   |              |                     |  |
| If Yes, please provide details.   |   |   |              |                     |  |
|   |   |   |              |                     |  |
|   |   |   |              |                     |  |
| 30.   | What is the name of your usual doctor/medical centre?   |   |              |                     |  |
| Nar   |   | Contact number  |              |                     |  |
| Add   | lress   | Suburb  | State        | Postcode            |  |
|   |   |   |              |                     |  |

How long have you been a patient with this doctor/medical centre?

### 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<br>may be payable                        |  |
| The terms of your cover being changed  | We could, for example, add an exclusion<br>to your cover meaning claims for certain<br>events will not be payable | If a claim has been made for an event that<br>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

Full name

Please return the completed form to MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or auservices@metlife.com

metlife.com.au



MetLife Insurance Limited | GPO Box 3319 | Sydney NSW 2001 ABN 75 004 274 882 AFSL NO. 238 096 © 2024 METLIFE INSURANCE LTD.

Date (dd/mm/yyyy)