

## Application Form for a Continuation Option Term Life Insurance and Income Cover

### About the application

- Continuation of cover under this policy is subject to the terms, conditions and eligibility rules of the Continuation Option under the Group Plan the member was insured under.
- This application needs to be completed by the person to be insured and submitted to us within 60 days of the person's cover ending under the Group Insurance Policy.
- Please complete the application in BLACK ink pen only.
- Return details are in Section 7.
- 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 the overall assessment process, MetLife will contact you on your preferred phone number if further information is required.
- For enquiries only, please email [auseservices@metlife.com](mailto:auseservices@metlife.com) (no forms will be accepted via email).

### Duty of Disclosure

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 at the end 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' and the 'Insurer')

The personal information you provide in this form is necessary for us to provide you with the products and services you have requested from us, and to manage your claims. You do not have to provide us with your personal information, but if you do not do so, we may not be able to provide you with our products or services.

MetLife Insurance Limited complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy, which details information about 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)

### Section 1. Details of the person to be insured

First name	Middle name	Last name
Residential address		
Suburb	State	Postcode
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address
Contact number preferred	Contact number other (if different)	Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm)
Are you currently:		
a) residing in Australia as an Australian citizen or permanent resident; or		<input type="checkbox"/> Yes <input type="checkbox"/> No
b) residing in Australia indefinitely as a New Zealand citizen and the holder of a Special Category Visa		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Section 2. About your insurance needs

1. What fund or scheme are you leaving to take up this continuation option?

2. What date did you leave this fund or scheme?  
(dd/mm/yyyy)

### 3. Total required cover

	Death	TPD	Income Cover (IP)
<b>Existing<sup>1</sup></b>			
Existing cover amount (per month for IP)	\$	\$	\$ per month
Existing waiting period (IP only)	N/A	N/A	
Existing benefit period (IP only)	N/A	N/A	
<b>New Policy<sup>2</sup></b>			
Required cover amount (less than or equal to your existing cover amount)	\$	\$	\$ per month
Required waiting period (IP only; must be equal to or longer than your existing waiting period) <sup>2</sup>	N/A	N/A	
Required benefit period (IP only; must be equal to or shorter than your existing waiting period) <sup>2</sup>	N/A	N/A	

- 1 The level of cover on the date immediately prior to ceasing employment, which was provided by the previous fund/scheme, as shown on the attached quotation.  
2 The required cover cannot exceed or improve on the existing policy cover. If you require addition cover, shorter waiting periods or longer benefit periods, please contact MetLife on 1300 555 625 for the appropriate application form.

## Section 3. About your work

4. What was your occupation immediately prior to ceasing employment under the previous fund/scheme?

5. What is your current (new) occupation?

6. In your current occupation, are any of your duties hazardous (e.g. working underground, working at heights, handling dangerous substances/explosives/chemicals/needles or other bio hazardous materials)?  Yes  No

If Yes, please provide details

7. Please describe the exact nature of your current duties.

8. What is your current gross annual salary (including super)?

Currently \$ per annum

9. Are you currently employed and working more than 15 hours per week?  Yes  No

10. On the last day before your cover ended, were you actively performing all the duties of your occupation, working your usual hours free from any limitation due to illness or injury and not entitled to or receiving income support benefits of any kind?  Yes  No

**Section 4. Lifestyle**

11. Do you intend to travel or reside outside Australia or New Zealand temporarily or otherwise within the next 2 years?  Yes  No

If Yes, please give details in the table below

Purpose	How often (if more than one trip is likely)	Country	Length of stay

12. In the last 12 months, have you or do you currently engage in or intend to engage in any of the following sports or other activities

- (a) Aviation (other than as a fare paying passenger on a commercial airline)  Yes  No
- (b) Motor sports or racing (including auto, motorcycle, bike and boat)?  Yes  No
- (c) Scuba/Skin Diving?  Yes  No
- (d) Football of any code (excluding touch football or tag)?  Yes  No
- (e) Any other sport or hazardous activities not mentioned (including but not limited to: parachuting, hang-gliding, caving, ocean racing, horse riding, body contact sports or recreation involving heights)?  Yes  No

If you have answered Yes to any of the options in Question 12 above, please provide further details below

Activity	Level of participation (Recreational/Recreational with Competition/Semi professional /professional)	Number of times you participated or expect to participate per annum (e.g. Hours flown, frequency, number of dives, matches)	Do you receive an income from participating in this activity?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Please provide any additional details on any activity you perform such as qualifications/registrations held, average depth and maximum depth of dives, licence held, years of experience, etc

\_\_\_\_\_

14. Have you smoked in the last 12 months?  Yes  No

15. 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 a HIV test result and/or are taking preventive medication?  Yes  No

16. 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 exceed the recommended dosage of any medication?  Yes  No

If Yes, please provide details

\_\_\_\_\_

17. Have you been paid, eligible to be paid, lodged a claim or intending to lodge a claim for a terminal illness or disability benefit with a super fund, insurance company, or any state or federal government body (such as Workers' Compensation, social security, veterans' affairs or motor accident scheme)?  Yes  No

If Yes, please provide details

\_\_\_\_\_

## Section 5. Nomination of beneficiaries

You have the option to nominate a beneficiary to receive benefits payable under the Policy. The option to nominate a beneficiary is subject to the following conditions.

- Any payments to minors will be made to a parent(s) or guardian(s) of the minor to be held in trust for the benefit of the minor until the minor turns 18 years of age
- If a nominated beneficiary cannot be located or dies before a benefit is payable, then the amount will be paid to the Policy Owner's estate
- You may change a nominated beneficiary or revoke a previous nomination at any time prior to a claim event, but the change does not take effect until MetLife confirms the nomination in writing to you
- Death benefits will be made on the basis of the latest nomination received, unless it has been revoked

### Income Cover – Death Benefit

Full name of beneficiary	Address	Date of birth (dd/mm/yyyy)	Relationship to owner	Proportion
				100%

### Term Life Insurance

A maximum of five beneficiaries can be selected

	Full name of beneficiary	Address	Date of birth (dd/mm/yyyy)	Relationship to owner	% Split*	
					Death	Other
1.						
2.						
3.						
4.						
5.						
<b>Total:</b>					100%	100%

\* % Split is how you want to divide the sum insured amongst your beneficiaries for the death benefit and other benefits on your policy. Other benefits means TPD benefit, Trauma benefits, if applicable. The % must add up to 100%.

## Section 6. Payment method

Payment options  Direct Debit  Credit Card

Payment frequency  Annual  Fortnightly  Monthly

### Payment by Credit Card

I authorise the debit of my premiums from my  Visa  Mastercard  American Express  Diners

Account name \_\_\_\_\_

Card number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry date (mm/yyyy) \_\_\_\_ / \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Signature of cardholder \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_





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## Section 6. Payment method (continued)

### Payment by Direct Debit

I request and authorise MetLife Insurance Limited (User ID No. 11238) to directly debit my premiums from my account below. I confirm that I have read the Direct Debit Service Agreement in the Combined Product Disclosure Statement and Policy Document (PDS) and that I have the authority to make these payments.

Account name	<hr/>		
Name of bank	<hr/>		
Account number	<hr/>	BSB number	<hr/>
Signature	<hr/>		Date (dd/mm/yyyy)
			
Signature	<hr/>		Date (dd/mm/yyyy)
			

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## Section 7. Returning your completed and signed form

Scan the form and upload to <http://www.metlife.com.au/formupload>

OR Mail this form to MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001

OR Fax this form to (02) 8069 0689

**This form will not be accepted via email. Please ensure the form is sent to us securely via the above methods.**

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## Section 8. Duty of Disclosure

Before you enter into a life insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not 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 the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to tell us something that you must tell us.

### If you do not tell us something

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

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have.

However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract 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 does not apply if the contract has a surrender value or provides cover on death.

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

## Section 9. Declaration

- I have left my previous employment and am no longer covered by the Group Insurance Policy.
- I was employed in permanent employment when my cover ended under the Group Insurance Policy.
- I am not aware of any circumstances that may lead to a benefit being paid to me or a claim being made by me under the the Group Insurance Policy and any other policy issued by MetLife.
- I am not joining any military forces (other than the Australian Armed Forces Reserve and not on active duty outside Australia).
- I am not leaving employment directly or indirectly for reasons of injury or illness.
- I have read and understand my Duty of Disclosure and understand that this duty continues to apply to me until formal notification of acceptance.
- My answers to the questions are true and correct, and I have not deliberately withheld any information or material relevant to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the Combined Product Disclosure Statement and Policy Document.
- I have read and understood the Privacy Statement contained in the section entitled 'Privacy - Use and disclosure of personal information'. I consent to my personal information being collected, used and disclosed in accordance with the Privacy Statement above and MetLife's Privacy Policy.
- I consent to MetLife seeking medical information from any doctor/hospital/health care professional whom I have consulted.
- I authorise any hospital, physician or other person who has treated me to furnish MetLife Insurance Limited or its representatives, any and all information with respect to any sickness or injury, medical history, consultation, prescriptions, treatment, and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective as the original.
- I have read and understood the current Your Life Product Disclosure Statement and the Income Cover Combined Product Disclosure Statement and Policy Document.

Signature of applicant

Date (dd/mm/yyyy)



Full name

### Authorised representative details

To be completed by the authorised representative who advised the applicant in connection with the policy that is being applied for.

Authorised Representative name

MetLife number

Name of licensee

Licensee AFSL number

Commission will be payable to the above authorised representative's licensee unless otherwise instructed.

Contact number

Email address

I acknowledge that MetLife may contact the client directly in order to obtain information to facilitate the underwriting of this application.

**Internal use only**

GL Policy number

SCI Policy number

Received within 60 days of leaving the Group fund

 Yes  No **GSC Standard**  **GSC Plus**

Occupational rating

 Professional  White collar  Light blue  Medium blue  Heavy blue**Income Cover Policy**

Default or Underwritten cover

Waiting period

Benefit period

Loadings/exclusions previously applied

Previous claim/s

Occupation code

Reinsurer

**Term Life Insurance**

Default or Underwritten cover

Loadings/exclusions previously applied

Life

TPD

Previous claim/s previous or current claim

Occupation code

Reinsurer

Group administrator

Date (dd/mm/yyyy)

**Please return completed form to**

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001

or scan the form and upload to [www.metlife.com.au/formsupload](http://www.metlife.com.au/formsupload) or fax it to (02) 8069 0689**metlife.com.au**

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