MetLife

Application for Insurance

About the application

- This application needs to be completed by the person to be insured.
- Please complete the application in BLACK ink pen only.
- 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.

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

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

Name of policy

Section 1. Your details

First name	Middle name	Last name

Residential address	Suburb	State	Postcode

Date of birth *(dd/mm/yyyy)*	Gender	Email address
	☐ Male ☐ Female	

Contact number preferred	Contact number other	Preferred time of contact
		☐ Morning (9am-12pm) ☐ Afternoon (12pm-6pm)

Are you a permanent resident of Australia? ☐ Yes ☐ No

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

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 requested for the amount of cover you have applied for.

Please select from the following:

- ☐ **Yes** - I would like to be underwritten to the maximum allowable and acknowledge that additional evidence may be required.
- ☐ **No** - I would like to be underwritten to the maximum allowable with the medical requirements needed for the total amount of cover I have applied for.

Section 3. Your work

1. What industry do you work in? (e.g. banking, agriculture, education)	What is your current occupation?	What is your current gross annual income? $

2. Do you work more than **15 hours** per week? ☐ Yes ☐ No

Section 4. Your insurance history

3. 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

4. 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

5. 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	$	☐ Yes ☐ No
Total & Permanent Disablement	$	☐ Yes ☐ No
Income Protection	$	☐ Yes ☐ No

Section 5. Your health

6. What is your height? cm	What is your weight? kg

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

8. 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.

☐ Headache or Migraine *(e.g. tension or cluster headaches or migraines)*	☐ Lung or Breathing Conditions *(e.g. asthma, sleep apnoea)*	☐ Eyesight Conditions *(does not incl. contact lenses or glasses for near or far sightedness)*
☐ Ear or Hearing Conditions *(e.g. hearing loss, tinnitus or swimmer's ear)*	☐ Muscle, Tendon or Ligament Problems	☐ Trapped Nerves *(e.g. carpal tunnel syndrome, pinched nerve, tennis elbow)*
☐ Infectious Diseases *(excl. cold and flu)*	☐ Gout	☐ **None of these conditions**

If you have selected any of the above conditions in question 8, please give details in the table below.

Condition	**Details** *(incl. dates, symptoms, treatment)*

9. 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.

☐ High Blood Pressure	☐ High Cholesterol	☐ Chronic Fatigue/Fibromyalgia	☐ **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. 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.

☐ Bone, Joint or Limb Conditions	☐ Back Pain	☐ Digestive Conditions
☐ Brain or Nerve Conditions *(incl. stroke)*	☐ Psychological or Emotional Conditions	☐ Cancer, Cyst, Growth, Lump, Polyps or Tumour
☐ Thyroid Conditions	☐ Skin Conditions	☐ Urinary or gender specific conditions and abnormal findings
☐ Autoimmune Conditions	☐ Heart Related Conditions	☐ Kidney or Liver Conditions
☐ Diabetes	☐ Blood Conditions	☐ **None of these conditions**

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)*

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

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

Name	Contact number		
Address	**Suburb**	**State**	**Postcode**

Section 6. Your family history

13. Has your mother, father, any brother, sister or child 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 first degree blood related family members, living or deceased.

If Yes, please give details in the table below.

Relationship to proposed insured	**Age at diagnosis**	**Specific condition(s)**

Section 7. Your lifestyle

14. Do you intend to travel to any country outside Australia in the next 6 months? If Yes, please give details in the table below.

☐ Yes ☐ No

Country	**Length of stay**

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

☐ Yes ☐ No

☐ Water Sports *(e.g. underwater diving, rock fishing)*	☐ Motor Sports *(e.g. motorcycle, auto, motor boat)*	☐ Sky Sports *(e.g. skydiving, hang gliding, parachuting, ballooning)*
☐ Aviation *(other than as a fare paying passenger on a commercial airline)*	☐ Horse Sports *(e.g. polo, horse riding, rodeo, dressage, jumping)*	☐ Combat Sports or Martial Arts *(e.g. taekwondo, boxing, fencing)*
☐ Field Sports *(e.g. hockey or football including touch or tag and soccer)*	☐ Hunting *(of any kind)*	☐ Any other hazardous activity not mentioned *(e.g. base jumping, caving, outdoor rock climbing)*
☐ **None of these activities**		

Please provide details for any activities you have selected above

Activity	**Details**

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 exceeded the recommended dosage of **any** medication? ☐ Yes ☐ No
If Yes, please give details in the table below.

Drug/Medicine	Reason for use

17. 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

18. Have you ever been advised by health professional to reduce your alcohol consumption? ☐ Yes ☐ No

19. 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

20. 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

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does 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 you do not tell us something that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

If the person entering the contract does 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 the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she 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 of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told us everything he or she 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 of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

Declaration

- 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 consent to the collection, use and disclosure of personal information by MetLife and it's service providers in order to assess my application and any claim under the policy.
- I have read and understood the Privacy Statement contained in the section head 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 authorise any health practitioner, hospital, physician or other person whom I have consulted to furnish MetLife Insurance Limited or its representatives, with any and all information with respect to any sickness or injury, medical history, consultations or prescriptions, treatment, and copies of all hospital or medical records.
- 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 completed form to
MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001 or auservices@metlife.com

metlife.com.au

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