

Change or Cancel Your Insurance Cover

Use this form to change your occupation category, apply for fixed cover, or reduce or cancel your existing insurance cover.

If you are unsure of how much cover you need, use the Insurance Calculator on our website or speak to your local Coordinator for assistance.

Please complete this form using BLOCK LETTERS and a blue or black pen.

- > To apply to change your occupation category, complete sections 1, 2 & 6.
- > To apply for fixed cover, complete sections 1, 3 & 6.
- > To reduce or cancel your cover, complete sections 1, 4 & 6.

- Our insurer, 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.

! Looking to add more insurance or apply for income protection?

Instead of using this form, use the *Application for Insurance Cover* form to apply for more insurance, including income protection, increased units of cover or fixed cover. Or apply to increase your cover easily through MetApply in your firstonline account.

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 [metlife.com.au/privacy](https://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 4 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 personal details

Title	Member number	Account number (if known)	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Surname			
<input type="text"/>			
Given name(s)			
<input type="text"/>			
Gender			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Indeterminate/intersex/unspecified	
Residential address			
<input type="text"/>			
Town/Suburb/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Postal address <input type="checkbox"/> (Tick box if same as above)			
<input type="text"/>			
Town/Suburb/City	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone (home)	Telephone (work)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email address			
<input type="text"/>			

Section 2 | Change your occupation category

You can apply to change your occupation category from Blue Collar/manual to White Collar/non-manual or Professional by answering the following questions. If you are eligible, you will pay lower premiums for your cover.

WHITE COLLAR/NON-MANUAL

- > Are you solely engaged in a professional, managerial, marketing, accounting, administrative or clerical occupation on a permanent full-time or part-time basis? Yes No
- > Do you spend at least 80% of your working time in an office environment? Yes No
- > Are you actively working and able to perform your usual duties and are not undergoing any rehabilitation program? Yes No

If you have answered 'Yes' to all the above questions you are eligible for White Collar/non-manual premium rates.

PROFESSIONAL

In addition to the requirements set out for 'White Collar/non-manual' premium rates, please answer the following to apply for Professional cover:

- > Are your duties entirely undertaken within an office environment? Yes No
- > Do you earn more than \$125,000 per annum from your occupation? Yes No
- > Do you hold a senior management role **OR** hold tertiary qualifications relevant to your profession **OR** are you a member of a professional institute or registered by a government body related to your profession? Yes No

If you have answered 'Yes' to all the questions in both White Collar/non-manual and Professional section you are eligible for Professional premium rates.

Section 3 | Change from unitised to fixed cover

Complete this section if you want to change your Death and Total and Permanent Disablement cover from unitised to fixed cover. This means the value of your existing insurance cover will stay at its current level and won't decline over time. The premium will increase each year on your birthday.

A Please tick this box if you wish to have fixed insurance cover.

Yes

B Are you:

- > actively working,
- > able to perform your usual duties, and
- > not undergoing any rehabilitation program?

Yes No

If you ticked the box in question 'A' and answered 'yes' to question 'B' your existing cover will be fixed. The amount you pay for your insurance will change when your cover becomes fixed. Check the Insurance Guide at firstsuper.com.au/pds for the current rates.

Section 4 | Reduce or cancel insurance cover or increase waiting period

> I want to **reduce** my current level of cover and request the following new units/level of cover. Please note that the amount you enter here will replace your existing level of cover.

	Units		Fixed
Death cover	<input type="text"/>	OR	\$ <input type="text"/>
TPD cover	<input type="text"/>	OR	\$ <input type="text"/>
Income Protection	<input type="text"/>		per month

OR

> I want to **cancel** my insurance cover with First Super. Please indicate which cover you would like to cancel. If you wish to take out insurance with First Super in future, you will need to reapply for this cover, including answering any health questions.

TPD only Death & TPD (you cannot have more TPD cover than Death cover) Income Protection

OR

> I want to **increase** my waiting period for my Income Protection insurance to:

30 days 60 days 90 days

Section 5 | Information from the Insurer (MetLife) – 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 the fund on 1300 360 988.

Section 6 | Declaration

- > I have read and understand the Duty to take reasonable care on page 4 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- > My 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' on page 1 of this form. 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.

Please sign here

Date (DD/MM/YYYY)

This application MUST be received within 30 days of the date you sign it.

Please return this completed form by:

 First Super, PO Box 666, Carlton South, VIC 3053


 mail@firstsuper.com.au

Please retain all original documents for future use in case it is required by First Super.

Want to know more? We're here to help.

 1300 360 988

 mail@firstsuper.com.au

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