

# Change insurance cover



## About this form

You can use this form to opt in to, apply for, increase, decrease or opt out of your death and total and permanent disablement (TPD) or income protection (IP) insurance cover. For full details of insurance cover, please refer to the *Product Disclosure Statement (PDS)* and the *Insurance in your super guide*.

## 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 later on 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.

### 1 – Your member details

Please complete in pen using CAPITAL letters

Member number

Title

Mr  Mrs  Ms  Miss  Other

Sex

Male  Female

Date of birth (ddmmyyyy)

First name

Last name

Postal address (must be provided)

Suburb

State

Postcode

Country (if not Australia)

Business hours phone

After hours phone

Mobile

Email

### Need help?



1300 655 002



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Catholic Super, GPO Box 4303, Melbourne VIC 3001

Issued by Togethr Trustees Pty Ltd ABN 64 006 964 049 AFSL 246383 as trustee for Equisuper ABN 33 813 823 017 USI 33 813 823 017 000. Catholic Super is a division of Equip Super.

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## 2 – Change insurance cover

### Death and total and permanent disablement (TPD) cover

Death and TPD cover applies automatically when you meet Catholic Super's eligibility and cover conditions, unless you have opted out of it previously. Below you can choose to opt in to, opt out of, apply for or change your level of insurance cover in Catholic Super.

<p>Opt in to insurance cover (tick both boxes if you want to opt in to death and TPD cover)</p> <p><input type="checkbox"/> Default death cover <input type="checkbox"/> Default TPD cover</p>	<p>The level of default cover you may be eligible for is outlined in the <i>Insurance in your super</i> guide. If you are opting in more than 30 days after receipt of your welcome letter, you'll need to complete a <i>Personal Statement</i> and return it to us with this form.</p>
<p>Convert my existing cover</p> <p><input type="checkbox"/> to fixed cover <input type="checkbox"/> to age-based cover</p>	<p>Converting default cover to fixed cover fixes both death and TPD cover.</p>
<p>Change my total amount of fixed cover to</p> <p>\$ <input type="text"/> , <input type="text"/> , <input type="text"/> death cover \$ <input type="text"/> , <input type="text"/> , <input type="text"/> TPD cover</p>	<p>You can request any amount of death cover, but TPD cover is subject to a maximum of \$3 million. Please refer to the <i>next steps</i> section on the following page to see if you also need to complete a <i>Personal Statement</i>.</p>
<p>Opt out of insurance cover (tick both boxes if you want to opt out of death and TPD cover)</p> <p><input type="checkbox"/> No death cover <input type="checkbox"/> No TPD cover</p>	<p>If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.</p>

### Income Protection (IP) cover

IP cover applies automatically when you meet Catholic Super's eligibility and cover conditions, unless you have opted out of it previously.

Below you can choose to opt in to, opt out of, apply for, or change your level of IP cover in Catholic Super. IP cover is subject to a maximum \$30,000 per month. IP payments are limited to a maximum of 85% of your pre-disability monthly income. Refer to the *Insurance in your super* guide for more details.

<p>Opt in to default IP cover</p> <p><input type="checkbox"/></p>	<p>If you are eligible, default IP cover is a fixed amount of \$3,000 per month with a 2 year benefit period and 90 day waiting period. If you are opting in more than 30 days after receipt of your welcome letter, you'll need to complete a <i>Personal Statement</i> and return it to us with this form.</p>
<p>Change total amount of fixed cover, or apply for cover</p> <p>\$ <input type="text"/> , <input type="text"/> per month</p>	<p>If you are applying for more IP cover than you have now, please refer to the <i>Next steps</i> section below.</p>
<p>Benefit period</p> <p><input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> Age 65</p>	<p>If you are changing your benefit period to a longer time than you have now or if you are changing your waiting period to a shorter time than you currently have, please refer to the <i>Next steps</i> section below.</p>
<p>Waiting period</p> <p><input type="checkbox"/> 90 days <input type="checkbox"/> 60 days <input type="checkbox"/> 30 days</p>	
<p>Opt out of IP cover</p> <p><input type="checkbox"/> No IP cover</p>	<p>If you decide to apply for cover in the future, you will need to complete underwriting and be approved by the insurer.</p>

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 1300 655 002  csf.com.au  Catholic Super, GPO Box 4303, Melbourne VIC 3001

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## Next steps

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You'll need to complete a *Personal Statement* and return it to us with this form if you've requested an increase in your death, TPD or IP cover, a longer IP benefit period or a shorter IP waiting period than you currently have.

The *Personal Statement* is available on our website or from our Helpline **1300 655 002**. If you've applied for high levels of cover, our insurer may also request you to provide further health evidence (such as blood tests or a medical examination). Any change in your cover will apply from the date we notify you in writing.

If you don't need to complete a *Personal Statement*, simply return this form to us and the change will be effective from the date that we receive your request.

## Privacy

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The personal information you provide on this form will be used in accordance with Together Trustee's Privacy Statement, which you can view online at [csf.com.au/privacy](https://csf.com.au/privacy) or you can obtain a copy by contacting us on **1300 655 002**.

Together Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at [mercerc.com.au/privacy](https://mercerc.com.au/privacy)

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

## Your privacy with MetLife

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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://metlife.com.au/privacy)

## Information from the insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation

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**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.**

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.

### The duty to take reasonable care

When applying for insurance, there is 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 claim.

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## 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 contract starts, you think you may not have met your duty, please contact us immediately 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 questions, please contact Catholic Super on **1300 655 002**.

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### 3 – Sign the form

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**By signing this form I:**

- acknowledge that I have received all the information I require in order to exercise the choices I have made.
- understand that this request replaces any previous instruction by me.
- understand that the provision of any higher insurance cover will be subject to underwriting and require the approval of the insurer and will not be provided until Catholic Super has advised me in writing of the acceptance of the increased cover.
- understand that any reduction in death, TPD or IP cover will take effect from the date Catholic Super receives this request.
- understand that where I have elected to decrease or cancel any cover, I will need to apply, complete underwriting, and be approved by the insurer should I wish to increase or reinstate cover in future.
- acknowledge that I have read and understood the *Product Disclosure Statement (PDS)* including the *Insurance in your super* guide and agree to be bound by the terms and conditions outlined in them.

Signature

Date (ddmmyyyy)

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**Please return your completed form to Catholic Super, GPO Box 4303, Melbourne VIC 3001**

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