

Apply for a life event insurance cover increase



About this form

You can use this form to apply for an increase in your death, total and permanent disablement (TPD) or income protection (IP) cover within 180 days of one of the life events mentioned in Step 2 occurring.

To be eligible to apply, you need to meet the following conditions:

- be less than 55 years of age;
- have not previously been declined cover in Catholic Super;
- have no special terms, conditions, restrictions, exclusions or loadings applying to my existing cover in Catholic Super

If your application is accepted, your existing Death and/or TPD insurance cover will become fixed cover (if it is not already) and increase, to a maximum of \$1.2 million, by the lower of:

- 25% of your current cover, or
- \$200,000 for death/TPD cover and \$2,500 per month for IP cover (up to a maximum monthly IP benefit of \$15,000)

For full details of the conditions applying to life events insurance cover increases, please refer to the *Catholic Super 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 csf.com.au Catholic Super, GPO Box 4303, Melbourne VIC 3001

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2 – Provide details of your life event

Select the life event applicable to you and return the required evidence with this form.

Select the life event	Return this form along with the following evidence
<input type="checkbox"/> You and/or your partner have given birth or adopted a child.	A copy of the birth certificate or adoption papers naming you as a parent
<input type="checkbox"/> You've gotten married or registered a de-facto relationship	A copy of the marriage or de-facto relationship certificate
<input type="checkbox"/> You've gotten divorced or ended a de-facto relationship	A copy of the divorce papers or a certificate of revocation for a de-facto relationship
<input type="checkbox"/> You've purchased a residential home for your permanent residence with a mortgage	A copy of the mortgage documentation from the issuer, including the address and the amount of the mortgage
<input type="checkbox"/> You've become first eligible to receive a Carer Payment from Services Australia	A copy of the Services Australia documentation confirming the date you become eligible for a Carer Payment
<input type="checkbox"/> You've received a single, one-off increase in your base salary of 10% or more	A copy of documentation from your employer confirming the increase in your base salary

Privacy

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 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

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

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

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

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.

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.

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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**.

3 – Sign the form

By signing this form I acknowledge that I:

- have received all information that I require in order to exercise the choices I have made;
- am not applying for, intending to apply for, or been paid a TPD or terminal illness benefit from any Australian superannuation fund or life insurance policy;
- have read and understood the *Catholic Super PDS* and *Insurance in your super* guide and agree to be bound by the terms and conditions outlined in them;
- have read and understand the Duty to take reasonable care in this form and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance;
- have read and understood the Privacy content on this form and I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.
- have not deliberately withheld any information or material to the insurance application and my answers to the questions are true, complete and accurate;
- agree to be bound by the terms and conditions set out in the MetLife Group Insurance Policy;
- understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.

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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