

Manage your cover

About this form

Use this form to:

- Cancel your Standard Cover, Basic Cover or Voluntary Cover
- Reduce your Voluntary Cover or Basic Cover in Gateway only
- Change your occupational group

- 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.
- As part of the overall assessment process MetLife will contact you if further information is required.

Note: If you wish to increase your Voluntary Cover or Basic Cover in Gateway or apply for new Standard Cover, Basic Cover or Voluntary Cover, please complete the **Apply for Cover** application.

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 www.metlife.com.au/privacy.

Your privacy as a member of Qantas Super

The information you provide in this form is collected and held by Qantas Super to administer your insurance within your Qantas Super account. If you don't provide the requested information, Qantas Super may be unable to properly administer your insurance. Your personal and sensitive information will only be disclosed to Qantas Super staff as required, MetLife Insurance Limited, our legal or other professional advisors if reasonably necessary and where required to by law. The Qantas Super Privacy Policy provides information about overseas disclosure of personal information, how you may access and seek correction of your personal and sensitive information as well as how you can make a complaint about a breach of the Australian Privacy Principles or the Privacy Act 1988. You can view Qantas Super's Privacy Policy at qantassuper.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 pages 3 - 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. Member details

Qantas Super member number

Title	Given name(s)	Surname		
Residential address		Suburb	State	Postcode
Postal address (if different to above)		Suburb	State	Postcode
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address		
Preferred contact number		Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm) <input type="checkbox"/> Anytime		

Please complete the relevant section that applies to you.

Section 2. Reduce Voluntary Cover

I instruct the Insurer to reduce my current amount of Voluntary Cover as I have indicated below.

Type of insurance	Existing cover	Reduced cover	Are you reducing your cover to death only?
Death Cover	\$	\$	N/A
Death and Total and Permanent Disablement Cover (TPD)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3. Reduce Basic Cover

Gateway members only.

I instruct the Insurer to reduce my current amount of Basic Cover as I have indicated below.

Gateway Salary-Linked Basic Cover: This is a multiple of your Salary for Insurance Purposes.

Type of insurance	Existing cover	Reduced cover	Are you reducing your cover to death only?
Death Cover	multiple of salary	multiple of salary	N/A
Death and Total and Permanent Disablement Cover (TPD)	multiple of salary	multiple of salary	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gateway Fixed Dollar Basic Cover: This is a dollar amount of cover provided to Retained and Spouse Members, and to Employee Members on request.

Please note that in order to be covered for TPD you must retain a minimum of \$10,000 of death cover.

Type of insurance	Existing cover	Reduced cover	Are you reducing your cover to death only?
Death Cover	\$	\$	N/A
Death and Total and Permanent Disablement Cover (TPD)	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 4. Cancel cover

Please tell us which cover you wish to cancel:

Voluntary Cover	Basic Cover in Gateway^	Division 5, 6, 7 and 10
<input type="checkbox"/> Cancel all of my Voluntary Cover (Death and TPD Cover)	<input type="checkbox"/> Cancel all of my Salary-Linked Basic Cover. (Death, TPD and IP Cover)	<input type="checkbox"/> Cancel all of my Standard Cover (Death, TPD and IP Cover)
<input type="checkbox"/> Cancel my TPD Cover only*	<input type="checkbox"/> Cancel all of my Fixed Dollar Basic Cover. (Death and TPD Cover)	<input type="checkbox"/> Cancel my Standard Death and TPD cover only
	<input type="checkbox"/> Cancel all of my Salary-Linked Basic Cover for TPD only.	<input type="checkbox"/> Cancel my Income Protection cover only
	<input type="checkbox"/> Cancel all of my Salary-Linked Basic Cover for Income Protection Cover only.	
	<input type="checkbox"/> Cancel my Fixed Dollar Basic Cover for TPD only.	

*Voluntary Cover for TPD is only available in conjunction with Voluntary Cover for Death. You cannot have standalone Voluntary TPD Cover

^For TPD Basic Cover in Gateway you must retain a minimum of \$10,000 in Fixed Dollar Basic Cover or one multiple of Salary for Insurance Purposes for Death Cover. You cannot have standalone Basic Cover for TPD.

Section 4. Cancel cover (continued)

By cancelling your insurance, you will no longer be insured for that cover and you (or your beneficiaries) won't be able to make an insurance claim for that cover from the date that Qantas Super receives this fully completed application.

If you cancel your cover and decide to reapply in the future, you'll need to complete an 'Apply for Cover' form and will be subject to acceptance by the insurer.

Section 5. Your occupational rating

1. Please select your occupational group:

a) Group 1 – Working mainly in a sedentary capacity or performing light manual duties within an office or retail environment, with less than 20% of time spent outdoors. <i>Examples include: Telephone Sales Consultants, Customer Service Agents, Customer Sales Agents, Executives, Senior Professional Group (SPG) positions</i>	<input type="checkbox"/>
b) Group 2 - Flight crew, skilled trades workers performing a moderate amount of manual work. <i>Examples include: Avionics Maintenance Engineer (AME), Cabin Crew, Chef, Home duties, Licensed Aircraft Maintenance Engineer (LAME), Technical Crew, Pilots</i>	<input type="checkbox"/>
c) Group 3 – Mainly performing manual work, or skilled workers performing heavy manual work. <i>Examples include: Airline Services Operators, Airline Services Attendants, Apprentices, Catering Service Attendants, Apprentices, Ground Crew/Ramp Services, Store Persons</i>	<input type="checkbox"/>

Note – If you have been unemployed or in full time home duties for more than 12 months please select Group 2. If you are still unsure of your occupation please advise your job title and describe your main occupation duties:

Section 6. 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.

Section 6. Information from the Insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation (continued)

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 Qantas Super on 1300 362 967.

Section 7. Declaration and signature

- I have read and understand the Duty to take reasonable care on pages 3 - 4 and understand that this duty applies any time I answer MetLife's questions as part of an application for insurance.
- I declare the 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' and 'Your privacy as a member of Qantas Super' 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 and understood the Qantas Super Member Guide Product Disclosure Statement relevant to my division and the Qantas Super Voluntary Cover Insurance Guide

Election

- I understand that if my Qantas Super account has not received any contributions or other amounts for a continuous period of 16 months (**inactive**), superannuation legislation will prohibit Qantas Super from providing me with insurance cover unless I make an appropriate election (**election**).
- I understand Qantas Super is not permitted to provide insurance cover if my superannuation account has not had a minimum balance of at least \$6,000 (**low balance**) and/or I am under 25 years of age, unless I make an appropriate election (**election**).
- I direct Qantas Super to accept this application as an election to be provided with insurance cover even if my account is inactive, has a low balance or I am under 25 years of age.
- I understand this election will apply to all insurance cover through my account, including any cover for death, total and permanent disablement and income protection that I already hold in my account and that I am applying for by this application.
- I understand this election will continue to apply to my insurance cover, unless and until it is withdrawn by me in writing. I understand that I can withdraw my election at any time.
- I also understand that I can, at any future time, decrease or cancel my insurance cover by contacting Qantas Super.

Signature



Date (dd/mm/yyyy)

Full name (please print)



Please return the completed form to

Qantas Super, GPO Box 4303, Melbourne VIC 3001

For assistance with the completion of this form, please contact us on **1300 362 967**.

metlife.com.au

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