



## Step 2 – Opt in to default insurance

To opt in for insurance cover with us, even if your account balance is below \$6,000, or you are under the age of 25, complete the section below.

You can view your current insurance cover and account balance in your member online account, and we encourage you to speak with an independent licensed financial planner if you're unsure of your insurance needs.

I elect (opt-in) to have default cover in REI Super, even if I am under age of 25, and/or my account balance in the Fund is less than \$6,000, and has never increased to \$6,000 or more after 1 November 2019.

By ticking the box above, you are making the following statements:

- I declare I have read and understood the information provided to me about the insurance available through my superannuation account to assist me with my decision.
- I understand the effect this election may have on any insurance I hold through the fund, and do not require further information or advice.
- I understand that personal information provided on this form will be used to action my election request.

## Step 3 – Choose level of cover

I wish to change my insurance cover I have under the Fund to: **(Select one option only)**

### Option 1 – Fixed Premium Cover

I choose the following number of units of insurance cover:

- Death and TPD (please advise the number of Death and TPD units – maximum of 20 units): \_\_\_\_\_ units
- Death only (please advise the number of Death units – maximum of 20 units): \_\_\_\_\_ units
- Nil cover (you do not require any units of insurance)

### Option 2 – Fixed Benefit Cover

Please nominate the amount of cover you require \$ \_\_\_\_\_ (Maximum of \$2,080,000)

Please refer to the 'Fixed Cover Scale' in the Insurance Guide for the premium rates.

If you are increasing cover you will need to complete the attached health statement, and be accepted by the Fund Insurer, before cover commences.

The cost of insurance is deducted from your account balance. Please refer to the Insurance Guide for full details of insurance cover and premium rates.



## Your Privacy

REI Super is administered by us along with our service provider, Mercer Outsourcing Australia Pty Ltd (Mercer). We collect, use and disclose personal information about you in order to manage your superannuation benefits and give you information about your super. We may also use it to supply you with information about the other products and services offered by us and our related companies. If you do not wish to receive marketing material, please contact us on 1300 13 44 33.

Our Privacy Policies are available to view at [reisuper.com.au](http://reisuper.com.au) or you can obtain a copy by contacting us on 1300 13 44 33.

If you do not provide the personal information requested, we may not be able to manage your superannuation.

We may sometimes collect information about you from third parties such as your employer, a previous super fund, your financial adviser, our related entities and publicly available sources.

We may disclose your information to various organisations in order to manage your super, including your employer, our professional advisers, insurers, our related companies which provide services or products relevant to the provision of your super, any relevant government authority that requires your personal information to be disclosed, and our other service providers used to assist with managing your super.

In managing your super your personal information will be disclosed to service providers in another country, most likely to Mercer's processing centre in India. Our Privacy Policies list all other relevant offshore locations.

Our Privacy Policies set out in more detail 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 also provides detail about how you may lodge a complaint about the way we have dealt with your information and how that complaint will be handled.

If you have any other queries in relation to privacy issues, you may contact us on 1300 13 44 33 or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

### **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](http://.metlife.com.au/privacy).



## Step 4 – Sign the form

If my request is agreed to, I understand that:

- provision of any higher insurance cover will be subject to the provision of satisfactory evidence of good health to the insurer and will not be provided until the Trustee has advised me in writing of its acceptance of the increased insurance cover
- any reduction from my existing insured benefit will take effect from the date the Trustee receives my request
- a total and permanent disablement benefit will be payable if I am assessed as totally and permanently disabled by the Trustee and the Fund's insurer
- this request replaces any previous instruction by me
- I consent to my information being collected, disclosed and used in the manner set out in this form
- if I don't provide all or part of the necessary information my insurance coverage may not be able to be obtained
- I have attached all necessary information as required.
- I understand that if my REI Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit REI Super from providing me with insurance cover unless I make an appropriate election.
- I understand REI Super will not be permitted to provide insurance cover from 1 April 2020, if my superannuation account has not had a minimum balance of at least \$6,000 after 1 November 2019 (low balance), unless I make an appropriate election.
- I direct REI Super to treat this application as an election to be provided with insurance cover even if my account is inactive or has a low balance.
- 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 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 REI Super.

Signature

Date

  /   /   

**Please return your completed forms including the attached MetLife statement to the Fund Administrator, REI Super, GPO Box 4303, Melbourne, VIC 3001.**



# 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.

## 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.

## 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, and to manage your claim. 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](http://www.metlife.com.au/privacy).

## Section 1. Your details

First name		Middle name		Surname	
Residential address			Suburb		State
Postcode					
Date of birth (dd/mm/yyyy)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Email address	
Preferred contact number		Other contact number		Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm)	
Are you a permanent resident of Australia? <input type="checkbox"/> Yes <input type="checkbox"/> No					

## Section 2. Your insurance needs

Total required cover	Death cover	Total & Permanent Disability 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

What Income Protection waiting period would you like to have?

<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days
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### 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 salary? \$
- 
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	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total & Permanent Disability	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income Protection	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 5. Your health

6. a) What is your height? | cm | b) What is your weight? | kg
- 
- feet | inches | stones | lbs

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.
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Headache or migraine (e.g. tension or cluster headaches or migraines)    | <input type="checkbox"/> Lung or breathing conditions (e.g. asthma, sleep apnoea) | <input type="checkbox"/> Eyesight conditions (does not incl. contact lenses or glasses for near or far sightedness) |
| <input type="checkbox"/> Ear or hearing conditions (e.g. hearing loss, tinnitus or swimmer's ear) | <input type="checkbox"/> Muscle, tendon or ligament problems                      | <input type="checkbox"/> Trapped nerves (e.g. carpal tunnel syndrome, pinched nerve, tennis elbow)                  |
| <input type="checkbox"/> Infectious diseases (excl. cold and flu)                                 | <input type="checkbox"/> Gout   | <input type="checkbox"/> <b>None of these conditions</b>  |

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)

## Section 5. Your health (continued)

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.

<input type="checkbox"/> Bone, joint or limb conditions	<input type="checkbox"/> Back pain or neck pain	<input type="checkbox"/> Digestive conditions
<input type="checkbox"/> Brain or nerve conditions (incl. stroke)	<input type="checkbox"/> Psychological or emotional conditions	<input type="checkbox"/> Cancer, cyst, growth, lump, polyps or tumour
<input type="checkbox"/> Thyroid conditions	<input type="checkbox"/> Skin conditions	<input type="checkbox"/> Urinary or gender specific conditions and abnormal findings
<input type="checkbox"/> Autoimmune conditions	<input type="checkbox"/> Heart related conditions	<input type="checkbox"/> Kidney or liver conditions
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Blood conditions	<input type="checkbox"/> <b>None of these conditions</b>

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?

Address	Suburb	State	Postcode

Contact number

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## 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 12 months?  Yes  No  
If Yes, please give details in the table below.

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.

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

Please provide details for any activities you have selected above.

Activity	Details



## Section 7. Your lifestyle (continued)

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 required treatment or counselling for alcohol or substance abuse, attended an alcohol support group or been advised to reduce or stop drinking alcohol?  Yes  No

19. Are you infected with HIV (Human Immunodeficiency Virus), the virus which can cause/lead to AIDS (Acquired Immune Deficiency Syndrome)?  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

Before you become insured under the REI Super insurance policy, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide you cover and on what terms. For the purposes of this section, 'us' and 'we' means REI Super's insurer.

This duty applies until we agree to provide your cover. You also have this duty when you extend, vary or reinstate your cover.

You don't 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 don't tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate insurance policies. If they do, we may apply the following rights separately to each type of cover.

If you don't tell us anything you're required to, and we wouldn't have provided the cover if you had told us, we may avoid the cover within three years of entering into it.

If we choose not to avoid the cover, we may, at any time, reduce the amount of cover provided. This would be worked out using a formula that takes into account the premium (insurance cost) that would have been payable if you had told us everything you should have. However, if the policy provides cover on death, we may only exercise this right within three years of entering into the cover.

If we choose not to avoid the cover or reduce the amount of cover provided, we may, at any time vary the cover in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right doesn't apply if the policy provides cover on death.

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

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## Section 9. 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 insurance policy document.
- I consent to the collection, use and disclosure of personal information by MetLife and its service providers in order to assess my application and any claim under the policy.
- I have read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information'. I consent to the collection, use and disclosure of my personal (including sensitive) information in accordance with the terms of these documents.
- I understand that cover under a policy does not begin until acceptance by the insurer, of which I will be notified in writing.
- - I understand that if my REI Super account has not received any contributions or other amounts for a continuous period of 16 months (inactive), superannuation legislation will prohibit REI Super from providing me with insurance cover unless I make an appropriate election (election).
- I understand REI Super will not be permitted to provide insurance cover from 1 April 2020, 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).
- If my application is accepted, I direct REI Super to treat this application as an election to be provided with insurance cover even if my account is inactive or 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 REI Super.
- I have read the insurance section of the current Product Disclosure Statement.

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## Signature

Signature of applicant

Date (dd/mm/yyyy)



Full name (please print)

### Please return completed form to

Fund Administrator, REI Super, GPO Box 4303, Melbourne VIC 3001

As part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.

[metlife.com.au](http://metlife.com.au)



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