

Occupational Classification Form

COMPLETE PARTS 1 TO 3 BELOW OF THIS FORM, AND SEND IT TO:
REI SUPER, PO BOX 832, NEWCASTLE NSW 2300.

About this form:

- 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.

Privacy Statement: 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.

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 2 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.

> PART 1: YOUR DETAILS

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr Other		Member number	
Given names			
Surname		Date of Birth (DD-MM-YYYY)	
Residential address			
Suburb		State	Postcode
Postal address. If the same as your residential address, mark X in this box. ☐			
Suburb		State	Postcode
Mobile phone		Home phone	
Email			



Occupational Classification Form cont...

➤ PART 2: ELIGIBILITY FOR A CHANGE IN OCCUPATION CLASSIFICATION

1. Do you have any illness or injury that prevents you from performing any of the duties of your usual occupation in a full-time capacity (even if you are not currently employed on a full-time basis)? ☐ YES ☐ NO

2. In the last 12 months have you had any illness or injury that:

(a) caused you to take time off work for more than 10 consecutive working days, or

(b) required modification to your normal working hours or duties? ☐ YES ☐ NO

3. Have you been diagnosed with an illness that, in the opinion of a medical professional, reduces your life expectancy to less than 24 months? ☐ YES ☐ NO

Note: If you answered 'Yes' to any of the questions 1 through to 3 above you will not be eligible to change your occupational classification. You are not required to complete or submit the remaining sections of this form.

4. Do you work more than 30 hours per week? ☐ YES ☐ NO

5. Do you spend at least 80% of your total working time (excluding travel time between offices) in an office or similar environment performing clerical, administrative or management duties? ☐ YES ☐ NO

Note: You must answer 'Yes' to questions 4 and 5 to qualify for the 'Standard classification'. In the event that your occupation has been misclassified, the Insurer reserves the right to review the occupation classification and adjust the premium cost.

If you are not in Active Employment on the date of your application, Limited Cover will apply until you return to Active Employment for 30 consecutive days. However if you are subject to a longer period of Limited Cover on the date of your application, the longer period of Limited Cover will apply until it ceases according to its terms.

➤ PART 3: INFO FROM 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.

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 us on 1300 13 44 33.

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.

PART 3: INFO FROM METLIFE – THE DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION CONT...

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.

PART 4: DECLARATION

- I have read and understand the Duty to take reasonable care not to make a misrepresentation on page 2 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 Statement – 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.

I acknowledge that:

- I understand and consent to my information being collected, disclosed and used in the manner set out in this form.

Signature

X

Date

/ /

READY TO SEND US YOUR FORM?

Please return your completed and signed this form, please either:

Post: REI Super, PO Box 832, Newcastle NSW 2300
Email: admin@reisuper.com.au.

WE’RE HERE TO HELP

If you need any assistance with filling out this form, or have any questions about super, please feel free to call us on **1300 13 44 33**.

