

Application for insurance at UniSuper



Save time, go online!

You can apply for insurance cover through your online account at [unisuper.com.au](https://www.unisuper.com.au). If you need help applying you can arrange an appointment over the phone with the Insurer by calling 1800 331 685.

Use this form if you want to:

- apply for unitised or fixed Death and/or Total and Permanent Disablement (TPD) cover
- apply for Income Protection cover, reduce waiting period or increase benefit period.

BEFORE YOU START

- Please ensure that you're eligible for the cover you're applying for. Read the *Insurance in your super* document for detailed information on the eligibility criteria applicable and the terms, features and conditions of Death, TPD and Income Protection cover.
- Applications for cover require you to provide evidence of your health, and be approved by the Insurer. The Insurer, after assessing your application, may accept, accept with special conditions (such as loadings, restrictions and/or exclusions), or decline your application for cover.
- If your application for increased cover is successful, you'll keep your cover even if we're not receiving regular contributions into your account. By signing this form you will be making an election to keep insurance cover on your account even if it doesn't receive contributions for 16 months or more.

- You can cancel your cover at any time by logging into your account online.
- If you apply for and receive insurance cover using this form, you will not later receive default cover if otherwise eligible.
- For Defined Benefit Division (DBD) members only: Insurance cover provided by the Insurer is in addition to any inbuilt cover you may already have. Income Protection cover isn't available through UniSuper for DBD members.
- 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 your application, you may be required to undergo additional medical tests.
- As part of the overall assessment process the Insurer will contact you if further information is required.

INSURER

Insurance cover is currently provided by MetLife Insurance Limited (ABN 75 004 274 882, AFSL No. 238096).

PRIVACY INFORMATION

UniSuper and MetLife recognise the importance of protecting your personal information and are committed to complying with our privacy law obligations. For more information on how we collect and manage your information, please refer to UniSuper and MetLife's Privacy statements on page 11.

SECTION 1 YOUR DETAILS

▶ Please complete in BLACK or BLUE BALL POINT PEN using CAPITAL letters. Cross (X) where required.

Member number					
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Professor <input type="checkbox"/> Other
Surname					
Given name(s)					
Date of birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>		Sex at birth* <input type="checkbox"/> Male <input type="checkbox"/> Female
Email address					
Residential address (not PO Box)					
Suburb/Town					
State				Postcode	<input type="text"/>

* Insurance premiums are based on your sex at birth, which may not match your gender identity. For more information refer to the *Insurance in your super* document available at [unisuper.com.au/pds](https://www.unisuper.com.au/pds).



SECTION 1 CONTINUED

Is your postal address different from your residential address? No Yes. Please provide your postal address below.

Postal address (PO Box if applicable)

Suburb/Town

State

Postcode

Preferred contact number

Preferred time of contact

Morning (9am-12pm)

Afternoon (12pm-6pm)

Any time

SECTION 2 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.

INFORMATION FROM THE INSURER (METLIFE) - THE DUTY TO TAKE REASONABLE CARE NOT TO MAKE A MISREPRESENTATION

When you apply for insurance, we will ask you a number of questions. The 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 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.

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:

<i>Potential consequences</i>	<i>Additional explanation</i>	<i>Impact on claims</i>
Your cover being voided	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 won't 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.

SECTION 2 CONTINUED

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.
- Don't assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you're 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're 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 [1800 331 685](tel:1800331685).

SECTION 3 WHAT DO YOU WANT TO DO WITH YOUR DEATH AND/OR TPD COVER?

Important! If you recently joined UniSuper, you may be eligible for default and/or top-up Death and/or TPD cover without having to provide evidence of health to the Insurer (for example, if cover hasn't started yet because we haven't received the type of contribution required for cover to commence). Check your online account at unisuper.com.au or contact us on [1800 331 685](tel:1800331685) before submitting this application for additional insurance cover. **If this application for Death and/or TPD cover is successful, you won't be eligible to receive default and/or top-up Death and/or TPD cover in the future.**

If you want to apply for default and/or top-up Death and/or TPD cover without providing health evidence to the Insurer, use the *Changing your default options* form, available at unisuper.com.au/forms.

I want to:

- Apply for unitised cover GO TO SECTION 3A.
- Apply for fixed cover GO TO SECTION 3B.

SECTION 3A I WANT TO APPLY FOR UNITISED COVER

Unitised cover is provided in multiples of a specific dollar amount referred to as a unit. For Death and TPD cover, the value of each unit is based on your age and follows an age-based scale that changes as you get older.

By selecting this option, if your application is accepted, all of your Death and/or TPD cover (including any existing cover) will be provided as unitised cover.

If your application isn't accepted for any reason, any existing Death and/or TPD cover you have will remain unchanged, including the type of cover (unitised cover or fixed cover, as applicable).

	Death cover	TPD cover
How many units of cover do you want to have in total (including any cover you may have already)?*	<input type="text" value="Unit(s)"/>	<input type="text" value="Unit(s)"/>

* There is no limit to the amount of Death cover you can apply for (subject to the Insurer's underwriting requirements). The maximum amount of TPD cover you can apply for is \$3 million.

Once you've completed this section, GO TO SECTION 4.

SECTION 3B I WANT TO APPLY FOR FIXED COVER

Fixed cover is provided at a specific dollar amount, in multiples of \$1,000 and remains unchanged until your 61st birthday when your TPD cover will reduce each year until it ceases at age 70.

By selecting this option, if your application is accepted, all of your Death and/or TPD cover (including any existing cover) will be provided as fixed cover.

If your application isn't accepted for any reason, any existing Death and/or TPD cover you have will remain unchanged, including the type of cover (united cover or fixed cover, as applicable).

	Death cover amount	TPD cover amount
What's the amount of fixed cover you want to have in total (including any cover you may have already)?*	\$.00	\$.00

* There is no limit to the amount of Death cover you can apply for (subject to the Insurer's underwriting requirements). The maximum amount of TPD cover you can apply for is \$3 million.

Once you've completed this section, GO TO SECTION 4.

SECTION 4 WHAT DO YOU WANT TO DO WITH YOUR INCOME PROTECTION COVER?

Income Protection cover is provided in multiples of a specific dollar amount referred to as a unit. Each unit is worth \$100 of cover per week). The cost depends on the amount of cover you have, your age, your sex at birth, your benefit period, your waiting period and, if you are a Personal Account member, your occupation classification rating factor.

Note, Income Protection isn't available to DBD members.

If you're unemployed or not working when you apply for Income Protection cover, your application will be declined.

If you want to decrease your benefit period or increase your waiting period, complete the *Changing your insurance cover* form, available at unisuper.com.au/forms.

Important! If you recently joined UniSuper, you may be eligible to apply for Income Protection cover without having to provide evidence of health to the Insurer. You may be eligible to apply for up to 23 units of Income Protection cover (pre-tax benefit of \$9,967 per month). This cover will be subject to a maximum of 85% of your pre-disability income with a benefit period of two years and a waiting period of 90 days. Cover may include an amount paid into superannuation. Check your online account at unisuper.com.au or contact us on **1800 331 685** before submitting this application for additional insurance cover.

I want to:

- Apply for cover GO TO SECTION 4A.
- Reduce my waiting period GO TO SECTION 4B.
- Increase my benefit period GO TO SECTION 4C.
- Leave my Income Protection as it is. GO TO SECTION 5.

SECTION 4A I WANT TO APPLY FOR COVER

How many units of cover do you want to have in total (including any cover you may have already)?* Unit(s)

* Eligible members can select cover up to 69 units of Income Protection cover (pre-tax benefit of \$29,000 per month). Note, however, that Income Protection cover cannot exceed 85% of your monthly salary.

Which waiting period would you like to select?

- 30 days
- 60 days
- 90 days

Which benefit payment period would you like to select? Note, Personal Account members with an occupation classification of Heavy manual or Special risk are ineligible for a five-year or to age 65 benefit period.

- 2 years
- 5 years
- to age 65

SECTION 4B I WANT TO REDUCE MY WAITING PERIOD

Which waiting period would you like to select?

30 days 60 days

SECTION 4C I WANT TO INCREASE MY BENEFIT PERIOD

Which benefit payment period would you like to select? Note, Personal Account members with an occupation classification of Heavy manual or Special risk are ineligible for a five-year or to age 65 benefit period.

5 years to age 65

SECTION 5 OCCUPATION CLASSIFICATION — PERSONAL ACCOUNT MEMBERS ONLY

Your occupation classification affects your premium rates and eligibility for insurance cover.

You must choose the occupation classification that best reflects your usual type of work (only select one). If it is found that your occupation classification has been misstated, the Insurer may adjust your insurance cover and premium based on the correct occupation classification.

If the occupation classification you have selected in this form is different from what we have recorded for you, your occupation classification will be updated effective from the date we receive a decision on your application from the Insurer (even if your application is declined). This may change how much you pay for any new and existing insurance cover you have, and your eligibility for cover in the future.

If we're unable to process this application form, we won't update your record with the occupation classification you have selected.

For more information, read the relevant *Insurance in your super* document at [unisuper.com.au/pds](https://www.unisuper.com.au/pds). Please call us on **1800 331 685** if you're unsure about which occupation classification applies to you.

Professional/office work

- Professional (your work requires a university qualification), administrative, managerial or clerical roles
- No regular manual work
- Your work doesn't fall into the 'Special risk' classification (see right)
- Example occupations: Professor/Lecturer, Lawyer/Solicitor, Administrator, Medical doctor, Book-keeper, IT systems operator, Classroom teacher

Light manual

- Regular light manual work (light weight lifting, carrying or stocking only)
- No regular use of heavy machinery or heavy equipment
- Example occupations: Chef, Electrician, Field surveyor, Florist, Retail, Nurse, Physical education teacher, Plumber

Heavy manual

- Involves the regular use of heavy machinery or heavy equipment
- Manual labour, such as regularly bending, lifting or carrying heavy loads
- Driving a motor vehicle for most of the day over short distances
- Example occupations: Labourer, Bricklayer, Cleaner, Short distance courier/Driver, Farmer, Gardener/Landscaper, Tailor, Wait staff

Special risk

- Duties are hazardous (risky or dangerous)
- Hazardous locations or working environments such as long distance driving, working at heights, underground, at sea, underwater or in an aircraft
- Work in industries that rapidly change or are unpredictable, for example professional sportspeople, entertainers, creative artists and media personalities
- Example occupations: Crane operator, Diver, Shipyard worker, Long distance bus/Truck driver, Pilot, Actor, Model, Professional sportsperson, Radio/TV presenter, Underground/Offshore miner, Social media personality

SECTION 6 YOUR OCCUPATION

1. Which industry do you work in? e.g. finance, agriculture, education

2. What is your current occupation?

3. What are your usual daily duties? e.g. office administration, manual labour, retail customer service

4. Do you work at least 15 hours per week?

No Yes

5. What is your annual income before tax (excluding mandated superannuation guarantee contributions)?

Note: If you're self-employed this means income after business expenses but before tax.

\$

6. In the last **six months** have you been stood down, placed on unpaid leave, been made redundant, or have there been any changes to your occupation duties, hours worked or income?

No Yes. Please provide details:

7. Have you been made aware of any changes to your employment status, usual occupation duties, hours worked or income that may occur within the next **six months**?

No Yes. Please provide details:

SECTION 7 YOUR INSURANCE HISTORY

8. Have you ever had an application for Life, Trauma, Total & Permanent Disability (TPD), Income Protection or Disability Insurance on your life been declined, deferred, accepted with a premium loading or exclusion, or any other special terms or conditions?

No Yes. Please provide details:

9. Have you ever claimed, or are you considering claiming, any sickness, accident, disability or life insurance benefits, worker's compensation, or any other benefits for illness or injury?

No Yes. Please provide details:

SECTION 7 CONTINUED

10. Do you currently have, or are you applying for, any other insurance cover with MetLife or any other life insurance company or superannuation fund?

No Yes. Please provide details:

<i>Product/Type</i>	<i>Total amount of cover</i>	<i>To be replaced by this cover?</i>
<input type="checkbox"/> Death cover	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Total & Permanent Disability (TPD) cover	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Trauma cover	\$	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Income Protection cover	\$ per month	<input type="checkbox"/> No <input type="checkbox"/> Yes
Waiting period:		
Benefit period:		

SECTION 8 YOUR LIFESTYLE

11. Are you a citizen or permanent resident of Australia?

No Yes

12. Are you currently living in Australia?

No Yes

13. Do you intend to travel to any country outside Australia in the next 12 months?

No Yes. Please provide details:

<i>Country</i>	<i>Intended dates of travel</i>

14. Do you regularly engage in, or intend to engage in, any of the following hazardous sports or activities?

- | | |
|--|---|
| <input type="checkbox"/> Water sports or activities e.g. snorkelling, scuba diving, free diving | <input type="checkbox"/> Field sports or team sports e.g. hockey, football including touch or soccer, roller derby |
| <input type="checkbox"/> Motor sports or activities e.g. motorcycle, motorcar, motor boat | <input type="checkbox"/> Horse riding or equestrian activities e.g. polo, rodeo, dressage, jumping |
| <input type="checkbox"/> Snow/winter sports or activities e.g. skiing, snowboarding, ice skating, ice hockey | <input type="checkbox"/> Rock climbing, abseiling or other adventure sports or activities e.g. mountain biking, parkour |
| <input type="checkbox"/> Aerial sports or activities or aviation e.g. skydiving, hang gliding, parachuting, ballooning | <input type="checkbox"/> Any other hazardous sport or activity not mentioned |
| <input type="checkbox"/> Combat sports or martial arts e.g. taekwondo, boxing, fencing | <input type="checkbox"/> None of these activities |

If you have selected any of the above sports or activities, please provide details.

<i>Activity</i>	<i>Details</i>

SECTION 8 CONTINUED

15. Have you smoked tobacco or any other substance, used e-cigarettes, vaping or any nicotine replacement products in the last 12 months?

No Yes. Please provide details:

16. Have you within the last **five years** used any drug(s) that were not prescribed to you (other than over-the-counter medication), or have you exceeded the recommended dosage of any medication?

No Yes. Please provide details:

Drug/Medicine	Frequency of use

17. On average, how many standard alcoholic drinks do you consume each week?

Note: A standard drink is equivalent to either a schooner of light beer, a middy/pot of full-strength beer, a shot of spirits or a standard serve of wine.

per week

18. Have you ever:

- required treatment, advice or counselling for alcohol or substance misuse,
- attended an alcohol or drug support group, or
- been told to reduce or stop drinking alcohol or using drugs?

No Yes. Please provide details:

SECTION 9 YOUR FAMILY HISTORY

19. Has any immediate family member (your mother, father, any brother or sister) been diagnosed **under the age of 60** with any of the following conditions?

- Parkinson’s Disease
- Cancer
- Multiple Sclerosis
- Polycystic Kidney Disease
- Muscular Dystrophy
- Huntington’s Disease
- Motor Neurone Disease
- Dementia (including Alzheimer’s Disease)
- Cardiomyopathy
- Familial Polyposis (FAP)
- Heart Disease or Stroke
- Diabetes
- Any other inherited or hereditary disease or disorder

No Unknown Yes. Please provide details:

Relationship to you	Age at diagnosis	Specific condition(s)

SECTION 10 YOUR HEALTH

20. Including this application, is the total amount of cover you hold with all insurers or superannuation funds greater than any of the following amounts?

- \$500,000 of Death cover,
- \$500,000 of Total & Permanent Disability (TPD) cover,
- \$200,000 of Trauma cover, or
- \$4,000 per month of Income Protection cover.

No. Go to Question 21.

Yes. Have you ever had, or are you awaiting the results of, a genetic test?

No Yes. Please provide details:

Condition	Test results (e.g. positive, negative, carrier, unknown)

21. What is your height (cm)?

22. What is your weight (kg)?

23. Has your weight changed by more than 10kg in the last 12 months?

No Yes. Please provide details, including former weight and reason for weight change.

24. Are you currently pregnant?

No Yes. Please provide details:

a. How many weeks pregnant are you?

b. Is the pregnancy progressing normally with no complications?

No Yes

25. In the last **three years** have you experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following? Please tick all boxes that apply.

Headache e.g. tension or cluster headaches, migraines

Sexually transmitted infection e.g. syphilis, chlamydia, gonorrhoea

Infectious diseases (excluding ordinary cold and flu) e.g. COVID-19, tuberculosis, glandular fever, malaria, Ross River fever

Eye or eyesight condition (not corrected by glasses or contact lenses) e.g. partial or total blindness, glaucoma, keratoconus

Trapped or injured nerve e.g. carpal tunnel syndrome, tennis elbow, pins and needles, numbness, repetitive strain injury (RSI)

Lung, respiratory or sleep condition e.g. asthma, bronchitis, pneumonia, emphysema, insomnia, sleep apnoea

Ear or hearing condition e.g. partial or total deafness, tinnitus, Meniere's disease, vertigo

None of these conditions

If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment).

26. Have you ever experienced symptoms of, sought medical advice, investigations or treatment for, or been diagnosed with any of the following? Please tick all boxes that apply.

- Back, neck or spine condition e.g. pain or injury, scoliosis, disc disorder, arthritis, sciatica
- Chronic pain or fatigue e.g. myalgic encephalomyelitis, fibromyalgia
- High blood pressure or high cholesterol
- Neurological condition e.g. multiple sclerosis (MS), Parkinson's, muscular dystrophy, motor neurone disease, optic neuritis
- Stomach, bowel or digestive condition e.g. Crohn's, ulcerative colitis, reflux, polyps, diverticular disease
- Skin condition e.g. dermatitis, psoriasis, eczema, sunspots, skin lesions
- Bone, joint, ligament or any other musculoskeletal condition e.g. pain or injury, gout, arthritis, bone density disorder
- Cancer (including pre-cancerous changes), tumour, cyst, lump, or growth of any kind e.g. breast lump, melanoma, leukemia, lipoma
- Heart or vascular condition e.g. heart attack, irregular heartbeat, angina, heart murmur, heart valve condition, varicose veins

- Gland or hormone condition e.g. thyroid conditions, polycystic ovarian syndrome (PCOS), pituitary adenoma
- Kidney, urinary or genital condition e.g. kidney stones, cystitis, endometriosis, abnormal cervical screening or prostate screening test
- Autoimmune or inflammatory condition e.g. rheumatoid arthritis, immunodeficiency, lupus
- Mental or behavioural condition e.g. anxiety, depression, stress, attention-deficit disorder (ADD/ADHD), eating disorder, bipolar disorder
- Diabetes, impaired fasting glucose, gestational diabetes or abnormal blood sugar
- Brain or head condition e.g. stroke, aneurysm, head injury, fainting, epilepsy, seizures, dementia
- Blood condition e.g. anaemia, deep vein thrombosis (DVT), haemochromatosis, blood clotting disorder
- Liver, pancreas or gallbladder condition e.g. fatty liver, hepatitis, pancreatitis, gall stones
- None of these activities**

If you have selected any of the above conditions, please provide details (including dates, symptoms, treatment).

SECTION 10 CONTINUED

27. Are you infected with Human Immunodeficiency Virus (HIV)?

No Yes.

28. Have you been referred for or are you waiting on the results of an HIV test?

No Yes.

29. Apart from what you've already told us, are you considering, or have you been told to have any investigations, surgery, treatment, or ongoing prescribed medication?

Note: You do not need to tell us about oral contraceptives or over-the-counter medications.

No Yes. Please provide details:

30. Apart from what you've already told us, have you had any surgery in the last five years, or are you awaiting surgery?

No Yes. Please provide details:

31. What is the name of your usual doctor/medical centre?

Name	Contact number		
Address	Suburb	State	Postcode

How long have you been a patient with this doctor/medical centre?

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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.

UNISUPER PRIVACY STATEMENT

UniSuper is committed to protecting your personal information in accordance with privacy law obligations. The information that you provide to UniSuper on this form is collected and used in accordance with our Privacy Policy which can be found online at unisuper.com.au/privacy. If you have any privacy related questions, please call **1800 331 685**.

SECTION 11 MEMBER DECLARATION AND SIGNATURE

MEMBER DECLARATION

- I have read and understood the 'Duty to take reasonable care' under SECTION 2 of this form and understand my obligations under the *Insurance Contracts Act 1984* (Cth).
- I declare my answers to the questions are true, complete and accurate, and I have not deliberately withheld any information relevant to this application.
- I acknowledge that I have read and understood the current Product Disclosure Statement, *Insurance in your super* document and Target Market Determination relevant to my membership, available at unisuper.com.au/pds.
- I agree to be bound by the terms and conditions set out in the MetLife Group Insurance policies.
- I acknowledge that I've read and understood the Privacy Disclosure Statement entitled 'Privacy - Use and Disclosure of personal information' on page 11 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 acknowledge that I must maintain an accumulation component/account balance from which insurance premiums can be deducted in order to apply for and maintain my insurance cover.
- I acknowledge that if my application is accepted, signing this form constitutes a valid election to maintain my cover with UniSuper, even in the event my account doesn't receive a contribution or rollover for a continuous period of 16 months.

FOR PERSONAL ACCOUNT MEMBERS

- I acknowledge that if my application is processed, the occupation classification that I have nominated in this application shall apply to all insurance cover I have with UniSuper, including any cover for Death, TPD and Income Protection cover that I already hold and that I am applying for by this application.
- I understand that if my occupation classification changes, this will change how much I pay for all insurance cover I have with UniSuper.
- I acknowledge that if my application is unable to be processed, this will not change my occupation classification.

Full name

Signature of applicant

Date

DD MM YYYY

Return your form with any additional documentation to UniSuper:

Electronically: using the **Upload a document** tool at unisuper.com.au/contact-us. You can chat with us online or call **1800 331 685** if you need assistance.

Mail: UniSuper
Level 1, 385 Bourke Street
Melbourne VIC 3000

What happens next?

If you've provided a correctly completed form (and any certified ID or other paperwork, if required), we'll aim to process your request as soon as possible. Not providing correct information may delay us processing your request. Please allow for postage time. We'll contact you if we have any queries in relation to your request. The Insurer may contact you to obtain your consent to seek further medical information to process your application.