



LIFE INSURANCE

Short form personal statement

For Salary Continuance cover up to a maximum of \$8,000 per month and Death Only / Death TPD cover up to a maximum of \$1 million

Your duty to take reasonable care not to make a misrepresentation

About this application and your duty

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. 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.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts.

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.

Where the Policy Owner and Life Insured are different persons

If the policy owner and life insured under the policy are different persons, a misrepresentation by the life insured has the effect as though it is a misrepresentation by the policy owner.

If you request life insurance inside super, the Trustee obtains this insurance from us in relation to you. In this circumstance, we rely on the representations made to us by you or the Trustee.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.

Information about genetic tests

If you have had a genetic test, you only need to disclose this to us if your total insurance cover (including cover under superannuation or held with other life insurers as well as cover applied for) will be more than any one of the following:

- \$500,000 life cover, or
- \$500,000 total and permanent disability cover (TPD), or
- \$200,000 critical illness (trauma) cover, or
- \$4,000 a month income protection cover, salary continuance cover or business expenses cover.

Your cover may have been arranged through a financial adviser or directly with a life insurance company or cover is held under a group arrangement.

If you have had a favourable (negative) genetic test result you can provide this information regardless of the amount of cover applied for.

This form can be used to apply for MLC Group Insurance cover or to increase existing cover and only applies if the applicant:

- is less than 55 years of age
- applies for salary continuance only cover up to a maximum of \$8,000 per month or Death only / Death and TPD Cover up to a maximum of \$1 million both, including any existing cover
- answers 'No' to all questions in Section D Personal Details 'Health/Lifestyle Questions' before proceeding to complete this form

If you do not meet the above 3 conditions, and intend on answering 'Yes' to any of the Health/Lifestyle questions in Section D (next page), do not complete and return this form. You will instead need to complete the Request for Insurance Form.

We have explained to you the duty to take reasonable care not to make a misrepresentation that you are under when applying for cover with us, and want to take a moment to explain why it is so important.

You and your family's future and your ability to earn an income or maintain your business are worth protecting. To help ensure you and your loved ones are covered, we need to ask the following questions on your health and individual circumstances.

Please ensure that all your answers are accurate and correct. Failure to provide the correct information on any question may result

in the company altering or voiding your policy, which may mean a claim will not be payable when you and your family need it most.

MLC Policy/Member number

Fund/Policy name

Employer's name

SECTION A – MEMBER DETAILS

Mr Mrs Miss Ms Other

First name

Middle name

Last name

Gender

Male Female

Date of birth (DD/MM/YYYY)

Address

Postcode

Phone number

Mobile number

Email address (Please provide your email so notices about your application can be sent to you)

SECTION B – INSURANCE DETAILS

Please enter the TOTAL amount of insurance cover being applied for under this policy (including any existing cover).

Type of Insurance	Amount
Death	\$ or Units
Total and Permanent Disability Cover (TPD)	\$ or Units

Salary Continuance \$ per month

Benefit Period

2 years 5 years
 to age 60 to age 65 to age 70

Waiting Period

30 days 60 days
 90 days 120 days 180 days

SECTION C – OCCUPATION DETAILS

1. What is your job?

2. What are the duties of your job?

3. What professional trade qualification(s) do you have?

4. On what basis are you employed?

Full-time Part-time
 Casual Fixed term contractor
 Self-employed Not working

5. What are your current annual earnings? (earnings are your base salary before tax and not including super contributions)

\$

SECTION D – PERSONAL DETAILS

Height

cm

Weight

kg

Health/Lifestyle questions:	No	Yes
1. In your lifetime have you had symptoms of, or been diagnosed with, or had treatment or medication for: <ul style="list-style-type: none"> • cancer, tumour of any type • hepatitis, HIV, AIDS or any AIDS or HIV-related conditions • diabetes • high blood pressure, high cholesterol • heart complaint, chest pain • neurological conditions including epilepsy and stroke • inflammatory bowel disorder (ulcerative colitis, Crohn's disease, irritable bowel syndrome) 	<input type="checkbox"/>	<input type="checkbox"/>
2. In your lifetime have you had symptoms of, or been diagnosed with, had treatment, medication, investigation or an operation, or contemplated surgery for, or suffered from, any of the following: <p>a) any injury or complaint of the back, neck, knee or shoulder and/or any disease, disorder or degeneration to the muscles, tendons, bones, discs or joints</p> <p>b) depression or mental disorder (including but not limited to stress, anxiety, panic attacks, post-traumatic stress, behavioural or nervous disorder)</p> <p>c) chronic tiredness or fatigue</p>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you unable to work, or in the last 3 years have you been unable to do all of your regular duties and normal hours of work for 10 days or more in a row, due to an injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you intend: <p>a) seeking any medical advice, test, investigation, treatment or surgery (except general check-ups)?</p> <p><i>*Before you answer this question, please refer to page 2 of this form which relates to information about genetic testing</i></p> <p>or;</p> <p>b) in the last 3 years have you taken any medication given to you by a medical professional (except medications for colds/flu, minor upper respiratory tract infections, minor headaches or contraceptives)?</p>	<input type="checkbox"/>	<input type="checkbox"/>
5. a) Have you been in any situations that may have put you at risk of contracting HIV? ¹ b) Recommended to take PrEP (Pre-exposure prophylactics)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have two or more of your parents, brothers or sisters suffered from heart disease, stroke, Huntington's disease or diabetes, under the age of 60?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever had any advice/counselling or treatment for alcohol or drug use/dependence?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you currently take part in, or intend to take part in, flying as a pilot or crew in an aircraft, motor racing, diving, parachuting, hang gliding, mountaineering or any other pursuits considered dangerous or hazardous by an average person?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your job duties involve underground work, blasting or explosives handling or working at heights above 10 metres?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever made a claim or received benefits on any type of disability, trauma, sickness and accident, department of veterans' affairs or workers' compensation policy?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever had or applied for any life, disability, accident and sickness or trauma cover that was declined, cancelled or accepted with an exclusion or higher than standard premium, or modified in any way?	<input type="checkbox"/>	<input type="checkbox"/>

Notes

1. Example situations include:
Needle stick injury, sex without a condom with someone you know or suspect to be HIV positive, an intravenous drug user or a sex worker, anal intercourse without a condom (except with one other person, and neither of you have had sex with another person in the last three years).

Checklist

Have you met the three conditions outlined on page 2?

No **If no, do not continue or return this form. You will need to complete the Request for Insurance Form.**

Yes **Please complete Section E - Member's Declaration.**

Privacy

I acknowledge that I have access to the Insurer's privacy policy and agree that the Insurer may collect, use, disclose and handle my personal information in a manner set out in the Insurer's Privacy Policy available on mlcinsurance.com.au

SECTION E – MEMBER'S DECLARATION

Read this section carefully before signing

My decision to apply for insurance under MLC Group Insurance is based on the Product Disclosure Statement and/or Policy Document for the relevant product that I have received and my understanding of the information it contains.

I understand and agree that:

- (a) I have read and understand the duty to take reasonable care not to make a misrepresentation;
- (b) the answers to the questions in this application and any other relevant personal statement(s) and questionnaires are true and complete, and the answers given form the basis of the contract;
- (c) if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are correct;
- (d) I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information maybe sent to that email address.
- (e) where this application is for insurance cover under a superannuation fund, I will provide the Insurer or the Trustee with any information which relates to my membership of that fund which they may request;
- (f) no additional insurance is effective until the Insurer accepts this application.
- (g) I authorise the Insurer to provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by the Insurer with my consent) to any medical professional, medical facility, reinsurer, assessor, adviser or any other confidential service provider, now or at any time in the future, for the purpose of issuing or administering this insurance, and assessing any claim made in respect of this insurance.

Member's name (PLEASE PRINT)

Member's signature

	Date (DD/MM/YYYY)							
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>							

Send to:

Mail
MLC Group Insurance
PO Box 23455
Docklands Vic 3008

Phone
1800 652 447

Email
enquiries.group@mlcinsurance.com.au

Website
mlcinsurance.com.au