



Short Form Personal Statement

For Salary Continuance cover up to a maximum of \$8,000 per month

MLC Limited ABN 90 000 000 402 AFSL 230694 (the Insurer) uses the MLC brand under licence. MLC Limited is part of the Nippon Life Insurance Group and not a part of the NAB Group of Companies. Any references to 'we', 'us' and 'our' means MLC Limited.

Your Duty of Disclosure

When you apply for a life 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 insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you extend, vary or reinstate the policy.

You do not 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 someone other than you will be the life insured under the policy, any failure by that person to comply with the above duty will be treated as failure by you.

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 disclosures that you or the Trustee makes to us.

If you do not tell us something

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

If you do not tell us anything you are required to, and we would not have insured you if you had told us, we may avoid the policy within 3 years of entering into it.

If we choose not to avoid the policy, we may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium 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 3 years of entering into the policy.

If we choose not to avoid the policy or reduce the amount you have been insured for, we may, at any time vary the policy 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 does not 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 policy as if it never existed.

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 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.

Policy number

Policy name

Employers name

SECTION A – MEMBER DETAILS

Mr Mrs Miss Ms Other

Surname

Given name(s)

Gender

Date of birth (DD/MM/YYYY)

Male Female

Address

Postcode

Phone number

Mobile number

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

SECTION B – OCCUPATION DETAILS

1. What is your current occupation?

2. What are your occupation duties?

3. What professional trade qualification do you have?

4. On what basis are you employed?

Full-time Part-time Contractor Fixed term

5. What is your annual salary?

SECTION C – PERSONAL DETAILS

Height

Weight

 cm kg

Please turn over ...

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, including any existing cover)
- answers 'No' to all questions in Section C 'Personal Details'. (Please refer to Section C 'Health/Lifestyle Questions' before proceeding to complete this form)

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

Health/Lifestyle Questions:	No	Yes
1. Have you ever received treatment or been diagnosed with any of the following: <ul style="list-style-type: none"> • cancer, tumour of any type • hepatitis • diabetes • high blood pressure, high cholesterol • heart complaint, chest pain • neurological conditions including epilepsy and stroke • inflammatory bowel disorder (ulcerative colitis, crohns disease, irritable bowel syndrome) 	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever received any medical advice or undergone any medical treatment, investigation or an operation, or contemplated surgery for, or suffered from, any of the following: a) any injury or complaint of the back, neck, knee or shoulder and/or any disease, disorder or degeneration to the muscles, tendons, bones, disc or joints. b) depression or mental disorder (including but not limited to stress, anxiety, panic attacks, post-traumatic stress, behavioural or nervous disorder c) chronic tiredness or fatigue	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently absent, or in the last 3 years been absent from work, or unable to perform your usual duties for more than 2 consecutive weeks due to illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you intend: a) seeking any medical advice, test, investigation or treatment or surgery (excluding general check-ups)? <i>*Before you answer this question, please refer to page 1 of this form which relates to information about genetic testing</i> or; b) in the last 3 years have you taken any prescribed medication (excluding medications for colds/flu, minor upper respiratory tract infections, minor headaches or contraceptives)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you carrying, or are you at risk of contracting, or within the last 3 years have you been at risk1 of contracting, the Human Immunodeficiency Virus which causes AIDS, antibodies to that virus or are you suffering from AIDS or an AIDS related condition? (see over for notes on HIV)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have two or more of your parents, brothers or sisters, had or been diagnosed with 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 now engage or do you intend to engage in air travel or activities other than as a fare paying passenger, motor racing, underwater diving, parachuting, hang gliding, mountaineering or any other pursuits considered dangerous or hazardous by an average person?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever claimed or applied to claim on any type of disability, trauma, sickness and accident, department of veterans' affairs or workers' compensation policy?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever had or applied for any life, disability, accident and sickness or trauma cover that was declined, or accepted with a loading, exclusion or cover than that originally applied for?	<input type="checkbox"/>	<input type="checkbox"/>

Notes

1. HIV risk situations are those in which you have been potentially exposed to HIV infection. These situations include but are not limited to, intercourse with someone you know or suspect to be HIV positive and intravenous drug use.

Checklist

Have you met the three conditions outlined at the top of page 1?

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

Yes **Please complete the 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 D – 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 the Duty of Disclosure set out on this page. I understand that, until the Insurer accepts this application for insurance, I have a duty to disclose every matter which I know, or could reasonably be expected to know, is relevant to the Insurer's acceptance of this application and that if I fail to comply with my duty of disclosure the Insurer may (as permitted by law) cancel this contract or reduce the benefits under it;
- (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)									
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