

Application to Increase Insurance Cover on Joining

(Employer Supported Members Only)

Please call us on **1300 362 415** if you require any assistance

Please complete this form using **CAPITAL LETTERS**

Complete this form if you are an employer-supported member joining MTAA Super for the first time and wish to apply for additional insurance cover for Death and Total and Permanent Disablement (TPD).

In order for you to be eligible this application must be received by MTAA Super within six months of the date on which you commenced employment with your employer.

Insurance cover for death, total and permanent disability, terminal illness and income protection is provided to MTAA Super members who are accepted for cover under an insurance policy issued by MetLife Insurance Limited ABN 75 004 274 882, AFSL 230 096 (MetLife or the Insurer).

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, MTAA Super 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 at the end of this form which explains what you must disclose and the effect if you don't comply, with your duty of disclosure.

Section A

Member details

MTAA Super member number (if known)

Given name/s

Family name

Date of birth **Mr Mrs Ms Miss Other**
 D D M M Y Y Y Y

Street address

Suburb **State** **Postcode**

Telephone (business hours) **Mobile**

Email

Please read the *Insurance Guide* before completing this form. All eligible new members will receive a default amount of insurance cover as per the below table:

Your age next birthday when you join MTAA Super	Death cover – general work scale	TPD cover – general work scale	Cost of cover (per week)
16–21	1 unit	3 units	\$2.39
22–26	3 units	3 units	\$3.87
27–70	6 units	3 units	\$7.47

[Section B](#)

Additional insurance cover

1. Have you been restricted in the last 30 days, due to illness or injury from carrying out the identifiable duties of your current and normal occupation on a full-time basis (even if you are not currently working on a full-time basis). Full-time basis is considered to be at least 35 hours per week.
Yes **No**
2. Have you ever been paid, or are you eligible to be paid, or have you lodged a claim for a TPD or Terminal Illness benefit from MTAA Super, another super fund or under a life insurance policy?
Yes **No**
3. Have you been diagnosed with an illness that reduces your life expectancy to less than three years?
Yes **No**

If you have answered 'No' to all questions above and you have met all other eligibility criteria. You are able to select cover up to the following Automatic Acceptance Limits.

Age next birthday	Death cover	TPD cover
16-55	\$600,000	\$300,000
56	\$227,040	\$113,520
57	\$198,000	\$99,000
58	\$174,240	\$87,120
59	\$158,400	\$79,200
60	\$140,400	\$70,200
61	\$132,000	\$66,000
62	\$124,080	\$62,040
63	\$116,400	\$58,200
64	\$105,600	\$52,800
65	\$97,680	\$48,840
66-70	Default cover	Default cover

Please note that Limited Cover applies for 24 months from the date your insurance cover is accepted. At the end of 24 months, Limited Cover will continue if you are not actively employed for 30 consecutive days.

[Section C](#)

Death and TPD cover

Please indicate the total Death and TPD cover you require:

Type of cover (please tick)	*Total amount of cover required (multiples of \$1,000)	Type of cover (please tick one)
<input type="checkbox"/> Death	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Unitised
<input type="checkbox"/> TPD	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Fixed

(If you selected unitised, your cover will be rounded up to the nearest unit)

*Your total will include the amount of default cover already provided to you.

[Section D](#)

Your duty of disclosure

A person who enters into a life insurance contract in respect of their own life has a duty, before entering into the contract, to tell the Insurer anything that he or she knows, or could reasonably be expected to know, which may affect the Insurer's decision to provide the insurance and on what terms.

Section D

Your duty of disclosure (continued)

The person entering into the contract has this duty until the Insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell the Insurer anything that:

- reduces the risk the Insurer insures him or her for, or
- is common knowledge, or
- the Insurer knows or should know as an Insurer, or
- the Insurer waives his or her duty to tell them about.

If the person does not tell the Insurer something that he or she knows, or could reasonably be expected to know, this may affect the Insurer's decision to provide the insurance and on what terms, and may be treated by the Insurer as a failure by the person entering into the contract to tell the Insurer something that he or she must disclose to the Insurer.

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

If the person entering into the contract does not tell the Insurer anything he or she is required to, and the Insurer would not have provided the insurance if he or she had disclosed the information, the Insurer may avoid the contract within 3 years of entering into it.

If the Insurer chooses not to avoid the contract, the Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the fee that would have been payable if the person had told the Insurer everything he or she should have.

However, if the contract has a surrender value, or provides cover on death, the Insurer may only exercise this right within three years of entering into the contract.

If the Insurer chooses not to avoid the contract or reduce the amount of insurance provided, the Insurer may, at any time vary the contract in a way that places the Insurer in the same position the Insurer would have been in if the person had told the Insurer everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell the Insurer is fraudulent, the Insurer may refuse to pay a claim and treat the contract as if it never existed.

Section E

Acknowledgment and signature

This form must be signed and dated.

I hereby:

- Acknowledge having received and read and understood the MTAA Super *Member Product Disclosure Statement (PDS)* and acknowledge that the Trust Deed prevails if there is an inconsistency with the *Member PDS*.
- Acknowledge that I have read and understood the privacy information appearing in the MTAA Super *Member Product Disclosure Statement* and *Insurance Guide* and the MTAA Super *Privacy Policy* available at mtaasuper.com.au/privacy and to MetLife's *Privacy Policy* available at metlife.com.au/privacy or otherwise provided, and consent to personal information being collected and used in accordance with these terms. I accept that the collection, use and disclosure of my personal information is necessary for the purpose of the administration and maintenance of insurance under MTAA Super's insurance policies.
- Declare that I have read and carefully considered all questions and that the answers I have provided are true and correct.

Section E

Acknowledgment
and signature
(continued)

- Declare that I have read and understood the duty of disclosure section and have not withheld any statement that could affect the Insurer's decision whether to accept my application for cover.
- Acknowledge that, if I do not complete this application correctly or I do not sign and date this form, my application for cover above the default level of cover will be invalid and will not be considered by the Insurer.

Member signature

Date

Please return the completed, signed and dated form to:

MTAA Super
Locked Bag 5134
Parramatta NSW 2124

A representative of MetLife Insurance Limited may contact you in regards to your application.



Email contact@mtaasuper.com.au

Postal address Locked Bag 5134, Parramatta NSW 2124

Trustee Motor Trades Association of Australia Superannuation Fund Pty. Limited
ABN 14 008 650 628 AFSL 238 718

Fund MTAA Superannuation Fund ABN 74 559 365 913

mtaasuper.com.au
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