

# Change your occupation details

## MLC MasterKey Personal Super

Use this form when you change your occupation and need to notify us.

### Prefer doing this online?

This form is available as an online form, simply log in to your account at [mlc.com.au](https://mlc.com.au) then navigate to *forms and documents* to complete the online version of this form.

## Your duty to take reasonable care

### About this application

When you apply for or change your life insurance, the Insurer conducts a process called underwriting. It's how the Insurer decides whether they can cover you, and if so on what terms and at what cost.

The Insurer will ask questions they 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 cover. The information you give the Insurer in response to the Insurer's questions is vital to their decision.

### The duty to take reasonable care not to make a misrepresentation

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.

### What can the Insurer do if you do not meet your legal duty?

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

If you do not meet your legal duty, this can have serious impacts on your insurance cover. For example, the Insurer may:

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

This may also result in a claim being declined or a benefit being reduced.

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

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

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

Before the Insurer exercises any of these remedies, the Insurer will explain their reasons, how to respond and provide further information, and what you can do if you disagree.

### Guidance for answering the Insurer's questions

You are responsible for the information provided to the Insurer. When answering their questions, please:

- think carefully about each question before you answer. If you are unsure about 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. Don't assume the Insurer will contact your doctor for any medical information, and
- review this form carefully before it is submitted. If someone else helped prepare your form (for example, your adviser), please check every answer (and if necessary, make any corrections) before the form is submitted.

### 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 insurance cover starts, the Insurer may ask whether there have been any changes that would cause you to answer the Insurer's questions differently.

#### The Trustee

NULIS Nominees (Australia) Limited  
ABN 80 008 515 633AFSL 236465

#### The Fund

MLC Super Fund  
ABN 70 732 426 024

#### The Insurer

Nippon Life Insurance Australia and New Zealand Limited  
ABN 90 000 000 402 AFSL 230694

## If you need help

It's important that you understand this information and the questions the Insurer asks. Ask us or your adviser for help if you have difficulty understanding the process of answering the Insurer's 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.

## 1. Your details

Title	Account number	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	<input type="text"/>	
Full given name(s)	Last name	
<input type="text"/>	<input type="text"/>	
Date of birth (DD/MM/YYYY)	Email	
<input type="text"/>	<input type="text"/>	
Home telephone	Business telephone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Residential address (your residential address cannot be a PO Box)

Unit number	Street number	Street name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 2. Your occupation

### Occupational ratings classifications

Your occupational ratings classification is determined by the duties you perform. We may use the occupational ratings classification to determine the cost of your insurance, and the waiting and benefit periods for any Income Protection cover. Please provide accurate details about your current occupation to help ensure your classification reflects your role correctly.

Please refer to the *Occupational ratings guide for insurance* at [mlc.com.au/occupation](https://mlc.com.au/occupation) for more information.

Occupation title	Annual salary
<input type="text"/>	<input type="text"/>

### On what basis are you employed?

- |                                     |                          |
|-------------------------------------|--------------------------|
| a) Permanent employment*            | <input type="checkbox"/> |
| b) Fixed-term contract employment*  | <input type="checkbox"/> |
| c) Casual employment*               | <input type="checkbox"/> |
| d) Seasonal or contract employment* | <input type="checkbox"/> |
| e) Retired                          | <input type="checkbox"/> |
| f) Unemployed                       | <input type="checkbox"/> |

\* Refer to the *Occupational ratings guide for insurance* available at [mlc.com.au/occupation](https://mlc.com.au/occupation) for definitions of these employment types.

## 2. Your occupation (continued)

You can find examples of occupations covered under these occupational ratings classifications in the the *Occupational ratings guide for insurance* at [mlc.com.au/occupation](https://mlc.com.au/occupation)

Please indicate **one** occupational ratings classification below.

Occupational ratings classification	Description	Selection (choose 1 only)
<b>Special Risk</b>	<p>Special Risk occupations have an emphasis on unqualified or hazardous manual work, which may include any of the following:</p> <ul style="list-style-type: none"> <li>• The use of heavy machinery</li> <li>• Carrying, lifting, pushing, pulling or operating heavy machinery for more than 80% of the day</li> </ul> <p><b>Or</b></p> <p>Performing other hazardous duties such as:</p> <ul style="list-style-type: none"> <li>• Working at heights over 5m, underground or with high-powered electricity</li> <li>• Overnight and/or long-distance driving (over 500km) and/or motorcycles</li> <li>• Offshore, on ocean-going vessel or underwater work</li> <li>• Emergency services (front line) or armed services</li> <li>• Jobs which require the use of firearms, chemicals or explosives</li> <li>• Flying either as a pilot or crew</li> <li>• Professional sportspeople</li> </ul> <p><b>Or</b></p> <p>Work in the arts and entertainment industry</p>	<input type="checkbox"/>
<b>Heavy Blue</b>	<p>Heavy Blue occupations have an emphasis on skilled occupations with more than 20% manual work.</p> <p>More than 20% of your duties include:</p> <ul style="list-style-type: none"> <li>• Driving commercial vehicles or operating machinery</li> <li>• Manual work – carrying, lifting, pushing, pulling or operating heavy machinery</li> </ul> <p>And your duties do NOT include:</p> <ul style="list-style-type: none"> <li>• Any of the listed duties or occupations within the Special Risk classification.</li> </ul>	<input type="checkbox"/>
<b>Blue</b>	<p>Blue Collar occupations have an emphasis on jobs that require skilled or specialised manual work.</p> <p>You have:</p> <ul style="list-style-type: none"> <li>• Qualifications achieved through TAFE or acquired by apprenticeship</li> <li>• Duties that include manual work – carrying, lifting, pushing, pulling or operating heavy machinery</li> </ul> <p>And, your duties do NOT include:</p> <ul style="list-style-type: none"> <li>• Any of the listed duties or occupations in the Heavy Blue or Special Risk classification.</li> </ul>	<input type="checkbox"/>
<b>Light Blue</b>	<p>Light Blue occupations have an emphasis on occupations where you do less than 20% light manual work, including the direct supervision of manual workers.</p> <p>Your duties:</p> <ul style="list-style-type: none"> <li>• Include driving a car to visit customers</li> <li>• Require the use of hand tools, or the operation of light machinery</li> <li>• Include the supervision of manual workers or field work</li> <li>• Include light manual work – lifting or carrying of more than 5kg*</li> </ul> <p>And your duties do NOT Include:</p> <ul style="list-style-type: none"> <li>• Any of the duties or occupations listed in the Blue, Heavy Blue or Special Risk classifications.</li> </ul> <p>* ≤5kg = pack of printer paper, 14 bags of dollar coins, a regular laptop, up to 5L of water, a big box of washing up powder.</p>	<input type="checkbox"/>

Occupational ratings classification	Description	Selection (choose 1 only)
<b>White Collar</b>	<p>White Collar occupations have an emphasis on mental rather than physical work and do not otherwise meet the definition of the Professional occupational ratings classification.</p> <p>Your duties:</p> <ul style="list-style-type: none"> <li>• Are usually carried out indoors (no field work)</li> <li>• Include clerical, administration or managerial duties (no supervision of manual workers is required), and</li> <li>• Include the use of computers, printers or medical equipment etc.</li> </ul> <p>And, your duties do NOT include:</p> <ul style="list-style-type: none"> <li>• Any of the duties or occupations listed in the Light Blue, Blue, Heavy Blue or Special Risk classification</li> </ul>	<input type="checkbox"/>
<b>Professional</b>	<p>For Professional occupations, you must:</p> <ul style="list-style-type: none"> <li>• Have a university degree or diploma and/ or membership of a professional body,</li> <li>• Have a minimum annual salary of <b>\$150,000 pa</b></li> <li>• Meet <b>ALL</b> the requirements outlined for the White Collar classification.</li> </ul>	<input type="checkbox"/>

### Not sure?

If you aren't sure which classification best fits your circumstances, please fill in more information below and we will assist you by referring the information to the Insurer, who may contact you to further discuss.

Please provide as much information as you can below regarding your occupation and duties performed.

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### 3. Important information for insurance applicants

It is important that you read and understand the duty to take reasonable care not to make a misrepresentation and the following information before signing this form. Once you've signed, the Trustee and Insurer intend to rely on the information that you provide. If you don't understand the information, or if any of the information doesn't reflect your understanding of the arrangement, you should contact us on **132 652** before signing and returning this form.

Before submitting this application it's important that you understand:

- Your occupational ratings classification may be used to determine the cost of your insurance cover.
- Premiums are payable by you in respect of your chosen insurance cover as outlined in the *Product Disclosure Statement (PDS)* (including the relevant *Insurance Guide*). These premiums will be deducted from your super account and may change in the future.
- Your super account balance must be more than the cost of your insurance cover.
- Your new or changed insurance cover won't start until written confirmation of acceptance from the Insurer has been received.
- It's your responsibility to confirm that the choice of insurance cover you're applying for is appropriate for you and you should consider obtaining financial advice before proceeding.
- None of the representatives of the Trustee or Insurer are authorised to make any specific recommendations or give specific advice to you concerning your selection of insurance cover.
- Any personal information you provide in this form will be handled in accordance with MLC's privacy policy, available at [mlc.com.au/privacy](https://mlc.com.au/privacy) and the Insurer's privacy policy, available at [acenda.com.au/about-us/privacy-policy](https://acenda.com.au/about-us/privacy-policy)
- By signing and submitting this application, you are electing to have any existing or future insurance cover maintained, even if your super account doesn't receive an amount such as a contribution or rollover for a continuous period of 16 months.
- You can change or cancel your cover at any time.
- If your super account balance is under \$6,000 and/or you're under 25 years old, you must elect in writing to have insurance cover. Completing this form will be considered your written election.

**By signing and submitting this application, you represent that the information you have provided is true and correct.**

Full name (please print)

Signature

	Date (DD/MM/YY)					

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### 4. Send us your form

You can send us a photo of your completed form to [contactmlc@mlc.com.au](mailto:contactmlc@mlc.com.au)

Or mail your completed, signed and dated form to:

**MLC**  
**PO Box 200**  
**North Sydney NSW 2059**

If you have any questions, please speak with your financial adviser or call us on **132 652** Monday to Friday between 8am and 6pm (AEST/AEDT) or visit [mlc.com.au](https://mlc.com.au)

#### Important information

This document has been prepared on behalf of the Trustee, ABN 80 008 515 633, AFSL 236465 as Trustee of the MLC Super Fund, ABN 70 732 426 024. The Trustee is part of the Insignia Financial Group of Companies, comprising Insignia Financial Ltd ABN 49 100 103 722 and its related bodies corporate (Insignia Financial Group). The Insurer is Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694, trading as Acenda. The Insurer is part of the Nippon Life Group.