



LIFE INSURANCE

MLC MasterKey short form personal statement

For Income Protection 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.

The 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 about any question, we are here to help and you can contact us,
- 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, and
- 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.

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. The duty applies when you answer questions in your application and whenever we obtain more information from you.

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 need help 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 disablement cover (TPD), or
- \$200,000 critical illness (trauma) cover, or
- \$4,000 a month income protection 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 MasterKey insurance cover or to increase existing cover and only applies if the applicant:

- is less than 55 years of age
- applies for Income Protection 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 three 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.

Account number

Employer plan number

(MLC MasterKey Business Super members only)

SECTION A – MEMBER DETAILS

Mr Mrs Miss Ms Other

First name

Middle name

Last name

Gender

Male Female

Date of birth (DD/MM/YYYY)

Residential address (residential address can't be a PO box)

Postal address (if different to your residential address)

Unit number Street number PO Box

Suburb

State

Postcode

Country

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 specify the type of insurance cover being applied for. Please refer to the Insurance Guide/documentation issued to you when you joined the plan to ensure you are eligible to apply for the cover selected below. Please enter the **total** amount of insurance being applied for under this policy, including any existing insurance.

Death and Total and Permanent Disablement (TPD)

You can either nominate your own amounts of cover¹ including any existing insurance below or select the Lifestage cover level on the next page (MLC MasterKey Super Fundamentals only).

Type of Insurance	Amount
Death	\$
Total and Permanent Disablement (TPD)	\$
Income Protection (amount per month)	\$

Income Protection

Amount of Income Protection insurance being applied for:

Percentage of your current annual salary:

75% % Other (up to a maximum of 75%)

The percentage of salary being applied for cannot exceed \$8,000 per month including any existing insurance.

Income Protection benefit period: (please select)

2 years 5 years to age 65

Waiting period: (please select)

30 days 60 days 90 days 180 days²

SECTION B – INSURANCE DETAILS continued

Are you applying for a Superannuation Contribution Benefit?
This will provide an additional benefit of up to 15% of your monthly income paid into a complying superannuation fund of your choice.

No Yes % (between 1–15%)

MLC MasterKey Super Fundamentals (only)

Choose an MLC Lifestage cover level³

Lifestage

- Half the standard cover
 Standard cover
 Double the standard cover

If you currently have MLC Lifestage insurance which you obtained when joining MLC MasterKey Super Fundamentals, your premium isn't based on your individual circumstances. If you'd like to be assessed by the Insurer for individual factors such as your medical history, employment and pastimes, please check this box.

Notes

- When applying for Death and TPD, the TPD cannot exceed the Death cover amount.
- Only applies for benefit period of 5 years or to age 65.
- For more information on how this works, and the level of cover available for your age, please see the **Insurance Guide** in the MLC MasterKey Product Disclosure Statement at mlc.com.au

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 Permanent part-time (more than 15 hours per week)
 Casual employment* Fixed term employment*
 Seasonal or contract* Permanent part-time (less than 15 hours per week)

* Refer to the relevant Insurance Guide for definitions of these employment types.

Please include in the following table the approximate percentage (%) of time spent in the duties of your main occupation. If you select 'Other' please specify the duties you perform.

Nature of duty	% time
Administration or clerical (eg filing, computer work, office duties, etc)	
Light manual work only (ie driving with deliveries, lifting under 5 kg, etc)	
Supervisor of manual work	
Caring for dependants (only for Total and Permanent Disability (TPD) and occupation is 'home duty')	
Manual work (eg cleaning, lifting over 5 kg, carpentry, plumbing, etc)	
Other (please specify):	
Total	100%

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, been diagnosed with, had treatment, medication, investigation or an operation, contemplated surgery for, or suffered from any of the following: <ol style="list-style-type: none"> 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 depression or mental disorder (including, but not limited to, stress, anxiety, panic attacks, post-traumatic stress, behavioural or nervous disorder) chronic tiredness or fatigue 	<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. a) Do you intend to seek any medical advice, test, investigation, treatment or surgery (except general check-ups)? <i>*Before you answer this question, please refer to page 2 of this form which relates to information about genetic testing</i> or; 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)?	<input type="checkbox"/>	<input type="checkbox"/>

Health/lifestyle questions:	No	Yes
5. Have you been in any situations that may have put you at risk of contracting HIV? ¹	<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 Insignia Financial Group's Privacy Policy and the MLC Limited Privacy Policy and agree that MLC Limited, and any member of the Insignia Financial Group, may collect, use, disclose and handle my personal information in a manner set out in these policies, available on mlc.com.au

SECTION E – MEMBER'S DECLARATION

Read this section carefully before signing

My decision to apply for insurance under MLC MasterKey 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.
- (h) If your account balance is under \$6,000 and/or you're under 25 years old you need to elect in writing to have insurance cover.

Completing this form will be considered your written election.

I understand that by signing this form I am electing to have my automatic insurance (if eligible) and the insurance in this application combined.

Member's name (PLEASE PRINT)

Member's signature

	Date (DD/MM/YYYY)									

Send to:

MLC
PO Box 200
North Sydney NSW 2059

If you have any questions, please contact your financial adviser or call the MLC Client Service Centre **13 26 52** any business day between 8am and 6pm (AEST/AEDT).

For details on MLC's range of products and services visit mlc.com.au