

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

When you apply for life insurance cover, 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 the Insurer's decision.

The duty to take reasonable care not to make a misrepresentation

When applying for insurance cover, there is a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance cover 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 cover, and reinstating insurance cover.

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're unsure of the meaning of any question, please ask us before you respond.
- answer every question.
- answer truthfully, accurately and completely. If you're unsure about whether you should include information, please include it. Don't assume the Insurer will contact your doctor for any medical information.
- 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.

Changes before your insurance 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.

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 buying insurance cover or 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.

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?

- Permanent 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 the last 5 years have you been diagnosed with, had symptoms of, or had treatment for: <ul style="list-style-type: none"> high blood pressure, high cholesterol any injury or complaint of the knee, shoulder, ankle, elbow or other joint, or any injury, disease, disorder or degeneration of the muscles, tendons or bones. 	<input type="checkbox"/>	<input type="checkbox"/>
2. In your lifetime have you been diagnosed with, had symptoms of, or had treatment or medication for: <ul style="list-style-type: none"> a) any injury or complaint of the back or neck b) cancer or tumour of any type c) chronic tiredness or fatigue d) hepatitis, HIV, AIDS or any AIDs or HIV related conditions e) diabetes f) heart complaint or chest pain g) neurological conditions including epilepsy and stroke h) inflammatory bowel disorder (ulcerative colitis, Crohn's disease, irritable bowel syndrome) i) depression, stress, anxiety, panic attacks, post-traumatic stress, nervous disorder, behavioural disorder or any other mental health disorder j) any ear or eye disorder (not including colour blindness, long or short sightedness corrected by surgery, contacts or glasses) 	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last 2 years, have you been unable to work for more than 10 consecutive days due to injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>

Health/lifestyle questions:	No	Yes
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"/>
5. 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"/>
6. Do you currently take part in, or have definite plans to take part in any of the following sports or activities? Scuba diving, motor sports, private flying, gliding, parachuting or ballooning, professional or semi-professional sports or other hazardous pursuit activities such as martial arts, combat sports, sailing or downhill mountain biking?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do your job duties involve underground work, blasting or explosives handling or working at heights above 10 metres?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever made a claim or received benefits in relation to: a) any disability, trauma, sickness or accident or income protection policy; or b) any workers' compensation, motor accident or veteran's affairs legislation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have an illness or injury that stops or restricts you from being able to fully perform your usual work activities and hours?	<input type="checkbox"/>	<input type="checkbox"/>

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 Acenda's Privacy Policy and agree that Acenda, 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**