



Short Form Personal Statement

For Death only / Death and TPD cover up to a maximum of \$1 million

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.

Disclosure – MLC Transfer Applications

If you apply to transfer your insurance from an existing MLC policy to a new MLC policy (transfer application), we will rely on the matters disclosed and representations made to us prior to entering into the existing MLC policy and, if applicable, the matters disclosed and representations made to us with your application for a new MLC policy (including an application for any change, increase or addition to the existing MLC policy) when making a decision whether to accept the transfer application and on what terms.

If we refuse your transfer application for any reason, your existing insurance will continue unless you choose to cancel it or your insurance ends.

By submitting a transfer application you consent to this process.

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 Death only / Death and TPD Cover (Max \$1 million 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 questions in Section C (opposite), do not complete and return this form. You will instead need to complete the Request for Insurance Form located on www.mlc.com.au in the forms and brochures section.

Policy number

Policy name

Employers name

SECTION A – MEMBER DETAILS

Mr Mrs Miss Ms Other

Surname

Given name(s)

Gender

Male Female

Date of birth (DD/MM/YYYY)

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 – INSURANCE DETAILS

Please enter the TOTAL amount of insurance cover being applied for under this policy (including any existing cover).

Type of Insurance	Amount
Death	\$
Total and Permanent Disablement Cover (TPD)	\$

SECTION C – PERSONAL DETAILS

Height	Weight
<input type="text"/> cm	<input type="text"/> kg

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 • hepatitis • a tumour of any type • diabetes • high blood pressure • high cholesterol • heart complaint • chest pain • a stroke • a mental health condition including stress, anxiety or depression • a back or joint disorder or paralysis 	<input type="checkbox"/>	<input type="checkbox"/>
2. In the last five years, have you received any advice, treatment or been hospitalised or investigated for any symptoms, illness or injury (including any of the above conditions listed in Question 1), or taken any prescribed medication (excluding medications for cold/flu, minor upper respiratory tract infections, minor headaches or contraceptives)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you currently absent from work or unable to perform your usual duties due to illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you intend seeking any medical advice, test, investigation or treatment (excluding general check-ups)?	<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 risk ¹ of contracting, the Human Immunodeficiency Virus which causes AIDS, antibodies to that virus or are you suffering from AIDS or an AIDS related condition?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have two or more of your parents, brothers or sisters, had or been diagnosed with cancer, heart disease, stroke, Huntington's disease or diabetes, under the age of 60?	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last five years have you had any advice/ counselling or treatment for alcohol or drug use/ dependence?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do your occupational duties involve underground mining, blasting or explosives handling or working at heights above 10 metres?	<input type="checkbox"/>	<input type="checkbox"/>
9. 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"/>

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 located at www.mlc.com.au in the forms and brochures section.**

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 mlc.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 may be 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)
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Send to:

Mail:
MLC Group Insurance
PO Box 200
North Sydney NSW 2059

Phone:
(02) 8908 6111

Email:
group_insurance@mlc.com.au

Website:
For details on our range of products and services visit:
mlc.com.au