

Prime Super Short Personal Statement

Note: This form is to be returned with the Prime Super Insurance Application.



Prime Super
 ABN 60 562 335 823
 RN 1000276

Trustee
 Farm Plan Pty Limited
 ABN 81 067 241 016
 AFSL 219723
 RSE L0000277

Complete this form if the total sum of your Death only or Death and TPD insurance through Prime Super will in total be \$300,000 or less. This includes any cover you already hold. Check your last statement to see your level of cover at that time.

Please ensure that this form is completed in full prior to returning the form. Where a form is not fully completed, we will have to return the form to you for completion prior to starting the assessment process.

Part A - Personal Details

Title (Please Tick One) Membership Number

Mr
 Mrs
 Miss
 Ms
 Dr

Surname

Given Names

In order to speed up the processing of this application the insurer may contact you on these numbers to obtain or clarify information provided.

Contact Numbers Business Hours Mobile Best time to contact you

What is your Height (cm) or What is your Height (ft/ins) What is your Weight (kgs) or What is your Weight (st/lbs)

What is the name and address of your usual Doctor? If you don't have a usual Doctor, give details of the last Doctor visited.

Reason and results of your last visit.

Date of Birth

Gender Male Female

Smoking Habits Smoker Non Smoker

Note: You are a smoker if you have smoked any substance in the last 12 months.

State Postcode

Part B - Personal Health Details

- (Please Tick One) (Please Tick One)
- 1) Are you at the date of this application, due to injury, accident or illness off work; Yes No
- or
- restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment can be on a full-time, part-time or casual basis? Yes No
- 2) Have you previously had an application for life insurance cover (Death, TPD, Trauma or Income Protection) declined, deferred, had an exclusion applied or in any way been accepted on terms other than requested? Yes No
- 3) Are you claiming or have you ever claimed a benefit from any source, e.g. TPD benefit from any superannuation fund, Worker's Compensation, Disability Pension, Veteran Affairs or any other insurance policy providing accident or sickness benefits? Yes No
- 4) Have you been infected with, or have you ever tested positive for HIV (Human Immunodeficiency Virus) or Hepatitis B or Hepatitis C? Yes No
- 5) Have you ever had, experienced symptoms, or been diagnosed with, heart complaints; high blood pressure; chest pain; stroke; liver; kidney; bowel; intestinal or bladder disease; diabetes; cancer or other tumours; asthma; respiratory or blood disorders; stress, anxiety, depression, mental or nervous disorders; chronic fatigue syndrome; epilepsy or other neurological disorder? Yes No
- 6) Have you ever had or do you have: arthritis; rheumatism; paralysis; loss of use of a limb; muscle, joint or back or neck problems; RSI; hearing, sight or skin problems? Yes No
- 7) Are you at the date of this application currently receiving medical advice for any condition or are you taking any prescribed medication oral or otherwise (other than for cold and flu and the contraceptive pill)? Yes No

If you have answered 'Yes' to any of the previous questions (1 to 7), please provide full details as requested on the following page.

Part B - Personal Health Details (Continued)

Question	Illness, injury, condition or test	When did it start	When did it stop	Treatment Received	Degree of recovery	Time off work	Names & addresses of hospitals or Medical Practitioners
1.	/ /	/ /
2.	/ /	/ /
3.	/ /	/ /
4.	/ /	/ /
5.	/ /	/ /
6.	/ /	/ /
7.	/ /	/ /

Part C - Duty of Disclosure

Please note that your duty of disclosure continues until cover is accepted.

Before you enter into a contract of life insurance with an Insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms. This duty remains until the Insurer advises you that your application for cover has been accepted.

You have the same duty to disclose those matters to the Insurer before you vary or reinstate a contract of life insurance. Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know; or
- as to which compliance with your duty is waived by the Insurer.

Non-disclosure

If you fail to comply with your duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time. An Insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account that the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

Please send this completed form to:

Prime Super
 PO Box 2229
 Wollongong, NSW 2500
 or Freefax to: 1800 023 662
 Enquires: Freecall 1800 675 839
 8am to 8pm Monday to Friday (Sydney Time)

Part D - Declaration

I declare that:

- I have read and understand my Duty of Disclosure and understand that this duty applies until formal notification of acceptance.
- The answers to the questions are true, and I have not deliberately withheld any information material to the proposed insurance.
- I agree to be bound by the terms and conditions set out in the Insurance Policy Document.
- I consent to the collection, use and disclosure of personal information by MetLife and their service providers in order to assess my application and any claim under the policy.
- I have read and understood the Privacy Statement and agree to the collection, use and disclosure of personal information as described.
- I consent to MetLife seeking medical information from any doctor who I have consulted.
- I understand that cover under a policy does not begin until acceptance by the Insurer of which I will be notified in writing.
- I have read the insurance section of the current Prime Super Product Disclosure Statement.

Signature

Print Full Name

Date

DDMMYYYY

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