

# Recovery Plan Application Form



This is the Application Form for Recovery Plan as described in the Product Disclosure Statement (PDS) issued 1 April 2009 by MetLife Insurance Limited (MetLife) ABN 75 004 274 882, AFSL No. 238096. You should read the PDS carefully as it contains important information you should know about Recovery Plan, which will help you to understand the product and to decide whether it is appropriate for your needs.

Applications are subject to approval by MetLife. Please print in the spaces provided using block letters.

Your Personal Details (If any of the pre-printed information is incorrect please provide correct details)	
Principal Life Insured & Policy Owner	Second Life Insured & Policy Owner
Title <input type="text"/> Surname <input type="text"/>	Title <input type="text"/> Surname <input type="text"/>
Given Name(s) <input type="text"/>	Given Name(s) <input type="text"/>
Gender <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth <input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	Gender <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth <input type="text"/> D <input type="text"/> D / <input type="text"/> M <input type="text"/> M / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Address <input type="text"/>	Address <input type="text"/>
Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>	Suburb <input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Telephone (H) ( <input type="text"/> ) <input type="text"/>	Telephone (H) ( <input type="text"/> ) <input type="text"/>
Mobile <input type="text"/>	Mobile <input type="text"/>
Email <input type="text"/>	Email <input type="text"/>

Select Cover Desired (Choose either 1, 2 or 3 and complete as appropriate)	
Principal Life Insured	Second Life Insured
1. Tick level of cover <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <b>OR</b>	1. Tick level of cover <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000 <b>OR</b>
2. Select a different level of cover up to \$250,000 \$ <input type="text"/> <b>OR</b>	2. Select a different level of cover up to \$250,000 \$ <input type="text"/> <b>OR</b>
3. Indicate the amount you would like to pay (min. \$20 per month) and we will calculate the appropriate benefit level for you. \$ <input type="text"/> per month	3. Indicate the amount you would like to pay (min. \$20 per month) and we will calculate the appropriate benefit level for you. \$ <input type="text"/> per month

Your Personal Information		
About you	Principal Life Insured	Second Life Insured
1. What is your height and weight?	Height: <input type="text"/> Centimetres or Feet/Inches Weight: <input type="text"/> Kilograms or Stone/Pounds	Height: <input type="text"/> Centimetres or Feet/Inches Weight: <input type="text"/> Kilograms or Stone/Pounds
2. What is your occupation?	<input type="text"/>	<input type="text"/>
3. Have you smoked tobacco or any other other substance in the past 12 months? If yes, please specify daily amount and type.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
4. Have you previously had life, trauma or disability insurance declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

About your Health	Principal Life Insured	Second Life Insured
5. Have you ever had, or consulted anyone for any heart complaint, chest pain, high blood pressure, high cholesterol or circulatory disorders, diabetes or blood disorder, cancer or tumour, lump, skin conditions or lesions, asthma or lung condition, stomach, bowel, pancreas or gall bladder conditions, kidney, liver, bladder, prostate or ovarian conditions, stroke, epilepsy, paralysis, multiple sclerosis or neurological disorder or symptoms, any disorder of the eyes or ears, infectious diseases (excluding colds and flu) or sexually transmitted disease including HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Do you presently suffer from any condition (excluding colds) which you suspect may require medical advice or treatment in the future or do you regularly take any medication (excluding antibiotics or contraceptives) that you have not already disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Has any parent, brother or sister been diagnosed with, or died before age 60 from, Alzheimer's disease, cancer, cardiomyopathy or sudden death, diabetes, heart disease, Huntington's disease, mental illness, motor neurone disease, multiple sclerosis, Parkinson's disease, polycystic kidney disease, stroke or any other hereditary condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'yes' to questions 4 to 7, please complete details in full below (if insufficient space, please attach a separate sheet)						
Question number	Person treated	Illness, injury or tests	Date commenced	Degree of recovery %	Complete details of treatment and dates of last symptoms	Full name of doctor or hospital
<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"/>	<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"/>	<input type="text"/>

## Select your payment method

### Select your premium payment method (please tick either a. or b. and complete details)

a.  **Direct Debit Authority**

BSB Number (branch number)  -

Account Number

Account Name

Name of Bank/Financial Institution

Address of Bank/Financial Institution

b.  **Credit Card Authority**

I authorise the debit of my premiums from my

VISA

MasterCard

Amex

Card Number

Expiry Date

/  /

Name on Card

Cardholder's Signature

## Duty of Disclosure and Declaration

### Duty of Disclosure

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. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate your insurance. Your duty, however, does not require disclosure of a matter: that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that your insurer knows or, in the ordinary course of its business, ought to know; or as to which compliance with your duty is waived by the insurer. Your Duty of Disclosure continues until your application for insurance is accepted. 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 three (3) years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

### Declaration

I hereby apply for Recovery Plan issued by MetLife Insurance Limited. I declare that I am between 18 and 55 years of age and my partner, if applying, is also aged between 18 and 55 years. I have read and understood the PDS and the privacy policy accompanying this application and agree to the collection, use and disclosure of personal information as described in the privacy policy. I have read the Duty of Disclosure and declare the answers given are complete and correct. I understand and agree that cover will not be activated until my application is accepted by MetLife, who will provide written confirmation. I authorise any hospital, doctor, or other person who has treated or examined me to give the insurer, MetLife, or any organisation duly appointed by them, any information on my illness or injury, medical history, consultation, prescription or treatment or copies of all hospital or medical reports. A photocopy of this authorisation is as valid as the original. I agree to provide further medical authorities if requested. I understand that if I wish to cancel this policy, I must notify MetLife to stop payments. MetLife may cancel this policy for failure to pay a premium for a period exceeding one (1) month. I have thirty (30) days to examine the policy which will be forwarded to me. If during that time, I am not completely satisfied, it is agreed that I am at liberty to cancel the policy.

### Privacy and Personal Information

I have read and understood MetLife's Privacy Policy in the PDS and agree that information about me may be collected, used and disclosed as described in that statement. Where I have approved information about any other individual, I will make that individual aware of the provisions of the privacy policy.

### Direct Debit Request Services Agreement – MetLife

The following terms and conditions relate to the use of direct debit payments to your bank account or credit card. You (or the Account Holder if different to you) will need to keep this document with your records. This Direct Debit Request Services Agreement is issued by MetLife Insurance Limited (MetLife) ABN 75 004 274 882 AFSL 238096.

1. You are responsible for ensuring the specified account can accept direct debits and there are sufficient clear funds available in the nominated account to permit payment on the due date.
2. MetLife will initiate debits to your nominated bank account or credit card in accordance with your application form.
3. MetLife agrees to provide not less than 14 days notice to you if it proposes to vary these arrangements.
4. You may request deferment of, or alteration to, the agreed drawing schedule by writing to MetLife. MetLife reserves the right to decline this request.
5. You (or the Account Holder if different to you) can cancel, defer the direct debit or suspend an individual debit from taking place under it, by notifying MetLife by telephone or fax, or by notice in writing. Allow 14 days to process any cancellation, deferment or suspension.
6. In the event that you should disagree with any debit under the agreement with MetLife, you should call MetLife on 1300 555 625 or write directly to The Dispute Resolutions Manager at MetLife.
7. Direct debits will commence at least 5 business days after the commencement date of your policy, and will be done on the same date each month unless otherwise agreed. When the due date falls on a day that is not a business day, MetLife will debit your account on the next business day.
8. In the event that your financial institution refuses to pay any direct debit made under the arrangement, MetLife will write to you requesting alternative payment.
9. Any information supplied by you (or the Account Holder if different to you) will remain confidential and will only be disclosed if authorised by you (or the Account Holder if different to you) or where required by law.
10. Initially, you should direct any request for stops or cancellations to MetLife.

### Direct Debit Authorisation

I/We authorise MetLife (user ID No. 11238) to arrange for any amounts which become payable, to be debited from my account as detailed above. I/We have read the Direct Debit Request Services Agreement and I/We have the authority to make these payments.

Signature of Principal Life Insured

Date

/  /

Signature of Second Life Insured  
(if applying for joint cover)

Date

/  /

**Return this application to:**

**MetLife Insurance Limited, Reply Paid 3319, Sydney NSW 2001 (no postage stamp required)**