LIFE INSURANCE

# Change your occupation details

**You should read this information before you fill in this form. It will help you understand what information you need to provide so we can update your insurance details.**

The type of work you do affects your premiums. If your occupation has changed and is now in a different occupation group you may be able to reduce your premiums.

If you have more than one insurance policy with us you may only need to complete one form and list all the policy numbers at the top. Please call us on **13 65 25** to check.

## Who should complete this form?

Use this form if you're telling us about a change to your occupation and you have been in your new occupation for at least 12 months.

Both the Life Insured and the Policy Owner should complete and sign this form.

If you're changing from a Special Risk or C class occupation, and you have an Income Protection Special Risk policy you will need to apply for a new income protection policy. Please contact your adviser for advice.

## Eligibility

You are not eligible to apply for a change in your occupation rating if you are currently receiving a benefit or you are entitled to make a claim under this policy.

## Privacy

We respect your privacy and handle your information in accordance with our Privacy Policy. The Insignia Privacy Policy is available at mlc.com.au/privacy. For the MLC Limited Privacy Policy please refer to the Privacy link on our homepage **mlcinsurance.com.au**

Your policy or the policy you are applying for is a consumer insurance contract and the duty below applies to you.

## 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.

This 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.

**The Trustee**
NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

**The Fund**
MLC Super Fund
ABN 70 732 426 024

**The Insurer**
Insurance is issued by MLC Limited
ABN 90 000 000 402 AFSL 230694

**The Trustee** is part of the Insignia Financial Group. MLC Limited uses the MLC brand under licence from Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.

## Your duty to take reasonable care not to make a misrepresentation (continued)

### 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 have difficulty 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.

## For more information

Remember, we're here to help. If you have any questions or need any help when completing this form, please contact your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT), Monday to Friday or visit **mlcinsurance.com.au**

Send your completed form to:
MLC Life Insurance - Operations,
PO Box 23455, Docklands VIC 3008

**Please retain this page for your records.**

MLC LIFE INSURANCE

# Change your occupation details

Policy number

Policy number

Policy number

Policy number

## 1. Policy details

**Life Insured's details**

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Business telephone

Mobile

**Residential address** (your residential address cannot be a PO Box)

Unit number

Street number

Street name

Suburb

State

Postcode

Country

**Postal address**

☐ Same as residential

PO Box number

Unit number

Street number

Street name

Suburb

State

Postcode

Country

**The Trustee**
NULIS Nominees (Australia) Limited
ABN 80 008 515 633 AFSL 236465

**The Fund**
MLC Super Fund
ABN 70 732 426 024

**The Insurer**
Insurance is issued by MLC Limited
ABN 90 000 000 402 AFSL 230694

**The Trustee** is part of the Insignia Financial Group. MLC Limited uses the MLC brand under licence from Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.

## 1. Policy details (continued)

### Policy Owner(s) details

**Policy Owner 1** (primary contact for correspondence)

☐ Tick this box if Policy Owner 1 is the same as the Life Insured. If not, fill in the details below.

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Company name / Trustee / Self-managed super fund trustee

Home telephone

Business telephone

Mobile

### Postal address

☐ Same as residential

PO Box number

Unit number

Street number

Street name

Suburb

State

Postcode

Country

### Policy Owner 2

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

## 2. Your occupation

### To be completed by the Life Insured

**1. What is your new main job?**

**2. How long have you been in your new job?**

☐ **Months** ☐ **Years**

**3. In your main job, on average:**

| | |
|---|---|
| **How many hours per week do you work?** | |
| **How many weeks per year do you work?** | |

## 2. Your occupation (continued)

**4. Please provide the percentage of time spent doing the following types of work in your job. Your answer must add up to 100%**

| Type of work | Percentage of time |
|---|---|
| Sedentary/administration: includes all general clerical, office, administration and desk duties. The emphasis is on mental rather than physical work, although there may be a small element of standing/walking and driving to and from appointments. | % |
| Supervision of manual workers, field work or site visits. | % |
| Light manual work: includes light lifting of up to 10kg, using hand tools, operation of light machinery. | % |
| Heavy manual work: includes carrying, lifting, pushing, pulling more than 10kg, the operation of heavy machinery, driving commercial vehicles. | % |
| Total | 100 % |

**5. Does your job include any hazardous types of work? Hazardous types of work may result in serious injury or death. Some common hazardous types of work are listed in the table below.**

| Type of work | Percentage of time | Specific duties you perform |
|---|---|---|
| Heights over 10 metres | | |
| Flying | | |
| Underground work | | |
| Offshore work – within Australian waters | | |
| Offshore work – outside Australian waters | | |
| Diving | | |
| Using or handling explosives | | |
| Using or handling chemicals, dangerous substances, or asbestos | | |
| Other | | |
| Total | 100 % | |

**6. How much did you earn in the previous full financial year from your main job?**

Earnings

$

Super Guarantee Contribution

$

### Earnings

**If you are an employee** – include wages/salary, commissions, fees, regular bonuses, regular overtime, fringe benefits

**If you are self-employed in a business you directly or indirectly own or an employee of your own business, company or trust** – include your share of net profit generated by your personal efforts, and voluntary super contributions paid on your behalf

Do not include super guarantee contributions

Do not include investment income

Provide pre-tax figures

If you earn commissions, include 100% of initial commissions, but only 50% of renewal commissions

## Your occupation (continued)

**7. Do you expect to earn the same amount or more in the current financial year?**

No ☐ Please provide details below

Yes ☐

| Reason for drop in income | Expected income |
|---|---|
| | $ |
| | $ |

**8. Have your qualifications changed since you last updated your details?**

No ☐

Yes ☐ Please provide details below

| Name of qualification | Completion date |
|---|---|
| | |
| | |
| | |
| | |

**9. Did you change your job as a result of an illness or injury?**

No ☐

Yes ☐ Please provide details below

**10. Have you or are you intending to make an insurance claim on this policy?**

No ☐

Yes ☐ Please provide date of claim, amount, reason for claim, time off work and date benefit ceased

**11. Do you have another job?**

No ☐

Yes ☐ Please complete details below

**a** Role

**b** Name of employer or trading name

**c** Duties

**d** Hours worked per week

**e** Amount of time in this job

years months

**f** How much did you earn in the previous full financial year from your second job? $ pa

Super Guarantee Contribution $

**g** Has this income been included in the income shown in Question 6 of this application? ☐ Yes ☐ No

## 3. Your declaration and authorisation

### To be completed by the Life Insured and the Policy Owner(s)

I declare to MLC Limited that:

1. The information provided in this application is true and complete.
2. I have read and understand the duty to take reasonable care not to make a misrepresentation
3. I am not receiving or eligible to receive any insurance payments for illness or injury under my current insurance policy or any other insurance. I have not sustained injury or illness that I may claim for under my current insurance policy.
4. I consent to MLC Limited disclosing or discussing with my financial adviser any matter relevant to the assessment of my application for insurance including financial, medical and other matters, whether disclosed in this application, obtained from third parties (eg Doctors, accountants) or otherwise discovered as part of the assessment process.
5. 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.
6. I authorise MLC Limited to forward any information obtained by it to any health practitioner or service, reinsurer, advisor, service provider or third party as is reasonably required for the purpose of assessing the application, administration of the insurance policy, assessment of a claim made under the policy and as otherwise may be required to comply with legal obligations.

### Signature of Life Insured

Full name (please print)

Signature

X

Date (DD/MM/YY)

### Signature(s) of Policy Owner(s) (if different from the Life Insured)

- If the trustee(s) of a self managed super fund are individuals then all individuals are required to sign.
- Parent or Guardian if Life to be Insured is under 16 years of age.
- In the case where the Policy Owner or trustee is a Company:
  (a) two directors or a director and company secretary are to sign; or
  (b) in the case of a sole director proprietary company only, the sole director is to sign. The director must indicate that he/she is the sole director and sole secretary of the company by ticking the sole director and sole secretary box.

Name

Signature of Policy Owner

X

Date (DD/MM/YYYY)

Name

Signature of Policy Owner

X

Date (DD/MM/YYYY)

Name

Signature of Policy Owner

X

Date (DD/MM/YYYY)

☐ Sole director and sole secretary (indicate by ticking box)

Name

Signature of Policy Owner

X

Date (DD/MM/YYYY)

☐ Sole director and sole secretary (indicate by ticking box)

## A notification about your privacy

MLC Life Insurance is bound by the *Privacy Act 1988 (Cth)*. Before providing us with any personal information, you should read the below information about your privacy.

We collect, use, store and disclose personal information, including sensitive information (such as health information) when required, about you in order to comply with our legal obligations and in order to provide you with insurance (eg changing your insurance cover or paying a claim).

For the purpose of providing you with insurance, we will disclose this information to your adviser if you have one (and the licensed dealer or broker he or she represents), affiliates of MLC Life Insurance, to other insurers and reinsurers, to our agents, contractors, service providers and administrators, medical service partners (eg medical practitioners, health practitioners), legal representatives and other consultants, and where we are required or permitted to by law. By signing this form, you will be consenting to us, and those other organisations and professionals acting on our behalf, to collecting, and disclosing as required, the sensitive information for this purpose.

MLC Life Insurance may obtain information from government offices and third parties for the purposes of providing you with insurance.

For further information about MLC Life Insurance's Privacy Policy, which includes more details about how we collect, use, store and disclose your personal information, a list of countries in which recipients of your information are likely to be located, details of how you can access or correct the information we hold about you or make a complaint, please refer to our privacy policy, **mlcinsurance.com.au/privacy-policy** or contact us on the details below.

## Send us your form

Please return your completed, signed and dated form to:

**MLC Life Insurance - Operations**
**PO Box 23455**
**Docklands VIC 3008**
**Email: enquiries.retail@mlcinsurance.com.au**

If you have any questions, please speak with your financial adviser or call us on **13 65 25** between 8.30am and 6pm (AEST/AEDT), Monday to Friday.

MLCI3596-0123
OCM0461 CGP-2412