

Short Form Personal Statement

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

MLC Limited
ABN 90 000 000 402
AFSL 230694

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 Life only / Life 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.sistersofmercy.com.au.

Policy number

G2896

Policy name

Sisters of Mercy Staff Superannuation Scheme

Employers name

A MEMBER DETAILS

Mr Mrs Miss Ms Other

Surname

Given name(s)

Male Female Date of birth / /

Address

Postcode

Phone number

()

Mobile number

Email address

B INSURANCE DETAILS

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

Type of Insurance	Number of Units	Amount
Life		\$
Total and Permanent Disablement Cover (TPD)		\$

C PERSONAL DETAILS

Height cm Weight 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.

Please turn over ...

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.sistersofmercy.com.au or by contacting the Scheme on 1300 368 891 or (07) 3163 8867.***

Yes ***Please complete the Member's Declaration***

Your 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 a contract of life insurance.

Your duty, however, does not require a 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
- which your duty of compliance is waived by the insurer.

Your Duty of Disclosure continues until we accept your application and issue you with insurance cover. It also applies if you seek to extend, vary or reinstate the contract.

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 three 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 three years of entering into it, elect not to avoid it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy

I acknowledge that I have access to NAB's privacy policy and agree that any member of the NAB Group may collect, use, disclose and handle my personal information in a manner set out in the Group's privacy policy available on mlc.com.au

D MEMBER'S DECLARATION

Read this section carefully before signing

My decision to apply for insurance under MLC Group Insurance is based on the Policy Document for the relevant product that I have received and my understanding of the information it contains.

I understand and agree that:

- I have read the Duty of Disclosure set out on this page. I understand that, until MLC 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 MLC's acceptance of this application and that if I fail to comply with my duty of disclosure MLC may (as permitted by law) cancel this contract or reduce the benefits under it;
- 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;
- if any answers to the application questions are not in my own handwriting, I certify that I have checked them and they are correct;
- I will provide MLC or the Trustee with any information which relates to my membership of the fund which they may request;
- no additional insurance is effective until MLC accepts this application.
- I authorise MLC to provide my personal, financial and medical information (whether provided in this application or otherwise subsequently collected by MLC 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 / /

Send to:

Mail:

Sisters of Mercy Staff Superannuation Pty Ltd
PO Box 8334
Woolloongabba QLD 4102

Phone:

1300 368 891 or (07) 3163 8867

Fax:

(07) 3163 2421

Email:

superannuation@mater.org.au

Website:

www.sistersofmercy.com.au