Increase your insurance cover application.

April 2016

If you want to apply for additional insurance cover you must complete all steps of this form.

- As part of your application, you may be required to undergo additional medical tests and as part of the overall assessment process MetLife will contact you on your preferred phone number if further information is required.

**How to complete this form**

- Complete all fields marked with an asterisk (*).
- This form must be completed in full by the person to be insured. Please use BLOCK letters and black or blue pen, leaving a space between words. Please mark boxes with an X where appropriate.
- Any changes made to this application are to be initialled by the person to be insured.
- Answer all questions accurately and provide additional information wherever requested.

Did you know you can also apply online for additional cover in less than 10 minutes at hostplus.com.au/insurance

---

**Member details.**

<table>
<thead>
<tr>
<th>Hostplus membership number</th>
<th>Title</th>
<th>Mr</th>
<th>Mrs</th>
<th>Ms</th>
<th>Dr</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Given names*</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Surname*</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth*</th>
<th>Gender*</th>
<th>Male</th>
<th>Female</th>
<th>Are you an Australian citizen or permanent resident of Australia?*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current address*</th>
<th>State</th>
<th>P/C</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suburb</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home phone</th>
<th>Mobile phone</th>
<th>Preferred method of contact*</th>
<th>Preferred time*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Mail</td>
<td>Email</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Work phone</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

| Email address*           |                   |     |       |       |             |

| Usual occupation*        |                   |     |       |       |             |

---

1184.0 04/16 ISS2

1
Your insurance cover will be matched to your occupational rating. The following will help us to determine which occupational rating applies to you.

### Management/Clerical (white collar) scale

- i) Are you employed for at least 15 hours per week on an ongoing basis? [Yes] [No]
- ii) Do you work in an office or similar environment? [Yes] [No]
- iii) Do you spend at least 90% of your working time in an office? For example 34.2 hours out of a 38-hour working week. [Yes] [No]
- iv) Do you work in any of the following occupations?

  - [ ] Management
  - [ ] Clerical
  - [ ] Marketing
  - [ ] Administration
  - [ ] Accounting

---

### Standard scale

Please select your occupation:

- [ ] Home Duties
- [ ] Wait Staff/Waitress/Waiter*
- [ ] Hotel Owner/Manager/Publican/Bar attendant*
- [ ] Chef/Apprentice Chef/Cook
- [ ] Room Attendant/House Keeper/Guest Service Agent/Attendant*
- [ ] Food and Beverage Attendant*

- [ ] Hospitality Worker*
- [ ] Shop Assistant/Retail Assistant
- [ ] Casino Worker/Dealer/Croupier/Gaming Attendant
- [ ] Sales Assistant/Attendant/Consultant
- [ ] Bottleshop Attendant*
- [ ] Barista*

---

### Heavy blue collar scale

Please select your occupation:

- [ ] Kitchen Hand/Crew
- [ ] Cleaner (Commercial)
- [ ] Cellar Hand
- [ ] Security Officer/Guard (unarmed)
- [ ] Store Person

- [ ] Ski/Snowboard/Snow sports instructor
- [ ] Fruit picker/Vineyard worker**
- [ ] Gardener/Landscaper
- [ ] Farmer/Farm Labourer
- [ ] Labourer

---

* These occupations have a combination of two ‘Collar’ type ratings: Death and TPD = Standard, Group Salary Continuance = Heavy blue collar.

** Please note that you are only eligible for Death and TPD cover.

^ You are not eligible for the management scales, please provide your occupation below to be assessed.

### Nature of duty

| Administrative/clerical (for example computer work, office work, filing, typing, marketing, accounting, administrative) | % |
| Light manual work (for example driving with deliveries, lifting under 5kg etc.) | % |
| Supervisor of manual work (not actually performing this work) | % |
| Caring for dependants | % |
| Manual work (cleaning, lifting over 5kgs, carpentry, plumbing, etc.) | % |
| Truck driving greater than a distance of 200 km from base or working underground | % |

Total 1 0 0%
Complete this section to apply for Salary Continuance cover.

Please indicate which option you require and the type and level of cover for your chosen option. You may choose only one option.

**Option 1: Unitised Cover**

Please indicate the number of units you require in total including your existing cover:

- **Death cover** ($0.26 per week per unit)
- **TPD cover** ($0.41 per week per unit)

Death units

TPD units

Note: TPD cover cannot be higher than death cover.

**Option 2: Fixed Cover**

Please indicate the total level of cover you require (in multiples of $1000) including your existing cover:

- **Death cover**
- **TPD cover**

Note: TPD cover cannot be higher than death cover.

You can apply for unlimited death cover and up to $5 million TPD.

Any cover or increase in cover is subject to your application being accepted.

If the insurer does not accept your application you will retain your current level of cover.

If the insurer accepts your application, this new cover will replace the level of cover you currently have with Hostplus. As such, you should apply for the total number of units or total amount of cover that you require.

You cannot hold a combination of unitised and fixed cover at the same time.

Complete this section to apply for additional Death and TPD cover.

Please indicate which option you require and the type and level of cover for your chosen option. You may choose only one option.

**Option 1: Unitised Cover**

Please indicate the number of units you require in total including your existing cover:

- **Death cover** ($0.26 per week per unit)
- **TPD cover** ($0.41 per week per unit)

Death units

TPD units

Note: TPD cover cannot be higher than death cover.

**Option 2: Fixed Cover**

Please indicate the total level of cover you require (in multiples of $1000) including your existing cover:

- **Death cover**
- **TPD cover**

Note: TPD cover cannot be higher than death cover.

You can apply for unlimited death cover and up to $5 million TPD.

Any cover or increase in cover is subject to your application being accepted.

If the insurer does not accept your application you will retain your current level of cover.

If the insurer accepts your application, this new cover will replace the level of cover you currently have with Hostplus. As such, you should apply for the total number of units or total amount of cover that you require.

You cannot hold a combination of unitised and fixed cover at the same time.

The weekly cost for salary continuance cover will depend on your age next birthday, the waiting period/benefit period you choose, and whether you are eligible for the Management/Clerical (white collar) scales. Standard scales, or Heavy blue scales. Salary continuance cover provides you with a benefit if you are unable to work as a result of injury or illness. You have the choice of selecting a salary continuance benefit period, of either two years or until age 65. For information on when a salary continuance benefit is payable and the cost of cover go to hostplus.com.au/memberguide/insurance

What is your gross salary? $ 

How much Income Protection cover would you like? (maximum of 90% of salary):

- 75% salary + 15% Super Contribution (rounded up to nearest unit)
- Other amount – please advise $ 

(Cannot exceed 90% of your gross salary)

What Waiting Period would you like? 

- 30 days
- 60 days
- 90 days

What Benefit Period would you like? 

- 2 years
- To age 65

Do you work more than 15 hours a week? 

- Yes (15 hours or more)
- No (you are not eligible for Salary Continuance Cover)
Insurance history.

1. Has an application for Life, Trauma, TPD or Disability insurance on your life ever been declined, deferred or accepted with a loading or exclusion or any other special condition or terms? □ Yes □ No

2. Have you ever made a claim for or received sickness, accident or disability benefits, Workers’ Compensation, or any other form of compensation due to illness or injury? □ Yes □ No

3. Do you currently have or are you applying for any other insurance cover? □ Yes □ No

Medical history.

You must complete this section.

The information you provide will be treated in strict confidence and will be used or disclosed only for matters relating to your insurance entitlements. If this section is not completed the insurer will be unable to process your insurance application and your requested level of insurance cover might be denied.

Personal details

What is your height? □ □ □ cm

What is your weight? □ □ □ kg

Have you smoked in the last 12 months? □ Yes □ No

Medical history

1. In the last 3 years have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

☐ Headache or migraine (eg. tension or cluster headaches or migraines) ☐ Gout

☐ Eyesight conditions (does not include contact lenses or glasses for near or far sightedness) ☐ Lung or breathing conditions (eg. asthma, sleep apnoea)

☐ Ear or hearing conditions (eg. hearing loss, tinnitus or swimmer’s ear) ☐ Infectious diseases (excl. cold & flu)

☐ Trapped nerves (eg. carpal tunnel syndrome, pinched nerve, tennis elbow) ☐ Muscle, tendon or ligament problems

☐ None of these conditions listed

If you have selected any of the above conditions please give details in the table below.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Details (incl. dates, symptoms, treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Family history.

1. Has your mother, father, any brother or sister been diagnosed, under the age of 55 years, with any of the following conditions: Alzheimer’s Disease, Cancer, Dementia, Diabetes, Familial Polyposis, Heart Disease, Huntington’s Disease, Polycystic Kidney Disease, Multiple Sclerosis, Muscular Dystrophy, Stroke, Motor Neuron Disease or any inherited or hereditary disease?

   Note: You are only required to disclose family history information pertaining to first degree blood related family members - living or deceased. If “Yes”, please give details in the table below.

<table>
<thead>
<tr>
<th>Relationship to proposed insured</th>
<th>Age at diagnosis</th>
<th>Specific condition(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. In the last 5 years have you suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

   - High blood pressure
   - High cholesterol
   - Chronic fatigue / fibromyalgia
   - None of these

   If you have selected any of the above conditions please give details in the table below.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Details (incl. dates, symptoms, treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Have you ever suffered from, been diagnosed with or sought medical advice or treatment for any of the following? Please tick all boxes that apply.

   - Bone, joint or limb conditions
   - Brain or nerve conditions (incl. stroke)
   - Thyroid conditions
   - Autoimmune conditions
   - Diabetes
   - Back or neck pain
   - Psychological or emotional conditions
   - Skin conditions
   - Heart related conditions
   - Blood conditions
   - Digestive conditions
   - Cancer, cyst, growth, lump, polyp or tumour
   - Urinary or gender specific conditions and abnormal findings
   - Kidney or liver conditions
   - None of these conditions listed above

   If you have selected any of the above conditions please give details in the table below.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Details (incl. dates, symptoms, treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Are you currently pregnant? (Females only)

   Yes   No

5. What is the name of your usual doctor/medical centre?

   Address*
   Suburb  State  P/C
   Contact number

---

184.0 04/16 IS52
1. Do you intend to travel to any country outside Australia in the next 6 months? If “Yes”, please give details in the table below.

<table>
<thead>
<tr>
<th>Country</th>
<th>Length of stay</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Do you regularly engage in or intend to engage in any of the following hazardous activities (not already disclosed in your occupation)? Please tick all boxes that apply.

- [ ] Water sports (eg. underwater diving, rock fishing)
- [ ] Motor sports (eg. motorcycle, auto, motor boat)
- [ ] Sky sports (eg. skydiving, hang gliding, parachuting, ballooning)
- [ ] Aviation (eg. other than as a fare paying passenger on a commercial airline)
- [ ] Horse sports (eg. polo, horse riding, rodeo, dressage, jumping)
- [ ] Combat sports or martial arts (eg. martial arts, boxing, fencing)
- [ ] Field sports (eg. hockey or football of any code including touch or tag and soccer)
- [ ] Hunting (of any kind)
- [ ] Any activity not mentioned (eg. abseiling, base jumping, caving, free climbing, outdoor rock climbing)
- [ ] Any other hazardous activity not mentioned (eg. base jumping, free climbing)
- [ ] None of these activities listed above

Please provide details for any of the activities you have selected above:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Have you within the last 5 years used any drugs that were not prescribed to you (other than over the counter drugs) or have you exceeded the recommended dosage of any medication? If “Yes”, please give details in the table below.

<table>
<thead>
<tr>
<th>Drug / Medicine</th>
<th>Reason for use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. On average, how many standard alcoholic drinks do you consume each week (a standard drink is equivalent to either a 125ml glass of wine, a schooner of light beer, a middy/pot of full strength beer or a 30ml shot of spirits?).

5. Have you ever been advised by a health professional to reduce your alcohol consumption?

6. Are you infected with HIV (Human Immunodeficiency Virus), the virus which can cause/lead to AIDS (Acquired Immune Deficiency Syndrome)?

<table>
<thead>
<tr>
<th>Have you been referred for or waiting on an HIV test result and/or are taking preventative medication?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

7. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness, which you suspect may require medical advice or treatment in the future?

If “Yes”, please provide details below:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Details (incl. dates, symptoms, treatment)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. Do you intend to travel to any country outside Australia in the next 6 months?

- [ ] Yes
- [ ] No
Your duty of disclosure

Before you enter into a life insurance contract, 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 contract.

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 you do not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts 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 contract within 3 years of entering into it.

If we choose not to avoid the contract, 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 contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time vary the contract 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 contract has a surrender value or provides cover on death.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Non-Disclosure

If you fail to comply with this 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. For applications accepted from 28 June 2014 onwards, the insurer can exercise the right to avoid the contract even if it would have provided you with cover on different terms.

If the 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 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.

The Insurer have the same rights if you make a misrepresentation to it.

The insurer is required to treat some policies as comprising 2 or more separate contracts of life insurance and elect whether to apply its rights to each contract separately. For example, TPD and income protection benefits may be treated as separate contracts. Additionally, default cover and any additional cover will also be treated separately.

Additional rights from 28 June 2014

For all cover except death cover received by members from 28 June 2014, the insurer has the following additional rights if you fail to comply with your duty of disclosure or make a misrepresentation to us:

- Elect to reduce the sum insured according to a formula prescribed by the law at any time;
- If we have not avoided the contract or varied the sum insured, we can vary the contract in a way that places us in the same position we would have been if the non-disclosure or misrepresentation had not occurred.

The insurer also has these additional rights for policies issued before 28 June 2014 if it agrees to:

- increase the sum insured; or
- provide additional kinds of insurance cover.

Your Privacy

Hostplus is seeking to collect personal information from you today so that it may transfer your existing insurance to Hostplus. The personal information we are seeking to collect from you is your name, address, date of birth, contact details, occupation, medical information and details about your existing insurance arrangements.

We need to collect the requested personal information from you to transfer your existing insurance to Hostplus:

The Hostplus privacy policy is available on the Hostplus website at hostplus.com.au/privacy and includes information about overseas disclosure of personal information, how you may access and seek correction of your personal information as well as how you can make a complaint about a breach of your privacy. You can access the MetLife privacy policy available at www.metlife.com.au/privacy/index.html

Hostplus usually discloses your personal information to our administrator Superpartners, mail houses, our insurer Metlife Ltd and the ATO. Superpartners may disclose your personal information to overseas recipients. Please see the Superpartners Privacy Policy at www.superpartners.com.au for further information.
I, whose signature appears below, declare that:

General – relating to your Hostplus account
- I have read and understood the current Hostplus Member Guide (Product Disclosure Statement) and the associated reference material available at hostplus.com.au
- I agree to be bound by the terms of the Hostplus trust deed upon joining Hostplus.
- I acknowledge that neither the trustee nor any of its officers or directors guarantees the performance or the repayment of capital of my Hostplus account.
- I declare that all details given in this application form are accurate and complete and that I have the power to invest in Hostplus.
- I undertake to provide the trustee with any further information it may request relating to my Hostplus membership and I will update the trustee if any of the information provided changes.

Privacy declarations
- I have read and understood the privacy policy of Hostplus and its suppliers.
- I consent to allowing Hostplus to contact my employer/s to confirm my hours of work (if required).
- I consent to receiving information on new products, special offers and promotions from Hostplus, Hostplus industry parties and associations (direct marketing) unless advised otherwise by me.

Insurance declarations – please read “Your duty of disclosure” before signing
- I understand that I can only apply to increase my insurance cover once under the special offer as detailed in the Hostplus Member Guide PDS and that Hostplus will process the first application it receives from me (whether by post or electronically).
- I understand my Duty of Disclosure and the effect of Non-disclosure under the Insurance Contracts Act 1984 (as described in this form). I understand that I must advise MetLife Insurance Limited (Metlife) of any changes in my health from now until I am notified in writing that my application has been accepted.
- I have answered all questions in this application truthfully and correctly (to the best of my knowledge), and have disclosed everything I know that could affect Metlife’s decision to accept my application.
- I understand that if my application is accepted, insurance cover will be provided to me on the terms contained in Hostplus’ insurance policy as changed from time to time.
- I acknowledge that if I do not complete this form correctly and/or I do not sign and date this form, my application will not be considered by Metlife.
- I understand that my insurance cover will not become effective until my employer has made an on-time superannuation guarantee contribution into my Hostplus account and that account has adequate funds to meet the premium payable. I understand that increases or changes to insurance premiums may apply.
- I authorise any hospital, doctor or other person who has treated or examined me to give to the insurer or any organisation duly appointed by them, any information on my illness or injury, 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 required.

Signature of applicant*

Date*