

Occupation Questionnaire



MetLife®

Duty of Disclosure (Insurance Contracts Act 1984)

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, that 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 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 of common knowledge;
- that your insurer knows or, in the ordinary course of the insurer's business as an insurer, ought to know; OR
- where 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 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 to 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.

Please note: Your Duty of Disclosure continues until a policy has been issued.

Privacy Statement

MetLife is subject to the National Privacy Principles under the Privacy Act 1988 and has a Privacy Statement that explains how we handle the information we collect about you. For a copy of the MetLife Privacy Statement please refer to the Product Disclosure Statement which was provided to you or contact MetLife Customer Service on **1300 555 625**.

Occupation Questionnaire

Please use a separate page if space is insufficient and answer all questions.

Incomplete or evasive answers may lead to delays.

To be completed by the proposed person to be insured.

The questionnaire to be completed in **BLACK** ink pen only.

Any changes made to this questionnaire to be initialled by the proposed person to be insured.

Personal Details

Name:

Date of Birth:

 / /

Group Scheme Name / Number:

OR Individual Policy Number:

Note: You will have a Group Scheme Name/Number if your application for insurance is through your Superannuation fund OR Employer, otherwise you will have an Individual Policy Number.

Questionnaire

1 What is your exact job title? (Please include your qualification/s).

2 Please list all of your duties including the percentage of time involved with each.

Duties	Percentage
	%
	%
	%

3 Please advise your gross taxable income from personal exertion.

Questionnaire (cont.)

4 Are you an employee?

Yes No

If "No", please proceed to question 5.

If "Yes", do you, or your direct family, have an interest (e.g. as a shareholder) in the company you are employed at?

Yes No

If "Yes", please give full details of shareholders and percentage of shares held.

Shareholder	Percentage
	%
	%
	%

5 If you own the business, or are a Director, Manager, Supervisor, or a Foreman, then please list the number of staff reporting to you:

a) Fulltime:

b) Part time/Casual:

6 Please advise the number of hours you work per week.

 hours per week

7 Do you work inside an office most of the time?

Yes No

If "No", then please give details (i.e. advise the sort of work you perform and whether it entails manual tasks and duties, or supervision of manual duties. Please advise the percentage of time approximately spent on each.

Duties	Percentage
	%
	%
	%

8 Do you ever work with hazardous materials? (e.g. explosives, chemicals, radioactive substances).

Yes No

If "Yes", please provide details.

9 Do you currently, or do you expect to work at a hazardous location? (e.g. an off-shore oil rig, work at heights)

Yes No

If "Yes", please answer the following questions.

a) Mode of transport to location:

b) Special hazards on location:

c) Any other hazards?

Questionnaire (cont.)

10 Do you ever work with hazardous machinery? (e.g. air compressor).

Yes No

If "Yes", please provide details.

11 Have you ever had an accident or sustained an injury whilst carrying out your duties?

Yes No

If "Yes", please provide details.

Date	Injury
/ /	
/ /	

12 Have you ever been treated for an occupation related illness or disorder? (e.g., data entry personnel with RSI, or a miner with breathing disorder, chest or lung problems, or work stress).

Yes No

If "Yes", please provide details including dates.

Date	Illness	Treatment
/ /		
/ /		
/ /		

13 Have you worked in this occupation/position for less than five years?

Yes No

If "Yes", please list all occupations/positions held over the last five years. Please include any periods of unemployment.

Please attach another sheet of paper if space is insufficient.

Date	Occupation/Position
/ / to / /	
/ / to / /	
/ / to / /	

14 Please provide any additional information that may help assess your application for insurance.

MetLife Medical Authority

MetLife Insurance Limited (MetLife) is considering my application for insurance and I hereby authorise any medical practitioner, hospital, clinic or other person (including a life insurance company or underwriter) to disclose to MetLife or any third party engaged by MetLife full details of my health and medical history. A photocopy of this Authority should be accepted as my personal authority.

My Name:

Date of Birth:

 / /

Address:

State:

Postcode:

Signature:

Date:

 / /

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I acknowledge that this questionnaire is part of the application for life Insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of the person whose life is to be insured:

Date:

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