

# Scheme Questionnaire

Mark boxes with  where appropriate, otherwise use block letters.

## Group Life Insurance

**1** Name of superannuation fund:

**2** Name of scheme (if not a fund):

**3** Name of company or companies for whom benefits are to be provided for employees:

**4** Name of policy owner:

State of Incorporation for company (i.e. VIC, NSW etc.)

**5** Description of category (Class) of employee:

**6** What is the exact insured benefit formula for death benefits and for disablement benefits if another formula applied:

**7** Are benefits:  
 based on salary at date of claim; or  at previous annual review date +

**8** Is the insurance factor (if applicable):  
 calculated at a date; or please provide date:  /  /   
 at previous annual review date please provide date:  /  /

**9** Does the company have a common salary review date? Yes  No   
 If 'YES', please provide date:  /  /

**10** Eligibility conditions for employees to become members:

| Category of employee   | Males | Females | Males | Females | Males | Females |
|------------------------|-------|---------|-------|---------|-------|---------|
| Minimum service        |       |         |       |         |       |         |
| Minimum age            |       |         |       |         |       |         |
| Maximum age            |       |         |       |         |       |         |
| Normal retirement date |       |         |       |         |       |         |

**10** Eligibility conditions for employees to become members (continued):

Is joining the fund/scheme a condition of employment?

Yes  No

If 'NO', state the basis on which employees are invited to join:

Date a new member is normally admitted

**11** What is the fund/scheme annual review date?

**12** Will your previous insurer maintain liability for TPD benefits for members who were absent from work on the date before cancellation of the policy until expiry of the qualifying period for such benefits?

Yes  No

**13** Would you prefer your profit sharing rebate entitlement (if applicable):

to be deducted from future premiums; or  paid by separate remittance

**14** Officers of the company authorised to deal with the fund/scheme:  
(we recommend that at least two officers be authorised)

Name

Title

Signature

Date

Name

Title

Signature

Date

+

**1300 555 625**

Monday to Friday 8.00am to 6.00pm EST

**MetLife®**

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