

Update Your Occupational Classification



Complete and return this form if you want to apply to have your Occupational Classification for Death, Total and Permanent Disablement (TPD) and Income Protection (IP) insurance cover changed or advise GuildSuper of a change to your employment status.

It is important that we have your correct Occupational Classification on record, so you pay the right amount for your insurance cover. If you (or your employer) have not provided us with details of your occupation, you may have been classified as Standard and you may have been paying more for your insurance cover. A change in your employment status may also affect your entitlement to an IP benefit.

To check the Occupational Classification we have on record, you can contact GuildSuper. If you are not correctly classified, GuildSuper's Insurer reserves the right to adjust the level of cover and/or the cost of cover.

Duty of Disclosure – Important information before you begin this application

You have a duty of disclosure when completing this form. If you do not comply with your duty of disclosure, then MetLife may avoid or vary your cover. This means you may not be able to claim your benefit or the amount you will receive will be reduced. Before answering the questions contained in this form, it is important that you carefully read the Duty of Disclosure section at the end of this form which explains what you must disclose and the effect if you don't comply with your duty of disclosure.

Please tick the following box to acknowledge that you have read and understood the duty of disclosure and therefore what is required of you.

What you need to do

Complete this form and return it to **GuildSuper, GPO Box 1088 Melbourne VIC 3001.**

1. Personal details (please complete all sections in block letters)

GuildSuper Member no.	<input type="text"/>												
Title	Dr	<input type="checkbox"/>	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="text"/>	
Surname	<input type="text"/>												
Given name(s)	<input type="text"/>												
Preferred name	<input type="text"/>							Date of birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Phone no. (home)	(<input type="text"/>	<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone no. (work)	(<input type="text"/>	<input type="text"/>)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mobile phone no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email	<input type="text"/>												
Residential address													
Street no.	<input type="text"/>				Street name	<input type="text"/>							
Suburb	<input type="text"/>						State	<input type="text"/>	Postcode	<input type="text"/>			
Postal address (if different to Residential address)													
Street no. / PO Box	<input type="text"/>				Street name	<input type="text"/>							
Suburb	<input type="text"/>						State	<input type="text"/>	Postcode	<input type="text"/>			
Your occupation	<input type="text"/>												
Tick this box if you work in the Pharmacy industry	<input type="checkbox"/>												

2. Update your Occupational Classification

Answer these questions about your current occupation. Your answers must reflect your new position if you have recently changed your employment status.

1. Are the duties of your occupation limited to professional, managerial, administrative, clerical, secretarial or similar 'White Collar' nature tasks which do not involve manual work; and do you spend a minimum of 80% of your working hours in an office environment (excluding travel time from one office environment to another)? Yes No
2. Are you earning in excess of \$100,000 p.a. from your profession? Yes No
3. Are you tertiary qualified and a member of a professional institute registered with a government body or an executive with more than 10 years industry experience? Yes No

To qualify for 'White Collar' Occupational Classification requires a 'Yes' answer to question 1.

To qualify for 'Professional' Occupational Classification requires a 'Yes' answer to questions 1, 2 and 3.

If you answer 'No' to question 1, then you will have a 'Standard' Occupational Classification.

3. Notice of the Duty of Disclosure from the Insurer to you

NOTICE OF THE DUTY OF DISCLOSURE FROM OUR LIFE INSURER TO YOU

Duty of disclosure

The following section applies to members who are applying for cover including any application to vary or increase cover.

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell our Insurer anything that he or she knows, or could reasonably be expected to know, that may affect our Insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty until our Insurer agrees to provide the insurance.

The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell our Insurer anything that:

- reduces the risk our Insurer insures you for; or
- is common knowledge; or
- our Insurer knows or should know as an insurer; or
- our Insurer waives your duty to tell it about.

If you do not tell our Insurer something that you know, or could reasonably be expected to know, this may affect our Insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell our Insurer something that he or she must tell our Insurer.

If the person entering the contract does not tell our Insurer something

In exercising the following rights, our Insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, our Insurer may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell our Insurer anything he or she is required to, and our Insurer would not have provided the insurance if he or she had told our Insurer, our Insurer may avoid the contract within 3 years of entering into it.

If our Insurer chooses not to avoid the contract, our Insurer may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told our Insurer everything he or she should have.

However, if the contract provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If our Insurer chooses not to avoid the contract or reduce the amount of insurance provided, our Insurer may, at any time vary the contract in a way that places it in the same position it would have been in if you had told our Insurer everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

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

4. Declaration

- I hereby declare that to the best of my knowledge all information provided on this form is true and correct and no information has been withheld.
- I understand that my requested change(s) are subject to acceptance by the Insurer (MetLife Insurance Limited ABN 75 004 274 882 AFS Licence No. 238096 (MetLife)) and that MetLife reserves the right to adjust the level of cover and/or the cost of cover, as applicable.
- I have read and acknowledged the statements as to my duty of disclosure in accordance with the *Insurance Contracts Act 1984* in the *Insurance Guide* (which is part of the GuildSuper *Product Disclosure Statement (PDS)*) and understand that my duty to disclose continues after I have completed this form.
- I agree to be bound by the insurance policies between MetLife and the Trustee, which govern the terms of the insurance.
- I have read and understood the *PDS* and the *Insurance Guide*.
- I understand that my Occupational Classification affects the amount of the premium for my cover (as detailed in the *Insurance Guide*).

Signature



Date

/ /

Next steps

Send completed form to: **GuildSuper, GPO Box 1088, Melbourne, VIC 3001**

Need help?

Please call GuildSuper on **1300 361 477** from 8am to 7pm (AEST) Monday to Friday.