

Occupation Classification Change

Complete this form if you currently hold Voluntary Insurance Cover within the Active Super Saver product and want to change your Occupation Classification due to a change of duties and/or income since your previous application for Voluntary Insurance Cover.

The information provided in this form will affect your occupation classification, which will impact the rate factor that will apply to your voluntary cover premium rate.

Section A Your duty to take reasonable care not to make a misrepresentation

About this application and your duty

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

The duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure about any question, we are here to help and you can contact us.
- answer every question.
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted, and
- you must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. The duty applies when you answer questions in your application and whenever we obtain more information from you.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you need help understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances;
- what we would have done if the duty had been met - for example, whether we would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.

Section B Personal details

Your Superannuation Fund Member Number (if known)

☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr Other:

Gender

☐ Male ☐ Female

Date of birth (DD/MM/YYYY)

Given name(s)

Family name

Postal Address

Suburb

State

Postcode

Country

Phone number

Email (Please provide your email address so notices about your application can be sent to you)

Section C Occupation and Financial details

These questions help us to understand what you do in your job and your financial circumstances.

1. Please provide details of your main job and any professional or trade qualifications you have.

a) Main job

b) Industry

c) Name of employer or trading name

d) Professional or trade qualifications

e) If less than 12 months with the employer above, please provide details of last employer, job and time with that employer

2. Please provide the percentage of time you spend doing the following types of work in your job. Your answer must add up to 100%.

Type of work	Percentage of time
Sedentary/Administration: includes all general clerical, office, administration and desk duties. The emphasis is on mental rather than physical work although there may be a small element of standing/walking, and driving to and from appointments.	
Supervision of manual workers, field work or site visits	
Light manual work: includes light lifting of up to 10kg, using hand tools, operation of light machinery	
Heavy manual work: includes carrying, lifting, pushing, pulling more than 10kg, the operation of heavy machinery, driving a commercial vehicle	
Other	
Total	100%

3. Does your job include any hazardous types of work? Hazardous types of work may result in serious injury or death. Some common hazardous types of work are listed in the table below.

Yes ☐ Please provide details in the table below

No ☐

Type of work	Percentage of time	Specific duties you perform
Heights over 10 metres		
Flying		
Underground work		
Offshore work – within Australian waters		
Offshore work – outside Australian waters		
Diving		
Using or handling explosives		
Using or handling chemicals, dangerous substances, or asbestos		
Other (please specify)		

4. **Date you started with your employer**

5. **On what basis are you employed?**

- a) Full-time ☐
- b) Part-time ☐
- c) Casual ☐
- d) Contract ☐
- e) Fixed-term employment ☐
- f) Self-employed ☐
- g) Not working ☐

6. **In your main job, on average:**

How many hours per week do you work?	
How many weeks per year do you work?	

If you are not currently working and have provided this information in question 7 above, please add zero here.

7. **What are your current annual earnings from your main job?**

(earnings are your base salary before tax and not including super contributions)

\$

Section D Privacy of Your Personal Information

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

Section E Declaration and signature

- Please direct all enquiries to Vision Super on: **1300 547 873**.
- Please send this form to:
Vision Super, P.O. Box 18041, Collins Street East, VIC 8003

- I have read and understood the Vision Super Product Disclosure Statement (PDS) for the Active Super Saver product.
- I confirm that all statements and declarations given by me are true and correct.
- I acknowledge that the answers and declarations I have provided will form the basis of the contract of insurance.
- I have read and understand the duty to take reasonable care not to make a misrepresentation.

Member's signature

	Date (DD/MM/YYYY)							
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>