

# Member options

## Corporate (BOC Employees)



### About this form

You automatically became a member of Equip Super via your employer.

There are conditions outlined in the *Equip Super Corporate - BOC (Employees) Product Disclosure Statement (PDS)* that explain when insurance cover starts on your account and the level of default cover. You may also be eligible for a special offer outlined in the insurance section on this form

You can also provide your personal details, select investment options and nominate your beneficiaries on this form or online by logging into your account at [equipsuper.com.au](http://equipsuper.com.au).

If you want to make voluntary contributions out of your pay, please see your payroll or human resources department.

### Duty to take reasonable care not to make a misrepresentation – important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section later on this form, which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

### 1 – Your personal details

Please complete in pen using CAPITAL letters

Member number (if known)

Title

Mr  Mrs  Ms  Miss  Other

Sex

Male  Female

Date of birth (ddmmyyyy)

First name

Last name

Residential address (must be provided)

Suburb

State

Postcode

Postal address (if different from above)

Suburb

State

Postcode

Business hours phone

After hours phone

Mobile

Email

### 2 – Your tax file number (TFN) - don't pay more tax than you have to

Your TFN is confidential and you don't have to give it to Equip Super. However you may pay more tax than you have to if you don't supply it. For more information about providing your TFN, please see our *Product Disclosure Statement (PDS)*.

My TFN is:  -  -  OR  I've already provided my TFN to Equip Super  
OR  I choose not to provide my TFN

### Need help?

1800 682 626 [equipsuper.com.au](http://equipsuper.com.au) Equip Super, GPO Box 4303, Melbourne VIC 3001



### 3 – Your investment options

When you join Equip Super, we set your account up and invest all your future contributions in the MySuper investment option, if you have not made a choice. You can use this section to set your future contributions investment mix. Please ensure the total adds up to 100%, otherwise the default investment option will apply until you amend your request. If you wish to change your investment mix for any contributions already received, please complete our *Change your investments* form or you can change your investment options online once you've received your account login details.

I'd like to invest in the following investment option(s):

Diversified options		Sector Specific options	
Growth Plus	<input type="text"/> %	Australian Shares	<input type="text"/> %
Growth	<input type="text"/> %	Overseas Shares	<input type="text"/> %
Balanced Growth	<input type="text"/> %	Diversified Fixed Interest	<input type="text"/> %
MySuper	<input type="text"/> %	Cash	<input type="text"/> %
Balanced	<input type="text"/> %		
Capital Stable	<input type="text"/> %		
Future Focus	<input type="text"/> %		
Index Diversified	<input type="text"/> %		

**Must total 100%**

### 4 – Your beneficiaries

You can use this section to nominate who you would prefer your death benefit to be paid to. **The trustee of Equip Super is not legally bound by your nominations below but will take them into account.** For more information, please refer to Equip Super's *How super works* guide. If you're nominating your 'Legal personal representative', you do not need to complete the 'Full Name' section, but you must complete the '% of benefit' section. Once you have received your account login details, you can also add or change your non-binding nomination online. If you would like to make a binding nomination, you will need to complete a *Making a death benefit nomination* form which is available on our website or you can contact us for a copy.

Full Name	Beneficiary type		% of benefit
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Child	<input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	
<input type="text"/>	<input type="checkbox"/> Interdependant		
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Child	<input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	
<input type="text"/>	<input type="checkbox"/> Interdependant		
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Child	<input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	
<input type="text"/>	<input type="checkbox"/> Interdependant		
<input type="text"/>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Financial dependant	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="checkbox"/> Child	<input type="checkbox"/> Legal personal representative (executor or administrator of your estate)	
<input type="text"/>	<input type="checkbox"/> Interdependant		

**Must total 100%**

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## 5 – Your insurance cover

### Basic death and total and permanent disablement (TPD) cover

When you join Equip Super and you have satisfied the eligibility criteria, you automatically receive basic death and TPD cover, as described in the PDS. The default level of death cover is equal to 18% of your salary times your future service to your 60th birthday, up to a maximum benefit of \$2m and for TPD the default level of cover is \$25,000 (which will gradually reduce by 20% each year from age 66).

*Basic death and TPD cover is paid for by your employer.*

### Applying for additional death cover

If you apply within 90 days of commencing employment with BOC and join Equip Super when first eligible, you can request up to \$200,000 of additional voluntary death insurance without completing a health questionnaire. If you want more than \$200,000 in additional death cover or if you are applying more than 90 days after commencing employment, you will also need to complete and return a *Personal Statement* available on our website or from our Helpline on **1800 682 626**.

To apply for additional death cover, enter the dollar amount you would like in the box below. If you are accepted, the costs for your additional cover will be deducted from your super account.

I would like to apply for additional death cover of \$  ,  ,

### You may be able to pay less for your cover

What you pay for death and TPD insurance cover varies based on your occupation rating. Occupation ratings reflect the different levels of risk associated with different roles and duties. For example, a member who works primarily in an office-based role is considered low risk, whereas someone operating heavy machinery is considered a higher risk.

The default occupation rating is **Blue Collar**. By answering the questions below, you may be eligible to pay less under our White collar occupation rating. We may check your occupation rating if you make a claim so contact us if you need help with these questions.

		Yes	No
<b>White collar</b> You'll qualify for our white collar rating if you can answer 'yes' to these four questions.	1. Do you work in an office or similar environment?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Are employed at least 14 hours per week on an ongoing basis?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Do you spend at least 80% of your working time in an office?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Do you work in an occupation that involves management, clerical, marketing, administration, accounting, or other sedentary duties, and which does <b>not</b> involve manual labour.	<input type="checkbox"/>	<input type="checkbox"/>

### Income Protection (IP) cover

When you join Equip Super and you have satisfied the eligibility criteria, you automatically receive default IP cover as described in the PDS. The default level of cover is 75% of your salary plus a super contribution benefit that will vary by amount depending on their category. The waiting period is 30 days, and the benefit period is to age 60. You cannot apply for more IP cover.

*Default IP cover is paid for by your employer.*

### Cancelling your insurance cover

If you wish to cancel your cover (*remember your employer pays for this cover so the premiums don't come out of your super account*), tick the box below for the type of cover you wish to cancel. You won't be insured for that cover from the date we receive your cancellation request and you (or your beneficiaries) won't be able to make an insurance claim for that type of cover for an insurable event occurring after that date.

I want to <b>cancel</b> my cover	<input type="checkbox"/> Cancel my basic death and TPD cover	If you cancel your cover, then later decide to apply for cover, you will need to complete underwriting and be approved by the insurer.
	<input type="checkbox"/> Cancel my basic TPD cover so I only have death cover	
	<input type="checkbox"/> Cancel my IP cover	

### Need help?

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## Privacy

The personal information you provide on this form will be used in accordance with Togethr Trustee's Privacy Statement, which you can view online at [equisuper.com.au/privacy](https://equisuper.com.au/privacy) or you can obtain a copy by contacting us on **1800 682 626**.

Togethr Trustee's Privacy Collection Statement details how we deal with your personal information and who you can talk to if you wish to access and seek correction of the information we hold about you. It includes details on how we collect, disclose and manage your personal information, including other entities and offshore locations that may receive or provide your information.

Our administrator, Mercer Outsourcing (Australia) Pty Ltd (Mercer), will also handle your personal information. You can view Mercer's Privacy Policy online at [mercer.com.au/privacy](https://mercer.com.au/privacy)

If you have any other queries in relation to privacy issues, you can contact us or write to our Privacy Officer, GPO Box 4303, Melbourne VIC 3001.

## Your privacy with MetLife

Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 (MetLife, or the insurer).

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process.

MetLife's Privacy Policy is readily available and can be viewed at [metlife.com.au/privacy](https://metlife.com.au/privacy)

## Information from the insurer (MetLife) - The duty to take reasonable care not to make a misrepresentation

**Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately. Otherwise, you may not be able to rely on your insurance when it's needed the most.**

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.

### The duty to take reasonable care

When applying for insurance, there is duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly, and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of claim.

## Need help?



1800 682 626



[equisuper.com.au](https://equisuper.com.au)



Equip Super, GPO Box 4303, Melbourne VIC 3001



## Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed	Any claim that has been made will not be payable
The amount of your cover being changed	Your cover level could be reduced	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable	If a claim has been made for an event that is now excluded, it will not be payable

If we believe there has been a breach of the duty to take reasonable care not to make a misrepresentation, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

In determining if there has been a breach of the duty, we will consider all relevant circumstances.

The rights we have if there has been a failure to comply with the duty will depend on factors such as what we would have done had a misrepresentation not been made during your application process and whether or not the misrepresentation was fraudulently made.

If we decide to take some action on your cover, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

## Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately, and completely. If you are unsure about whether you should include information, please include it, or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

## Other important information

Your application for cover will be treated as if you are applying for an individual 'consumer insurance contract'. For this reason, the duty to take reasonable care not to make a misrepresentation applies.

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If after the contract starts, you think you may not have met your duty, please contact us immediately we'll let you know whether it has any impact on the cover.

It's important that you understand this information and the questions we ask, so if you have any questions, please contact Equip Super on **1800 682 626**.

## 6 – Sign the form

### By signing this form I:

- acknowledge that I have received all information I require in order to exercise the choices I have made.
- acknowledge that I am not applying for, intending to apply for or have not been paid a TPD or terminal illness benefit from any Australian superannuation fund or life insurance policy, otherwise I am not eligible for any cover.
- acknowledge that I have read and understood the *Equip Super Corporate - BOC (Employees) Product Disclosure Statement (PDS)* and agree to be bound by the terms and conditions outlined in it, and the trust deed and rules which govern the operation of Equip Super.

Signature

Date (ddmmyyyy)

Please return your completed form to Equip Super, GPO Box 4303, Melbourne Vic 3001.

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[equipsuper.com.au](http://equipsuper.com.au)



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