

# Simply Life

## Product Disclosure Statement

**MetLife**<sup>®</sup>



**Issue Date:** 12 August 2005

**Issuer:** MetLife Insurance Limited (MetLife), Level 9, 2 Park Street, Sydney NSW 2000. ABN 75 004 274 882 AFSL No. 238096

Products are offered by MetLife Insurance Limited (MetLife), which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand. None of the obligations of MetLife are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group.

## Who is the Issuer?

The issuer of Simply Life Insurance policies is MetLife, who is also the issuer of the Product Disclosure Statement (PDS) for these products.

Contact Details:

MetLife Insurance Limited

ABN 75 004 274 882 AFSL No. 238096

Level 9, 2 Park Street

Sydney NSW 2000

**'We', 'Our', 'Us' and 'MetLife' or the 'Insurer'** refers to MetLife Insurance Limited; and 'you' means you are the 'Life insured' and/or the 'Policy Owner'.

**'Life Insured'** means the person(s) named as the Life Insured(s) on the application form.

**'Policy Owner'** means the person(s) named in the application form as the policy owner(s).

**'You' and 'your'** means the Policy Owner or Life as applicable.

**'Premiums'** refer to contributions made by you which we apply as premiums (and charges as relevant) under the policy.

None of the obligations of MetLife are guaranteed by MetLife, Inc. (Incorporated in the USA) or any other member of the MetLife group.

This invitation to apply for this policy is only made to people receiving this PDS in Australia. It is not made, directly or indirectly, to people in any other country.

## About MetLife

With over 137 years of experience, the MetLife companies serve both individual and institutional customers with a broad array of financial service capabilities, including protection planning, finance advice and investments. The MetLife companies serve millions of customers in the Americas, Asia Pacific and Europe.

In Australia, MetLife offers group insurance and personal life insurance through financial planners, brokers and direct marketing channels, and investment products through financial planners.

The insurance products have been designed to suit most life stages and the product offerings include Term Life Insurance, Trauma Insurance, Salary Continuance Insurance, Loan Protection and Mortgage Repayment Insurance Products.

The investment vehicles include the Guaranteed Income Plan (incorporating a complying annuity), Allocated Pension, Term Allocated Pension and Personal Superannuation. All of these investments are fixed term/fixed rate investments that provide clients with a capital guarantee.

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## General information only

This Product Disclosure Statement is for the general public and provides information of a general nature only, outlining the benefits and conditions of the policy conditions governing this product, including the benefits, definitions and exclusions. The policy wording is available upon request.

## About Simply Life

Simply Life offers you the opportunity to protect yourself and your family against the unexpected.

This Product Disclosure Statement will help you to:

- Decide whether this product will meet your needs; and
- Compare this product with others you may be considering.

Simply Life is not a savings plan. The primary purpose of this product is to provide a benefit in the event of death, terminal illness, total and permanent disability and trauma if selected. If you terminate the policy at any time, you will not get anything back.

## What are the significant benefits?

### Death and Terminal Illness

Your life cover sum insured (which will be set out in your Policy Schedule) is the amount we will pay if you die or are diagnosed as terminally ill while the insurance cover is current.

You will be considered terminally ill under this policy if you are diagnosed as having less than 12 months to live.

### Advance funeral benefit

The Advance Funeral Benefit will provide a cash advance of \$10,000 to assist with costs associated with funerals or other similar expenses upon presentation of proof of age and a death certificate. The Sum Insured benefit payable will then be reduced by that amount.

### Total and Permanent Disability (TPD)

TPD provides you with a payment if you become totally and permanently disabled. The TPD sum insured you choose must be equal to, or less than, the life cover sum insured you have selected up to a maximum of \$1 million.

If a TPD benefit is paid, your life cover sum insured (if higher than the TPD sum insured) will be reduced by the amount (if this occurs while your life cover is in force) paid for your Total and Permanent Disability.

### Definition of Total and Permanent Disability (TPD)

You will be considered totally and permanently disabled if, after considering medical and/or other evidence, we find you fit into the category below before the first annual renewal date after your 65th birthday:

1. You have suffered the loss of use of:

- two limbs\*, or
- sight of both eyes, or
- one limb and loss of the sight of one eye.

\* A limb is defined as being the whole hand or whole foot.

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### Immediate cover for:

Accidental HIV Infection	Loss of Hearing
Alzheimer's Disease	Loss of Independent Existence
Aplastic Anaemia	Loss of Speech
Benign Brain Tumour	Major Head Trauma
Blindness	Major Organ Transplant
Cardiomyopathy	Motor Neuron Disease
Chronic Liver Failure	Multiple Sclerosis
Chronic Lung Failure	Muscular Dystrophy
Chronic Renal Failure	Paraplegia
Coma	Parkinson's Disease
Diplegia	Primary Pulmonary Hypertension
Encephalitis	Quadriplegia
Hemiplegia	Severe Burns

### 3 month waiting period\* for:

Coronary Artery Angioplasty Triple Vessel**
Coronary Artery Angioplasty**
Coronary Artery Bypass Surgery
Heart Attack
Malignant Cancer
Open Chest Surgery
Stroke

\* No payment will be made for these conditions if the insured event occurs within 3 months of the commencement or reinstatement date of the policy. If one of these insured events occurs again after the three month period and it is not related to the first occurrence, a benefit will then be paid. The three month waiting period will not apply where this policy is replacing existing trauma cover which is an amount greater than or equal to the sum insured under this policy.

\*\* To be entitled to a benefit for Coronary Artery Angioplasty and Coronary Artery Angioplasty Triple Vessel you must have a minimum trauma sum insured of \$100,000. Payment under this benefit will be limited to 10% of your trauma sum insured, up to a maximum of \$25,000. Your trauma sum insured will then be reduced by the amount paid for Coronary Artery Angioplasty and Coronary Artery Angioplasty Triple Vessel.

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## 2. Any occupation

- you must have become incapacitated for six consecutive months to such an extent that you are unlikely to ever be able again to undertake your usual occupation, or any gainful occupation for which you are reasonably qualified by education, training or experience.

## 3. Homemaker (you are wholly engaged in full-time unpaid domestic duties in your own residence) and:

As a result of illness or injury you are under the care of a medical practitioner and are unable to:

- perform normal domestic duties;
- leave your home unaided; or
- be engaged in any employment for a period of six consecutive months; and

at the end of the period of six months, you are disabled to such an extent as to render you likely to require ongoing medical care and deemed never again able to perform Normal Domestic Duties nor any occupation.

'Normal Domestic Duties' are the duties normally performed by a person who remains at home and is not working in regular employment for income. These normal domestic duties include cleaning the home, washing, shopping for food, cooking meals and when applicable, caring for children.

If your TPD claim is based on the second category of the definition of Total and Permanent Disability the benefit will be the TPD Sum Insured applying on the first day of the six (6) consecutive months of absence from employment or occupation, or Normal Domestic Duties.

## Trauma

We will pay the trauma sum insured if any of the events listed on page 3 occur (subject to any waiting period applicable and any conditions that apply). Each of the events are defined on pages 14 to 17.

The trauma sum insured cannot be more than the life cover sum insured.

If we pay a trauma benefit for a person under your policy, no further trauma benefit will be payable in respect of that person (except for Coronary Artery Angioplasty and Coronary Artery Angioplasty Triple Vessel) and the trauma option for that person will end.

The payment of a trauma benefit will not affect the sum insured for any other benefit under the policy.

No trauma benefit will be payable if after diagnosis, the insured person does not survive for 14 days, however, the death benefit may be payable.

## Total and Permanent Disability and Trauma continuation benefit

If we have not already paid a TPD benefit on the annual renewal date after your 65th birthday, or a trauma benefit on the annual renewal date after your 70th birthday your cover under these options will switch to the following definition:

We will pay your TPD or Trauma sum insured if, before the first annual renewal date after your 99th birthday, because of injury or illness you become permanently unable to perform (without any assistance from another person) the basic activities normally undertaken as part of everyday life.

This will be evidenced by being unable to undertake any two of the activities listed:

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;
- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair;
- Continence – to control bladder and bowel function.

**Please note:** If you can perform the activity on your own by using special equipment you will be considered to be able to undertake that activity.

### Financial planning benefit

MetLife will pay up to \$500 incurred to reimburse the cost of financial planning advice after a benefit payment on this plan.

### When we will not pay

Under a Simply Life policy, there will be no entitlement to a death benefit if the person insured commits suicide within the first 13 months of the commencement of cover, or any increase in cover (but only in respect of the increase) or reinstatement date.

If you have chosen and have been accepted for the trauma or TPD option, a benefit will not be paid if the claim arises out of or in connection with self-inflicted injury or any other event referred to in your Policy Schedule as a special condition.

## What are the significant risks?

The significant risks associated with holding a Simply Life Insurance policy, which you should consider include:

- Your policy is not a savings plan, you will not get anything back if it is cancelled;
- Whether your policy will provide the cover you require;
- If you do not comply with your duty of disclosure, and we do not pay your claim, pay only part of your claim or cancel your policy; and
- If you do not comply with the policy terms and conditions (for example, premiums are not paid when due, or you have delayed in notifying us of a claim and our interests have been prejudiced by the delay), and we refuse to pay all or part of your claim.

Whether your policy will provide the cover you require:

- Cover may not be adequate because:
  - The amount of cover you have is more or less than you need;
  - The type of cover you require does not match the cover provided by your policy (for example, because you do not satisfy terms and conditions of cover or an exclusion applies);
- Premium rates are not guaranteed;
- No claim is payable unless you can prove the extent of loss or damage.

You should consult your adviser to assist you in determining which of the above risks are significant in your particular circumstances.

## What is the cost of Simply Life?

All the current charges of Simply Life are described in this section. If we decide to alter the premium rates, which apply to this insurance, we will give you at least three months written notice before your premium is affected.

The premium you need to pay may depend on certain factors including, your age, sex, smoking status, sum insured, your medical history, occupation, any options or the premium mode and frequency you select.

Insurance is provided initially for one year, with your first premium being payable in advance, however you have the option of paying premiums monthly or half yearly.

The methods by which your premiums are paid is set out following:

	Cheque	Direct debit	Credit card
Monthly		✓	✓
Half Yearly	✓	✓	✓
Yearly	✓	✓	✓

### Processing fee

If you choose to pay your premium monthly, there is a processing fee of 6% of your total premium per annum. For half yearly payments, the processing fee is 3% of your total premium per annum. The processing fee applies to your premium (including the policy fee).

### Commencement date

The date your insurance commences with us is known as your commencement date. The anniversary of your commencement date

is your annual renewal date. On this date (after the first year) all annual premiums are due and premium rates will change as your age increases. You will receive a renewal notice at this time.

### Minimum premium

\$250 (including a \$65 policy fee).

### Policy fee

In addition to the premium payable, there is an annual policy fee of \$65, which covers our administrative costs. If we increase this fee, it will be in line with inflation and will apply from your next annual renewal date. You will be advised of the new policy fee in your renewal notice, which we send to you at least 30 days before your next annual renewal date. If you choose to have a second person insured under this policy, only one annual policy fee will be charged.

### Premium discounts and loadings

We offer discounts on your premium rates equal to or above \$500,000 and if you are a non-smoker. Loadings may be applied to premium rates depending on your medical history and in some cases your occupation.

### Non-payment of premiums

To maintain your cover you need to pay your premium within 30 days of the due date. Your policy will be cancelled if you do not pay your premium within this period.

### Guaranteed continuity

We guarantee to continue your cover each year once you have taken out Simply Life, provided that premiums are paid when due.



## Payments

We have provided examples of sample premium amounts for the key benefits under a Simply Life policy. There are additional options under Simply Life and if you were to select these, an additional premium would be payable.

Your adviser can provide you with an illustration of the premiums for your specific circumstances based on the types of cover you require and the level of cover recommended.

Your premium may also be reduced if your adviser selects a lower level of commission.

You can also refer to the MetLife Premium Guide for the full list of Premium rates or obtain a premium estimate by calling our Client Services team on **1300 134 669**.

### Examples:

#### 1. 40 year old Male Non-Smoker selects Term Life Cover for \$300,000.

The rate is: 0.95

To calculate:  $0.95 \times 300 = \$285 + \$65$

**Total premium = \$350 per annum**

#### 2. 35 year old Female Non-Smoker selects Term Life and Trauma Cover for \$500,000 (a 10% discount applies for sums insured above \$500,000).

The rate is: 0.62 for Term Life Cover 1.77 for Trauma Cover

To calculate:  $(0.62 \times 500) + (1.77 \times 500) \times 0.90 + \$65$   
 $= (310) + (885) \times 0.90 + \$65$

**Total premium = \$1140.50 per annum**

#### 3. 30 year old Male Smoker Selects Term Life and TPD cover for \$200,000.

The rate is: 1.11 for Term Life

0.50 for Total and Permanent Disablement

To calculate:  $(1.11 \times 200) + (0.50 \times 200) + \$65$

**Total premium = \$387 per annum**

The example premiums are based on the life insured being in an occupational class of Clerical/Administration/Managerial in a pure office environment.

#### If you are paying by instalments:

Monthly – add 6% to the Total Premium (as above) and divide by 12.

Half yearly – add 3% to the Total Premium (as above) after the policy fee has been added and divide by two.

These premiums are indicative only and different premiums may apply to you depending on your individual circumstances and product option selections.

## Taxation information

Under most circumstances life insurance policies to individuals are not assessable for income tax purposes and the premiums are not tax deductible. However, benefits may be taxable and premiums may be tax deductible where the insurance is held for business purposes.

As this information is based on current interpretation of relevant legislation, it is recommended that you seek advice from a suitably qualified professional in relation to your own circumstances.

Goods and Services Tax (GST) does not currently apply to your insurance premiums. If Parliament alters the tax law, we reserve the right to increase premiums or charges to reflect any applicable GST or any other Government taxes and charges that may be introduced.

## Cooling-off period

After you receive your Policy Document and Policy Schedule you have 19 days to cancel your insurance and receive a full refund of any premiums that may have been paid.

## Exclusions

No life cover benefit shall be payable where the claim arises out of or in connection with any self inflicted injury within 13 months of the commencement or reinstatement date.

No trauma or TPD benefit will be payable where the claim arises out of or in connection with any self-inflicted Injury.

The trauma benefit will not be payable where the Life Insured is unable to survive for a period of 14 days after experiencing the event covered under this Policy.

## Other important information about your insurance

### Who Can apply?

Simply Life	Minimum age at entry	Maximum age at entry	Maximum age at renewal date
Term Life	16 Next birthday	79 Next birthday	99 Next birthday
Total & Permanent Disability Option	16 Next birthday	64 Next birthday	99 Next birthday
Trauma Insurance	16 Next birthday	64 Next birthday	99 Next birthday

### Customer loyalty benefit

If you hold a Term Life Policy, MetLife will triple your Advance Funeral Benefit Payment (of \$10,000) should you die from an accident after your 3rd Policy Anniversary Date.

For the purpose of this benefit Death must:

- Result from accidental bodily injury caused by violent, external and visible means.
- Result directly from the accidental bodily injury and independently of all other causes, and occur within 365 days of the date of the injury.

There is only one customer loyalty benefit paid per policy. Should you have more than one policy, only one benefit will be payable. Maximum amount payable is \$30,000. This payment equates to an additional \$20,000 cover.

## Example:

A woman has had \$100,000 of Life cover since 2000.

After an unfortunate accident, she passes away.

MetLife pays her estate \$10,000 as an Advanced Funeral Benefit.

As the death was a result of an accident MetLife pays an additional \$20,000 under the Customer Loyalty Benefit.

Claim payments:

Advance Funeral Benefit = \$10,000

Customer Loyalty Benefit = \$20,000

Remainder of Life Cover = \$90,000

**Total = \$120,000**

This example is indicative only and different benefits may apply depending on your individual circumstances and product option selections.

## How many can apply?

Up to two people to be insured under the one policy. Only one policy fee applies (for information on the policy fee, please see page 6 of this PDS).

## How benefits are paid

Any benefits payable under Simply Life are payable to the policy owner. If you are both the life insured and policy owner, your death benefit is payable to your estate.

## Cancellations

You may cancel your insurance at any time by giving notice in writing to us. Such cancellation will be effective from the next premium due date and there shall be no entitlement to a pro rata refund of premium.

Your insurance will be cancelled by us if the premium or any instalment of premium has not been paid within 30 days of its due date.

## Guarantee of upgrade

If features of this product are enhanced in the future, your policy will be automatically upgraded to reflect these enhancements. This will occur on your policy anniversary date.

## Amount of cover

The amount of cover selected (by you) and accepted (by us) is your 'Sum Insured'. This amount will be shown on your Policy Schedule which will be issued to you after we have accepted your policy.

## Increasing your cover

You can apply to increase your cover at any time. These increases are subject to our agreement, including meeting our financial and medical requirements and maximum policy limits.

## Consumer Price Index (CPI) adjusted cover

To counter the effects of inflation on your cover, we will automatically increase your sum insured each year, in line with any increases in the CPI, unless you select otherwise. CPI increases are available each year until your policy expires. However, no increase will apply if it would cause the sum insured to exceed \$1million.

## For your records

Upon acceptance of your application we will send you:

- Policy Schedule
- Policy Document

Every year we will send you a:

- Renewal Notice outlining your cover and premium payable.

It is important that you read these documents carefully.

### Register of alternative forms of remuneration

MetLife maintains a register of alternative forms of remuneration paid to Australian Financial Services Licensee groups, advisers, platform providers, etc. as required by the Investments & Financial Services Association Ltd. (IFSA) of which it is a member. The purpose of this register is to provide an outline of the alternative types of remuneration paid and received and is maintained by Fund Managers, IDPS (platform) providers, Representatives and Licensees. These registers are publicly available and you can obtain a copy by calling the Agency Manager at MetLife on **1300 555 625**.

### How to claim

Written notice of any intended claim must be forwarded to us as soon as possible after the happening of the event giving rise to the claim. If you wish to make a claim contact us on **1300 134 669** to request a claim form.

You must cooperate with us in allowing us to obtain any certificates or evidence reasonably required by us as to any claim made under this Policy and we shall be entitled at our own expense to require the Life Insured (the person named in the Policy Schedule as the Life Insured) to undergo any such medical examinations conducted by a medical practitioner appointed by us as we deem necessary or to have a post mortem examination carried out.

In respect of claims for Accidental HIV Infection, any accident that may give rise to a potential claim must be reported to us as soon as possible.

In order to substantiate any future claims we must also be provided with a negative HIV Antibody test taken after the accident.

### Complaints resolution

We have established a complaints resolution process. If you have any complaints concerning Simply Life please call us on **1300 134 669**.

We will work with you to resolve your concerns. You may also wish to write to us.

Our postal address is:

Dispute Resolution Officer  
MetLife Insurance Limited  
Reply Paid 3319  
GPO Box 3319  
Sydney NSW 2001

Our business address is:

MetLife  
Level 9  
2 Park Street  
Sydney NSW 2000

If you are still not satisfied with how we respond to your complaint, you can contact the Financial Industry Complaints Service who will then investigate the matter.

The telephone number is: **1300 780 808**.

The address is:

The Manager  
Financial Industry Complaints Service  
31 Queen Street  
Melbourne VIC 3000

The Financial Industry Complaints Service is an independent and impartial body.

### **Interim accident cover**

Interim Accident cover may also apply (as described on page 25). This cover is provided to you for up to 90 days (while your application for life insurance cover is being assessed by MetLife). In these circumstances, a benefit payable by MetLife if the policy holder experiences Accidental Death, Accidental TPD, or Accidental Trauma (as applicable).

### **MetLife Privacy Policy**

Keeping customer information secure is a top priority for all of us at MetLife in Australia. This notice is intended to inform you about the way in which we handle the personal information about you that we collect and how you can control our disclosure of your personal information.

MetLife in Australia is subject to the National Privacy Principles under the Privacy Act, and this document outlines how we intend to deliver all the rights and protections customers are entitled to.

### **Our policies and practices to protect your personal information**

We protect the personal information we collect about you by maintaining physical, electronic, and procedural safeguards that meet or exceed applicable law.

We will only permit authorised employees to have access to your personal information. We train people who work for us how to properly handle personal information and we restrict access to what is necessary for specific job functions.

We require third parties that process personal information on our behalf to follow stringent standards of security and confidentiality.

We provide you with an opportunity to opt out of receiving information about unrelated products and will not disclose your information for marketing purposes to unrelated companies unless you agree.

### **Categories of personal information we collect and hold**

The nature of the personal information we collect, and where it comes from, will vary according to the specific product, and may include:

- information we collect from you on applications or other forms, such as name, address, telephone number, occupation, assets and income;
- information about your transactions with us, related MetLife companies, or third parties, such as account balances, payment history, and account activity;
- health and other medical information.

## Purposes of collecting your information

We may collect your personal information for a number of purposes, which may include:

- providing you with a particular product or policy;
- processing receipts and payments;
- administering your product or policy;
- assessing, processing and investigating insurance risks or claims;
- statement production and other mail related services;
- meeting legal and regulatory requirements;
- providing you with information about other products and services, with your consent.

## Disclosures of your information

We may share your personal information with selected third parties for the purpose of administering your product or policy (some of whom may be situated outside Australia), and your information may be provided to them on a confidential basis for this purpose. We will not disclose your sensitive information (if applicable) for any purpose other than to underwrite your insurance cover or assess a claim. The organisations to whom we may disclose your personal information may include, for example:

To:	For:
Mailhouses	Statement production and other mail related services
Administration services	Data entry, data processing, account maintenance and documentation
Investigators, medical attendants, other insurers and reinsurers	Assessing your application, underwriting and claims assessment
Insurance industry bodies	Claims matching and cross referencing
Professional and financial advisers	Administering your product or policy
Superannuation fund trustees	Administering your product or policy
Government or regulatory bodies	To comply with laws and regulations or for compliance related services
Organisations wishing to acquire an interest in any part of MetLife's business	Assessment of any proposed acquisition

## Contact us

If you wish to find out more information, or raise any specific or general concerns about the MetLife Privacy Policy please contact the MetLife Privacy Officer, whose contact details appear on page 13.

## Complaints and disputes

If you have reason to believe that any MetLife Australia company or department has breached the Privacy Policy outlined in this document, please contact the MetLife Privacy Officer, whose contact details appear on page 13.

We will investigate all complaints and respond to you within 14 days.

## Access

You are entitled under the Privacy Act to access most of the information an organisation holds about you. We want to make this as simple as possible for you. You can obtain a form from the MetLife Privacy Officer, whose contact details appear below.

To help us locate and provide the information you request, we would ask that you be reasonably specific about the information you require, and take a few minutes to complete the form.

We will only provide your information to you or someone that you specifically authorise. Where a customer establishes that the personal information we hold on them is not accurate, complete or up to date we will correct our records if appropriate.

We may charge you an administration fee for providing access in accordance with your request. Your request will usually receive a response within 30 days.

## Your privacy preferences

If you do not wish us or other companies to communicate marketing offers to you, you may use the following methods to inform us:

- contact the MetLife Privacy Officer, whose contact details appear below; or,
- you may use the consumer preference facilities offered by the Australian Direct Marketing Association (ADMA). This should stop you receiving unsolicited direct marketing from participating ADMA members.

**Mail:** Reply Paid 38  
PO Box 464  
Kings Cross NSW 1340

**Do not mail/call:** <http://www.adma.com.au>

**Do not email:** <http://www.dmaconsumers.org/emps.html>

If you choose to opt out of receiving marketing offers, we will continue to mail you information relating to your product or policy such as newsletters, statements or offers to upgrade the services provided.

## MetLife Privacy Officer

**Mail:** MetLife Privacy Officer  
PO Box 3319  
Sydney NSW 2001

**Telephone:** **1300 555 625**

**Email:** [metlife.privacy@metlife.com](mailto:metlife.privacy@metlife.com)

Please do not include account numbers or other sensitive data in emails as it may not be secure.

## Trauma definitions – insured events

**‘Accidental HIV Infection’** means infection with the Human Immunodeficiency Virus (HIV) where it was acquired as a result of an accident and seroconversion to HIV infection occurs within 6 months of the accident. Any accident giving rise to a potential claim must be reported to us and supported by a negative HIV Antibody test taken after the accident. This does not include any disease or injury associated with AIDS or HIV virus acquired as a result of sexual activity or recreational intravenous drug use.

**‘Alzheimer’s Disease’** means the unequivocal diagnosis of Alzheimer’s (pre-senile dementia) disease by a consultant neurologist confirming dementia due to failure of brain function with significant cognitive impairment for which no other recognisable cause has been identified. Significant cognitive impairment means the permanent inability to perform (without assistance from another person) the basic activities normally undertaken as part of daily living resulting in a need for continual supervision in order to protect the person suffering the disease or others. Being unable to perform the basic activities will be evidenced by being unable to undertake three or more of the following: bathing, dressing, toileting, feeding or taking medication.

**‘Aplastic Anaemia’** means the acquired abnormality of blood production, characterised by the total aplasia of bone marrow, as confirmed by a consulting haematologist.

**‘Benign Brain Tumour’** Intracranial Benign Tumour means the diagnosis of a non-cancerous tumour either in the brain tissue or between the brain tissue and the cranium giving rise to symptoms and/or signs of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment and at least a 25% permanent impairment of whole person function. Cysts, granulomas,

malformations in or of the arteries or veins of the brain, haematomas and tumours in the pituitary gland or spine are excluded.

**‘Blindness’** means the complete and irrevocable loss of the sight of both eyes from any cause.

**‘Cardiomyopathy’** means impaired ventricular function of variable aetiology resulting in permanent irreversible physical impairment to a degree of Class 3 of the New York Heart Association classification of Cardiac Impairment. This would not include Cardiomyopathy occurring as a result of alcohol or drug use.

**‘Chronic Liver Failure’** means end stage liver failure together with permanent jaundice, ascites and encephalopathy. Liver Disease as a result of alcohol or drug use is excluded.

**‘Chronic Lung Failure’** means end stage lung disease, with FEV1 test results of consistency less than one litre which requires permanent oxygen therapy.

**‘Chronic Renal Failure’** means end stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.

**‘Coma’** means total failure of cerebral function characterised by total unconsciousness and unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least 96 hours. Coma as a result of alcohol or drug use is excluded.

**‘Coronary Artery Angioplasty’** means the actual undergoing for the first time of Angioplasty (with or without the use of lasers), the insertion of a stent or atherectomy to the coronary arteries, that is considered medically necessary by a cardiologist to correct narrowing or blockage of one or more arteries.



Other intra-arterial procedures or non-surgical techniques are specifically excluded.

To be entitled to a benefit for coronary artery surgery you must have a minimum sum insured of \$100,000.

Payment under this benefit will be limited to 10% of your Sum Insured, up to a maximum of \$25,000. Your trauma Sum Insured will then be reduced by the amount paid for Coronary Artery Angioplasty.

**‘Coronary Artery Bypass Surgery’** means coronary artery bypass graft surgery performed in an open heart operation for coronary artery disease causing inadequate myocardial blood supply but does not include laser therapy angioplasty or any other intra-arterial procedure.

**‘Coronary Artery Angioplasty Triple Vessel’** means angioplasty of the coronary arteries (with or without the insertion of a stent, laser therapy or atherectomy) to three or more coronary arteries within the same surgical procedure. Angiographic evidence, indicating at least 50% obstruction of three or more coronary arteries, is required to confirm the need for this procedure. In the opinion of an appropriate consultant medical specialist, the treatment must be required on medical grounds and must be the most appropriate treatment.

To be eligible for Coronary Artery Angioplasty Triple Vessel you must have a minimum trauma sum insured of \$100,000. Payment under this benefit will be limited to 10% of your trauma Sum Insured, up to a maximum of \$25,000. Your trauma Sum Insured will then be reduced by the amount paid and your premiums reduced to reflect the remaining Sum Insured.

**‘Diplegia’** means the permanent and total loss of function of both sides of the body due to injury or disease.

**‘Encephalitis’** means severe inflammation of brain substance which results in significant and permanent neurological sequelae as certified by a consulting neurologist. Encephalitis as a result of HIV infection is excluded.

**‘Heart Attack’** means the death of a portion of the heart muscle as a result of inadequate blood supply.

The diagnosis must be based on:

- (a) electrocardiographic changes; and
- (b) higher level of cardiac enzymes above standard laboratory level of normal.

If in the insured’s opinion the above tests are inconclusive we will consider other appropriate tests.

**‘Hemiplegia’** means the permanent and total loss of function of one side of the body due to injury or disease.

**‘Loss of Hearing’** means the complete and irreversible loss of hearing, both natural and assisted, from both ears as a result of sickness or injury.

**‘Loss of Independent Existence’** means due to injury or illness being permanently unable to perform (without any assistance from another person) those basic activities normally undertaken as a part of everyday living.

This will be evidenced by being unable to undertake any two of those activities listed below;

- Bathing – to shower or bathe;
- Dressing – to dress or undress;
- Toileting – to use the toilet including getting on and off;

- Feeding – to eat and drink;
- Mobility – to get out of bed or chair or wheelchair;
- Continence – to control bladder and bowel function.

**‘Loss of Speech’** means the total and permanent loss of the ability to produce intelligible speech, as a result of permanent damage to the larynx or its nerve supply or to the speech centres of the brain, whether caused by injury, tumour or sickness. The loss must be certified as being total and permanent by an appropriate medical specialist not less than three months after the ability to speak was first lost.

**‘Major Head Trauma’** means neurological deficit, causing at least 25% impairment of function lasting more than six weeks from the date of trauma, and likely to persist, as certified by a consultant neurologist.

**‘Major Organ Transplant Surgery’** means the human to human organ transplant from a donor to that person of one or more of the following organs – kidney, heart, lung, liver, pancreas or the transplantation of bone marrow. The transplantation of any other organ, only part of an organ or any other tissue transplant are excluded from this definition.

**‘Malignant Cancer’** means the presence of one or more malignant tumours, including malignant lymphoma, Hodgkin’s disease, leukaemia and malignant bone marrow disorders, and is characterised by the uncontrolled growth and spread of malignant cells and the invasion and destruction of normal tissue, but does not include the following:

- (a) tumours which are histologically described as pre-malignant or showing the malignant changes of “carcinoma in situ” and not requiring radical surgery;

- (b) skin cancers and melanomas except where a malignant melanoma is equal to or greater than Clark level 3 or 1.5mm depth of invasion; or
- (c) prostatic cancers which are histologically described as TNM Classification T1 or are of another equivalent or lesser classification.

**‘Motor Neuron Disease’** means the unequivocal diagnosis of Motor Neuron Disease, certified by a consulting neurologist, with significant persistent neurological deficit resulting in a permanent inability to perform two or more of the activities of daily living (bathing, dressing, toileting, eating) and taking medication, resulting in a requirement for continual supervision to protect the person suffering the disease or others.

**‘Multiple Sclerosis’** means a disease characterized by demyelination of nervous tissue. The diagnosis has to be made by a consulting neurologist confirming more than one episode of well defined neurological deficit with persisting neurological abnormalities and with permanent impairment of at least 25% of function although the person suffering the disease need not necessarily be confined to a wheelchair. The diagnosis will be based on confirmatory neurological investigations, e.g. lumbar puncture, evoked visual responses, evoked auditory responses and MRI (Magnetic Resonance Imaging) evidence of lesions of the central-nervous system.

**‘Muscular Dystrophy’** means the unequivocal diagnosis of muscular dystrophy by a consultant neurologist resulting in a permanent impairment of whole person function of at least 25%.

**‘Open Chest Surgery’** in respect of any of the following:

- coronary artery, being open chest surgery to correct or treat coronary artery disease. Angioplasty, intra-arterial procedures and other non-surgical techniques are excluded.
- repair or replacement of valves, being open chest surgery to replace or repair cardiac valves as a consequence of heart valve defects or abnormalities.
- repair or replacement of aorta, being open chest surgery to correct any narrowing, dissection or aneurysm of the abdominal or thoracic aorta.
- surgical repair of congenital heart defects.#

#applicable to ChildCare Cover only.

**‘Out of Hospital Cardiac Arrest’** cardiac arrest which is not associated with any medical procedure, is documented by an electrocardiogram, occurs out of hospital and is due to:

- Cardiac Asystole, or
- Ventricular fibrillation with or without ventricular tachycardia.

**‘Parkinson’s Disease’** means the unequivocal diagnosis by a consultant neurologist of idiopathic Parkinson’s Disease (paralysis agitans) which is of a permanent nature and requires treatment with a dopamine precursor. All other types of Parkinsonism are specifically excluded.

**‘Paraplegia’** means the permanent and total loss of use of both arms or both legs resulting from injury or disease.

**‘Primary Pulmonary Hypertension’** means Primary Pulmonary Hypertension with right ventricular enlargement established by investigations including cardiac catheterisation, resulting in significant

permanent physical impairment to the degree of at least Class 3 of the New York Heart Association classifications of Cardiac Impairment.

**‘Quadriplegia’** means the permanent and total loss of use of both arms and both legs resulting from injury or disease.

**‘Severe Burns’** means tissue injury caused by thermal, electrical or chemical agents causing third degree burns to 20% or more of the Body Surface Area as measured by the ‘Rule of 9’ of the Lund and Browder Body Surface Chart.

**‘Stroke’** means any cerebrovascular accident or incident producing neurological sequelae as defined by the National Research Institute. This includes infarction of brain tissue, intracranial or subarachnoid haemorrhage, embolisation from an extracranial source. Transient ischemic attacks, cerebral symptoms due to migraine and vascular disease affecting the eye or optic nerve are excluded.

## How to Apply for Simply Life

Applications for Insurance can only be effected after completion of the current application form either contained in this Product Disclosure Statement or one provided by MetLife.

If we are unable to issue your policy for any reason upon receiving your application and the first premium due (for example, because your application form is incomplete), we are required to hold your monies in a trust account on your behalf. We will retain any interest payable by our bank on this account to meet, among other things, bank fees and other administrative costs.

## Terms and Conditions relating to Direct Debit

1. These terms and conditions constitute the Direct Debit Request Service Agreement. Please keep this with your records.

2. MetLife Insurance Limited will initiate debits to your nominated bank account in accordance with your application form.
3. We agree to provide not less than 14 days notice to you if it proposes to vary the above arrangements.
4. You may request deferment of or alteration to the agreed drawing schedule by writing to MetLife Insurance Limited, GPO Box 4528, Sydney NSW 2001. MetLife Insurance Limited reserves the right to decline this request.
5. You can stop individual debits or cancel a Direct Debit Request (DDR) by writing to us at:  
[GPO Box 4528](#)  
[Sydney NSW 2001](#)
6. In the event that you should disagree with any debit under the arrangement with us, you should call us on **1300 134 669** or write directly to:  
[Dispute Resolution Officer](#)  
[MetLife Insurance Limited](#)  
[Reply Paid 3319](#)  
[GPO Box 3319](#)  
[Sydney NSW 2001](#)
7. Direct Debit occurs on the 27th of each month. When the due date for payment falls on a day that is not a business day, we will debit your account on the next business day after the due date.
8. In the event that your Financial Institution refuses to pay any debit made under the arrangement, we will write to you requesting alternative payment arrangements.
9. Any information supplied by you will remain confidential and will only be disclosed if authorised by you or where required by law.
10. Direct Debiting may not be available on the full range of accounts with Financial Institutions and you should check directly with your Financial Institution before submitting the Direct Debit Request form.
11. It is your responsibility to have sufficient cleared funds available in the relevant account by the due date to permit the payment of debits.
12. Initially, you should direct all queries and requests for stops or cancellations to MetLife in writing.12. Initially, you should direct all queries and requests for stops or cancellations to MetLife in writing.

## Checklist for Advisers

Before sending this application to MetLife, please check that the following have been completed.

- All relevant questions/sections have been answered
- The Application Form has been signed and dated by the Life to be Insured and the Policy Owner(s).
- Premium Illustration attached.
- If paying by cheque, a cheque made payable to MetLife Insurance Limited marked non-negotiable is attached.
- Direct Debit Form or Payment Schedule completed (if required).

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# Application Form – Simply Life

This Simply Life Application Form is provided with the Product Disclosure Statement issued on 12 August 2005. You should read the Product Disclosure Statement carefully as it contains important information you should know about this product.

Before you sign this application form, be aware that MetLife or your adviser is obliged to have provided you with a Product Disclosure Statement containing a summary of the important information in relation to the product you are applying for. This information will help you understand the product and to decide whether the product is appropriate for your needs. Please stay wholly within the box.

## Details of the Policy Owner(s)

Miss  Ms  Mrs  Mr  Dr

Family/Company Name and ABN

Given Names

Address

<input type="text"/>	
Suburb	
State	Postcode

Relationship to the Insured

## Details of First Life Insured

Miss  Ms  Mrs  Mr  Dr

Surname

First Name

Initial

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Address

<input type="text"/>	
Suburb	
State	Postcode

Contact Details

Phone (      )

Email

Date of Birth  DD / MM / YYYY Age Next Birthday  Yrs

Height  cm/ft Weight  kg/lbs

Occupation (please describe exact nature of duties)

  
  


## Details of Second Life Insured

Miss  Ms  Mrs  Mr  Dr +

Surname

First Name

Initial

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Address

<input type="text"/>	
Suburb	
State	Postcode

Contact Details

Phone (      )

Email

Date of Birth  DD / MM / YYYY Age Next Birthday  Yrs

Height  cm/ft Weight  kg/lbs

Occupation (please describe exact nature of duties)

  
  


## Sum Insured – First Life Insured

Please state the amount of cover required:

Life Cover \$           .

TPD Insurance \$           .

Trauma Insurance \$           .

## Sum Insured – Second Life Insured

Please state the amount of cover required:

Life Cover \$           .

TPD Insurance \$           .

Trauma Insurance \$           .

Issued by: MetLife Insurance Limited, Level 9, 2 Park Street, Sydney NSW 2000  
 ABN 75 004 274 882 AFSL No. 238096

080101

## Personal Health Statement

- |   | First Life Insured                                       | Second Life Insured                                      |
|---|--|--|
| 1. In the last 12 months, have you smoked tobacco or any other substances?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Have you EVER had high blood pressure, heart or vascular disease, stroke, diabetes, kidney, liver or bowel disease, asthma or any lung disease, blood disorder, epilepsy or fits?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have you EVER had any disease of or injury to the spine including neck or back, such as back strain, disc disorder, sciatica, or suffered a serious personal injury or had any injury, deformity or disease (e.g. arthritis) involving any joint or limb?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have you EVER had any mental disorder, depression, stress, anxiety or chronic fatigue?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have you EVER had any tumour, cancer or malignant growth?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Have you been advised to or do you intend to seek medical advice or treatment in the near future?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have you EVER tested positive for HIV/AIDS, or have you ever been in a high risk category for contracting HIV? (e.g. had a blood transfusion, injected drugs other than prescribed by a medical practitioner, shared needles, engaged in male-to-male sexual intercourse?) | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. During the past five (5) years, have you ever consulted a doctor or other health professional for medical or surgical advice or treatment of any kind (not including minor viral infections, colds or influenza)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. In the past 12 months, have you taken any drugs not prescribed by a medical practitioner?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Has any parent, brother, sister, grandparent living or deceased suffered from diabetes, heart disease, stroke, cancer, mental disorder, haemophilia, Huntington's Chorea or any hereditary disease?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For all 'YES' answers please provide full details below (if needed attach a separate page signed and dated by you):

### Full Details (please indicate First or Second Life Insured)

Q No.	Nature/condition	Date commenced	Duration of injury/illness	Degree of recovery	What treatment did you receive? (e.g. medication, operation)	Name and address of medical practitioner or hospital

11. Please provide the name and address of your usual medical practitioner or the last medical practitioner attended if you do not have a regular doctor.

Name

Address

Suburb

State

Postcode

12. When did you last consult this medical practitioner and for what reason?

DD / MM / YYYY

Result of Consultation

Name

Address

Suburb

State

Postcode

Result of Consultation

- |   |  |  |
|---|--|--|
| 13. Have you EVER had an application for life or disability insurance declined, postponed, the premium increased, an exclusion applied, or had a current policy cancelled or renewal refused?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 14. Have you EVER claimed for benefits under any accident, sickness, life insurance or such benefits as Workers Compensation or motor vehicle third party schemes?  | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 15. Have you EVER engaged in, or intend to engage in, any hazardous occupation or sport or other pursuit (e.g. football, rock climbing, motor racing or scuba diving) or intend to engage in aviation other than as a fare-paying passenger on a registered commercial airline? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. a). Do you have any life, trauma, or disability insurance policies in force with this or any other company?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b). If 'YES' is the cover applied for intended to replace that cover?   | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

For all 'YES' answers please provide full details below (if needed attach a separate page signed and dated by you):

Question number	Details

080102



## Marketing Opt-Out

MetLife may keep you informed about other products, services and special offers from MetLife companies and selected 3rd parties that may be of interest to you. However, if you do not wish us to communicate these offers to you please indicate here.

First Life Insured Do Not Mail:  Do Not Phone:   
Second Life Insured Do Not Mail:  Do Not Phone:

## 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, 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 business, ought to know;
- as to 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 3 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 3 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:** that your Duty of Disclosure continues until a Policy has been issued.

## Application Declaration

### Declaration of Life Insured(s)

I/We declare that the information given in this application form is complete and correct and information relevant to the insurers decision to accept the risk has not been omitted.

I/We authorise any medical practitioner, hospital or clinic to provide MetLife with information that relates to my/our medical history.

I understand that I may receive a telephone call from a MetLife Underwriter to discuss my medical history and personal details to allow assessment of my application.

Please provide phone number and preferred time of call (between 8.00am and 6.00pm EST Mon–Fri).

Phone ( )	
Preferred time to call:	
Signed At	
Suburb	
State	Postcode
Date	DD / MM / YYYY
Signature of First Life Insured	
X First Life Insured	
Date	DD / MM / YYYY
Signature of Second Life Insured	
X Second Life Insured	
Date	DD / MM / YYYY

### Declaration of Policy Owner(s)

I/We apply for this insurance to be issued in accordance with this application and my/our decision to apply for this insurance is based on the information contained in the PDS issued on the 12 August 2005 and my/our understanding of it.

I/We have read and understood the Duty of Disclosure printed above.

I/We declare that all statements made in this application are complete and accurate.

I/We have read and understood the MetLife Privacy Policy in the PDS and agree to the collection, use and disclosure of personal information as described in those statements.

Where I/we have provided information about any other individual, I/we will make that individual aware of the provisions of the Privacy policies.

I/We acknowledge that if this application for insurance is intended to replace any existing policy or policies as specified in this application, when MetLife notifies me/us that my/our application for insurance has been accepted, I/we must cancel such policy or policies. I/We acknowledge that if when MetLife notifies me/us that my/our application for insurance has been accepted and I/we do not cancel any existing policy or policies specified in this application, the insurance applied for and accepted by MetLife will be ineffective and any claim made will be rejected.

### Signature of First Policy Owner

X First Policy Owner	
Date	DD / MM / YYYY

### Signature of Second Policy Owner

X Second Policy Owner	
Date	DD / MM / YYYY

080103

## Your Authority to MetLife Insurance

I/We

(Surname or Company Business Name)

(Given names or ABN/ARBN)

(Surname or Company Business Name)

(Given names or ABN/ARBN)

authorise MetLife Insurance Limited (the User)  
(User ID No.11238) to instruct the financial institution  
described below to debit my/our account, as described in  
The Schedule, any amount which the User may charge  
me/us in accordance with the Application Form.

Customer Address

Suburb

State

Postcode

Name of Bank/Financial Institution

Address

Suburb

State

Postcode

Signature

X

Date

DD / MM / YYYY

Signature

X

Date

DD / MM / YYYY

## Payment Method

**Payment Options**  Cheque  Direct Debit  Credit Card

**Frequency**  Annually  Half Yearly  Monthly

## The Payment Schedule

Full Name of Account

Address

Suburb

State

Postcode

Account Type

Cheque  Non-Passbook Savings

Bank/State/Branch Number

Account/Member No.

**OR**

If paying by Credit Card

MasterCard  Visa  Bankcard  Diners Club

Cardholder's Name

Card Number

Expiry Date

DD / MM / YYYY

Cardholder's Signature

X

Date

DD / MM / YYYY

## Life Insurance Adviser Details

Authorised Representative

Name of AFSL

Contact Details

Phone ( )

Email

MetLife Number

Signature

X

Fax ( )

Date

DD / MM / YYYY

## Commission Option

S1  S5  L1

Mail to:

MetLife, GPO BOX 4528 Sydney NSW 2001  
Toll Free 1300 134 669 Fax Toll Free 1300 131 049

080104

## Certificate of Insurance – Simply Life

While your application for a MetLife insurance policy is being considered and provided you meet the Interim Cover Eligibility Criteria we are pleased to provide you with Interim Accident Cover on the Life Insured, subject to the following terms and conditions.

We will provide you with interim cover from the Interim Cover Commencement Date until the Interim Cover Expiry Date, subject to the specific terms of Interim cover (see below for details).

## Maximum Sums Insured

Accidental Death	Accidental Total and Permanent Disablement	Accidental Trauma
✓ \$1 million	✓ \$500,000	✓ \$250,000

## Covered Events

If you have applied for Term Life Insurance or the Trauma Insurance Option then we will pay you a benefit in the event of the Life Insured's death as a result of an Accident.

If you have applied for Total and Permanent Disablement Option we will pay you a benefit in the event of the Life Insured's Total and Permanent Disablement (as defined on page 2) as a result of an Accident.

If you have applied for Trauma Insurance we will pay you a benefit if the Life Insured suffers one of the listed Trauma Events (as defined on page 3) below as the result of an Accident.

## Trauma Events

Accidental HIV Infection	Chronic Lung Failure	Diplegia	Loss of Independent Existence	Major Organ Transplant
Blindness	Chronic Renal Failure	Hemiplegia	Loss of Speech	Quadriplegia
Chronic Liver Failure	Coma	Loss of Hearing	Major Head Trauma	Severe Burns

## Commencement of Cover

The Interim Cover commencement date is the date when the following is provided to either MetLife or an authorised adviser:

- a fully completed, signed and dated application form; and
- the first premium (or credit card or direct debit authority intended to cover the first premium) and payment instructions for future premiums.

## Period of Cover

The Interim Cover Expiry date is the earlier of:

- the time and date you (or your Adviser) withdraws your application for insurance by:
  - Contacting MetLife or
  - By failing to submit your application for insurance within 15 business days of the Interim Cover commencement date
- 4.00pm on the 90th day after the Interim Cover Commencement Date or such earlier time and date as we advise you or your Adviser in writing or
- the time and date when insurance cover commences under another contract of insurance (whether interim cover or not) which you are covered by and that is intended to replace the cover provided by this Interim Cover.

## Conditions of Cover

This Interim Cover is only provided for the type of policy(ies) you have applied for in the application form and is subject to the terms conditions and exclusions applicable to this Interim Cover and subject to the relevant terms, conditions and exclusions applicable to that policy except to the extent that the terms of that policy provides greater cover than provided for by Interim Cover as set out in this certificate.

## Sum Insured

The amount of cover is the lesser of:

- the maximum interim cover amount in the table on page 25; or
- the actual amount of cover for which you have applied; or
- the amount of cover you would have been accepted for under our normal underwriting criteria.

## Definitions

**'Life Insured'** means the person(s) named as the Life Insured(s) on the application form.

**'Policy Owner'** means the person(s) named in the application form as the policy owner(s).

**'You' and 'Your'** means the Policy Owner or Life as applicable.

**'We', 'Our', 'Us' and 'MetLife'** are references to MetLife Insurance Limited.

**'Accidental'** For the purposes of Interim Cover means an event outside of your control after the Interim Cover commencement date and before the Interim Cover Expiry Date caused by violent, external and visible means.

## Confirmation of Transactions

You may contact us in writing or by phone to confirm this transaction.

## Notice

In signing this Interim Cover certificate you declare that you have read and understood your Duty of Disclosure as detailed on page 23 of the application form. If you have failed to disclose any such matters to us when you complete your application and you have Interim Cover, we may exercise our rights specified in relation to Interim Cover.

For the policy(ies) applied for, the duty of disclosure also applies up until the time we decide to enter into a contract of insurance with you. Please ensure you contact us if anything in your application changes, or you need to disclose additional matters to us after it is completed.

## Signatures

To validate the Interim Cover the policy owner must date and sign the document on the same date as the application form.

Name of Life Insured 1	Signature of Life Insured 1	Date
Name of Life Insured 2	Signature of Life Insured 2	Date
Name of Policy Owner 1	Signature of Policy Owner 1	Date
Name of Policy Owner 2	Signature of Policy Owner 2	Date
<b>Signature of Authorised Dealer</b>	<b>Signature of Life Insured 1</b>	<b>Date</b>

**have you met life today?**

For enquiries call

**1300 134 669**

Monday to Friday 8.00am to 6.00pm EST

**MetLife**<sup>®</sup>

**MetLife Insurance Limited**

Level 9, 2 Park Street, Sydney NSW 2000

ABN 75 004 274 882

AFSL No. 238096

[www.metlife.com.au](http://www.metlife.com.au)