



Non-smoker's declaration

Section A – Details of Life Insured

Surname

Given name(s)

Date of birth

Policy number(s)

1 Have you used any of the following within the last 12 months?

a) Cigarettes:

- Yes ▶ if 'Yes' advise: Date last used
- No

b) Cigars:

- Yes ▶ if 'Yes' advise: Date last used
- No

c) Pipes:

- Yes ▶ if 'Yes' advise: Date last used
- No

d) Nicotine replacement therapy including nicotine patches, gum, sprays or other forms of nicotine replacement:

- Yes ▶ if 'Yes' advise: Date last used
- No

e) e-Cigarettes or any related device used for the purpose of inhaling or vaping:

- Yes ▶ if 'Yes' advise: Date last used
- No

f) Any other inhaled substance:

- Yes ▶ if 'Yes' advise: Date last used and provide full details of substance used

- No

Note: If you have answered 'Yes' to any of Question 1 (a-f) above, you will not be eligible for non-smoker rates

2 What motivated you to cease?

3 a) Have you been advised by a medical practitioner to cease smoking or to cease using a product containing nicotine due to a specific medical condition?

- Yes ▶ if 'Yes' please provide details below No

b) Do you have, or have you been advised by a medical practitioner, that you have a medical condition caused by or associated with smoking?

- Yes ▶ if 'Yes' please provide details below No

Section B – Declaration

I declare that I have not smoked tobacco or any other substance, used a product containing nicotine or used an e-Cigarette or related device during the last 12 months and I apply for a Non-Smokers discount. I declare that the answers to all the questions on this form are true and correct and acknowledge that I have read and understood my duty to take reasonable care located below.

Signature of life insured

Date

Section C – Customer Contact Authority

Only complete this section if you are happy to be contacted by a AIA Australia representative for more information in order to speed up the assessment process.

Name of Life Insured

I agree that AIA Australia or an authorised representative may contact me in respect of my application or policy.

Most convenient day to call Monday Tuesday Wednesday Thursday Friday Any

Preferred method of contact	Please tick (✓) appropriate box	Preferred contact time (Monday to Friday 8am to 6pm)			
<input type="checkbox"/> Home phone number	()	from	am/pm	to	am/pm
<input type="checkbox"/> Business phone number	()	from	am/pm	to	am/pm
<input type="checkbox"/> Mobile phone number		from	am/pm	to	am/pm
<input type="checkbox"/> Email Address					

Signature of Life Insured

Date

Section D – Duty to take reasonable care

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984* (Cth). 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.

This duty applies to a new contract of insurance and 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. 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.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. 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.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Section D – Duty to take reasonable care (continued)

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 of the meaning of any question, please ask us before you respond.
- 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.

Changes before your cover starts

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 you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty 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. If you want, you can have a support person you trust with you.

Notifying the insurer

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

Please send completed form to: AIA Australia Life Insurance, PO Box 319, Silverwater, NSW 2128