

Life Insurance Pre-assessment Request

Financial Adviser:

Business name:

Phone number:

Client Surname:

First Initial:

Age next birthday:

Gender:

About this document

This Life Insurance Pre-assessment Request is designed for the purposes of obtaining indicative underwriting terms, such as indicative pricing and/or indicative special exclusions or other terms. This Pre-assessment request is not an insurance application. Completing this form does not guarantee that an insurer will agree to issue an insurance policy on any particular terms. An insurer is also not bound by any pre-assessment indicative pricing or terms it provides.

If you separately proceed to complete an application for insurance with a particular insurer, that insurer will conduct its own analysis of the information provided in the application/personal statement and you may be required to provide further information or complete particular tests/forms before the insurer makes a decision about whether to issue a policy to you and on what terms.

Please note that you have a duty to take reasonable care not to make a misrepresentation in relation to the information you provide to an insurer which is described below.

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.

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.

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.

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

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*.

Potential Benefits applied for (tick those that are applicable):

☐ Life cover ☐ Total and Permanent Disability Cover ☐ Trauma cover ☐ Income Protection ☐ Business Expenses

Occupation:

Time in current role:

What percentage of time is spent doing manual labour? %

Do you perform any hazardous activities? (eg, diving, explosive handling, working at heights etc):

☐ No

☐ Yes – details:

How many hours do you work per week?

Do you intend to change your occupation in the next 12 months?

☐ No

☐ Yes – details:

If you became disabled and unable to work, will any of your income (from any source) continue? (For example, sick leave, director's fees, salary, commission, existing Salary Continuance Insurance, ongoing profit share from a business etc.)

☐ No

☐ Yes – please provide details (including source and amount):

Do you participate in any pastimes, pursuits or sports?

Please tick all that apply

☐ Underwater diving

☐ Football

☐ Water sports

☐ Abseiling

☐ Rock/Mountain climbing

☐ Motor sports (car, bike, boat racing etc)

☐ Aviation activities (parachuting, hang-gliding, flying planes etc)

☐ Other

☐ None

Details (incl how often, qualifications, where and what):

Are you a permanent resident of Australia?

☐ Yes

☐ No – please provide the following:

How long you have lived in Australia:

Last country of residence and how long you lived there:

What is your Visa type and Visa expiry date?

If you answered No to the above do you intend on applying for permanent residency?

☐ Yes – please provide details

☐ No – please provide reason for not applying

Have you booked an overseas trip within the next 12 months?

☐ No

☐ Yes – details incl where to and for how long:

What is your height?

 cm

What is your weight?

 kg

Have you smoked tobacco or used any nicotine-based substance in the last 12 months?

☐ No

☐ Yes – details incl type, frequency and last used:

Do you drink alcohol?

☐ No

☐ Yes – details of number of standard drinks per week: (Standard drink = 1 nip (30 ml) spirits, 100 ml wine, 10 oz/295 ml beer)

Have any of your immediate blood relatives (parents, brothers or sisters) suffered from any of the following conditions?

Please tick all that apply

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Heart disease, heart attack or stroke | <input type="checkbox"/> Breast or ovarian cancer | <input type="checkbox"/> Melanoma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bowel cancer |
| <input type="checkbox"/> Familial Polyposis (FAP) | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Parkinson's disease | <input type="checkbox"/> Rheumatoid arthritis | <input type="checkbox"/> Haemochromatosis |
| <input type="checkbox"/> Muscular dystrophy | <input type="checkbox"/> Polycystic Kidney Disease (PCKD) | <input type="checkbox"/> Huntington's disease | <input type="checkbox"/> Motor neurone disease | |
| <input type="checkbox"/> Any other cancer not listed above | <input type="checkbox"/> Any other hereditary disorder | <input type="checkbox"/> No | | |

Details (incl family member, condition, (if cancer: type and site), age condition commenced/diagnosed):

Have you ever had, or been told that you had, or ever sought advice or treatment from a doctor, counsellor or other health professional for any of the following?

Please tick all that apply

- ☐ Stress, anxiety, depression, or other mental health disorder ☐ High blood pressure ☐ High cholesterol
- ☐ Asthma ☐ Skin cancer, tumour, skin lesion, mole or cyst
- ☐ Back or neck strain/sprain/pain, sciatica, whiplash, spondylitis, or any other back/neck/spinal problem
- ☐ Any bone/joint fractures, muscle, ligament or tendon injuries, gout, arthritis or osteoporosis ☐ No

Details of each condition including the type, date diagnosed, any time off work, treatment provided, whether still on treatment or date treatment ceased and date of last symptoms. If skin cancer, tumour, lesion, mole or cyst please outline whether it was benign or malignant.

Have you ever had, or been told that you had, or ever sought advice or treatment from a doctor, counsellor or other health professional for any of the following?

Please tick all that apply

- ☐ any skin condition ☐ any blood conditions ☐ any disease/disorder of the eyes ☐ any disease/disorder of the ears
- ☐ any heart conditions ☐ any respiratory conditions ☐ any gastrointestinal conditions ☐ diabetes
- ☐ thyroid conditions ☐ cancer or tumours ☐ HIV ☐ Hepatitis ☐ No

Details of each condition including the type, date diagnosed, date of last symptoms, type of treatment, degree of recovery, any time off work. If cancer or tumour please include whether it was benign or malignant and grade/level if known.

Have you ever, or do you now have, any other disability, illness, injury or symptom not already advised?

- ☐ No
- ☐ Yes – include full details:

Have you in last 5 years taken any drug/tablet, or medication (including illicit drugs) not already advised?

- ☐ No
- ☐ Yes – include full details:

Do you intend to seek any medical advice, test, investigation or treatment (including surgery)?

- ☐ No
- ☐ Yes – include full details:

Females only: Have you ever had or been advised to have treatment for:

- Any breast lump (even if you have not seen a doctor) or any abnormal mammogram or breast ultrasound
- An abnormal cervical smear (pap smear) test including the detection of Human Papilloma Virus (HPV) or any abnormality of the ovaries
- Abnormal vaginal bleeding within the last 12 months

☐

No

☐

Yes – include full details:

CLIENT AUTHORISATION

I acknowledge and agree to the following:

- I authorise the adviser named in this form (including all staff within the adviser's business named on the front of this form), to provide this Life Insurance Pre-assessment Request and the information contained within it, for the purpose of obtaining a pre-assessment of possible underwriting terms.
- The information contained in this Life Insurance Pre-assessment Request will contribute to the basis of any financial advice provided to me by my Financial Adviser.
- This document is used for pre-assessment purposes only and does not form part of the application process in respect of an insurance product.
- Neither the adviser nor the advice business named in this form nor their authorising Australian financial services licensee are not acting as the agent of any insurer in obtaining this information from me.
- No insurer is not bound by any pre-assessment terms that it provides.
- The information provided in this document is true and correct, to the best of my knowledge and I have complied with my duty to take reasonable care not to make a misrepresentation in providing this information.
- I read, understand and agree to the matters discussed in the section "About this Document".

Client Signature

Date

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FOR ADVISERS

I acknowledge and agree to the following:

- I accept the authority described in the Client Authorisation (including on behalf of the business named in this form).
- I have complied with my obligations under applicable law in connection with this pre-assessment request (including applicable privacy laws). I have provided information to the client about the manner in which their personal and sensitive information will be handled by my business and by me as required by law as well as relevant information about how insurers will handle the client's personal and sensitive information (including relevant insurers' privacy policies).

Adviser Signature

Date

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