



Reinstatement and declaration of health

Important information

- This form is to be used when applying for reinstatement of one of the following lapsed policies – Tailored Protection, Total Care Plan Super, SMSF Plan or other life insurance policy previously issued (via a financial planner) by Colonial Mutual Life Association (CMLA) or any other similar legacy CommInsure policy prior to April 2021.
- This form can only be used where the lapse date of the existing policy was not more than 12 months ago.
- Before proceeding with this Application for Reinstatement, please carefully consider whether the lapsed policy meets the Policy Owner's current or future needs.
- This application form will need to be completed by both the Policy Owner(s) and the Life Insured under each eligible policy where the policy is held outside super.

Please send the completed application form to:

- au.lnbapplications@aia.com or
- PO Box 320, SILVERWATER NSW 2128

Policy details

Life insured / Life to be insured

Policy number(s)

Customer contact

AIA Australia is committed to assessing insurance applications as quickly as possible. To do this, our representatives may need to contact you directly. Please nominate your preferred contact day and time. If you leave this blank we will make contact anytime from 9am to 5pm (AEST/AEDT), Monday to Friday, excluding public holidays.

Most convenient day to call

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Any

Preferred method of contact	Contact phone number/email	Preferred contact time Monday to Friday 9am to 5pm (AEST/AEDT)	
Home phone number <input type="checkbox"/>		from: <input type="checkbox"/> am <input type="checkbox"/> pm	to: <input type="checkbox"/> am <input type="checkbox"/> pm
Business phone number <input type="checkbox"/>		from: <input type="checkbox"/> am <input type="checkbox"/> pm	to: <input type="checkbox"/> am <input type="checkbox"/> pm
Mobile phone number <input type="checkbox"/>		from: <input type="checkbox"/> am <input type="checkbox"/> pm	to: <input type="checkbox"/> am <input type="checkbox"/> pm
Email address <input type="checkbox"/>			

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.

Duty to take Reasonable Care (Continued)

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.

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*.

Confirmation of financial needs (Policy Owner and/or Life Insured to complete)

You must have financial needs to be eligible for this insurance cover. The Policy Owner and/or the Life Insured makes the following declaration:

☐ 1. I confirm I have consulted a financial adviser about this Application.

OR

☐ 2. I confirm I do have either existing or future outstanding financial commitments and needs, such as:

- borrowing costs
- protecting assets
- replacing cash-flow
- providing for loved ones.
- medical or rehabilitation expenses

Section A – Personal History (Life Insured to complete, for Child Cover, please complete Section B)

For Joint Lives, an additional form is required for the Second Life.

Please read and make sure you understand the nature and effect of the Duty to take reasonable care as described above.

1 Have you ever had symptoms of, been diagnosed with, or had treatment or medication for:

- a. Cancer..... ☐ Yes ☐ No
- b. Diabetes..... ☐ Yes ☐ No
- c. Heart Complaint..... ☐ Yes ☐ No
- d. Stroke..... ☐ Yes ☐ No
- e. Mental health conditions such as anxiety or depression..... ☐ Yes ☐ No
- f. Major musculoskeletal disorders such as osteoarthritis, rheumatoid arthritis, joint reconstruction/
replacement..... ☐ Yes ☐ No

If you answered 'Yes' to any of (a) to (f) above, please provide details below. If insufficient space please attach a separate sheet of paper.

Question reference	Medical condition	Date of first symptoms/ diagnosis	Date of last symptoms	Time off work	% Degree of recovery	Details of any treatment/ medication including dates	Name/Address of doctor or health professional

2 In the last 12 months, have you:

- smoked tobacco or any other substance such as cigarettes, cigars, or pipes?..... ☐ Yes ☐ No
- used e-cigarettes, vapes, or any smokeless tobacco products?..... ☐ Yes ☐ No
- used nicotine patches, chewing gums, or any other nicotine replacement products?..... ☐ Yes ☐ No

If 'Yes', please state substance and daily quantity (Please note 'packet' is not sufficient detail):

3 a. What is your height? cm b. What is your weight? kg

- c. Have you lost 10kg or more in the last 12 months (other than reasons relating to pregnancy)?..... ☐ Yes ☐ No

If 'Yes', please provide details below including reasons and amount of weight loss (e.g. lost 12kg via diet/exercise)

- d. Have you had surgery to reduce your weight?..... ☐ Yes ☐ No

Section A – Personal History (continued) (Life Insured to complete, for Child Cover, please complete Section B)

4 With regard to any medical condition you have experienced in the last 5 years:

You do not need to include a consultation solely for the following:

- Minor temporary ailments (e.g. the common cold/influenza now resolved).
- Age and/or gender related general check-ups or routine screening with no symptoms present (e.g. Pap smear, mammogram, prostate check) where the results of the check-up/screening were normal.

- a. Have you seen a doctor or any other health professional (such as physiotherapist, chiropractor, osteopath, psychologist, psychiatrist)?..... ☐ Yes ☐ No
- b. Have you had symptoms for more than 2 continuous weeks?..... ☐ Yes ☐ No
- c. Have you had treatment and/or medication for more than 4 weeks?..... ☐ Yes ☐ No
- d. Have you been referred for investigations, tests or procedures?..... ☐ Yes ☐ No
- e. Have you been referred to a specialist?..... ☐ Yes ☐ No
- f. Have you been admitted to hospital (excluding outpatient visit)?..... ☐ Yes ☐ No
- g. Have you had time off work for more than 2 continuous weeks?..... ☐ Yes ☐ No

If you answered 'Yes' to any of (a) to (g) above, please provide details below. If insufficient space please attach a separate sheet of paper.

Question reference	Medical condition	Date of first symptoms/ diagnosis	Date of last symptoms	Time off work	% Degree of recovery	Details of any treatment/ medication including dates	Name/Address of doctor or health professional

- 5 Are you currently considering, plan to, or have you been advised or referred to undergo further monitoring, treatment, investigation or any procedure?..... ☐ Yes ☐ No
- 6 Have you ever made a claim, or do you intend to make a claim, for any injury or sickness through sickness benefit, invalid pension, any insurance policy providing accident or sickness cover including Workers' Compensation?..... ☐ Yes ☐ No
- 7 Have you ever had any application for life, disability or trauma insurance declined, deferred or offered on special terms?..... ☐ Yes ☐ No

If you answered 'Yes' to any of the questions from 5–7 above, please provide details below. If insufficient space please attach a separate sheet of paper.

Section A – Personal History (continued) (Life Insured to complete, for Child Cover, please complete Section B)

8 To the best of your knowledge, have any of your biological parents or siblings prior to the age of 60, ever experienced any of the following (You only need to tell us about your first degree blood relatives, alive or deceased):

- Heart disease or stroke?..... ☐ Yes ☐ No
- Breast cancer, ovarian cancer, prostate cancer or colon (bowel) cancer?..... ☐ Yes ☐ No
- Polycystic kidney disease or diabetes?..... ☐ Yes ☐ No
- Huntington's chorea, Alzheimer's disease, Dementia, Motor neurone disease, Multiple sclerosis, Muscular dystrophy or Parkinson's disease?..... ☐ Yes ☐ No
- Any other hereditary condition?..... ☐ Yes ☐ No

If 'Yes', please provide details in the table below.

	Condition/Illness (for heart disease or cancer please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Siblings			

Note: If you have a **favourable** genetic test result, for example, to show that you are not carrying a gene pattern associated with developing an illness that runs in your family, you may choose to disclose the result.

9 Since the date of the original application for cover under this policy, have you changed your occupation, position, hours worked, duties or employment status (e.g. moved from employed to self-employed status or employed by own company)?..... ☐ Yes ☐ No

If you answered 'Yes' to the question above, please provide details below. If insufficient space please attach a separate sheet of paper.

10 Do you have definite plans to travel or reside overseas?..... ☐ Yes ☐ No

If 'Yes' please state:

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
				/ /
				/ /

11 Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a fare-paying passenger on a scheduled airline), football (all codes including touch football and oztag), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike riding/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity?..... ☐ Yes ☐ No

If you answered 'Yes' to the question above, please provide details below. If insufficient space please attach a separate sheet of paper.

Section A – Personal History (continued) (Life Insured to complete, for Child Cover, please complete Section B)

- 12** Have you ever been advised to reduce or stop your alcohol consumption by a doctor, nurse or other medical professional? Note: This includes a referral for specialist support such as an alcohol dependence unit or Alcoholics Anonymous..... ☐ Yes ☐ No
- 13** In the last 10 years have you taken any illicit drugs or used drugs that were prescribed to another person?..... ☐ Yes ☐ No

If you answered 'Yes' to questions 12 or 13 above, please provide details below. If insufficient space please attach a separate sheet of paper.

14 Disability cover only:

If you are an Employee:

What is your annual income (excluding employer superannuation contributions) from your main job before tax?.....

\$

If you are Self-employed:

What is your annual income generated directly due to your personal exertion before tax, less your share of business expenses incurred?.....

\$

Section B – Child’s personal details. (For additional children, please photocopy this page and attach.)

Child life to be insured 1

Surname	Date of birth
	/ /

Given name(s)

Gender Male ☐ Female ☐

- 1** What is the relationship between you (i.e. the applicant) and your child? (please tick (✓) the appropriate box)

☐ Mother/Father ☐ Legal guardian

- 2** Have you cared for your child continuously since birth?

Yes ☐

No ☐ Please complete below

How long have you cared for the child?

☐ Less than 12 months ☐ More than 12 months

- 3** Has your child suffered from severe asthma, requiring continuous oral steroid medication or hospitalisation in the last 2 years?

Yes ☐ ► Please complete below

No ☐

Please provide dates and details on diagnosis and treatment

Child life to be insured 2

Surname	Date of birth
	/ /

Given name(s)

Gender Male ☐ Female ☐

- 1** What is the relationship between you (i.e. the applicant) and your child? (please tick (✓) the appropriate box)

☐ Mother/Father ☐ Legal guardian

- 2** Have you cared for your child continuously since birth?

Yes ☐

No ☐ Please complete below

How long have you cared for the child?

☐ Less than 12 months ☐ More than 12 months

- 3** Has your child suffered from severe asthma, requiring continuous oral steroid medication or hospitalisation in the last 2 years?

Yes ☐ ► Please complete below

No ☐

Please provide dates and details on diagnosis and treatment

Child life to be insured 1

- 4 Other than for asthma, has your child ever been admitted to hospital (other than for minor ailments, e.g. broken bones, tonsillitis) or does your child suffer from any other medical condition or disability?

Yes ☐ ► **Please complete below**

No ☐

Please provide details of the condition, date diagnosed, treatment and whether fully recovered

- 5 Is your child currently undergoing medical tests, or being considered for an operation?

Yes ☐ ► **Please complete below**

No ☐

Please provide details of the condition, date diagnosed, treatment and whether fully recovered

- 6 Have any of your child's natural family (i.e. parents, brothers or sisters) ever had:

- Heart problems, stroke, diabetes, cancer?
- Cystic fibrosis, or any other hereditary disorder?

Yes ☐ ► **Please complete below**

No ☐

Family member	Condition	Approximate age diagnosed

- 7 Name of your child's usual doctor or medical centre

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Doctor's address

Suburb	State	Postcode

Phone number

Fax number

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Child life to be insured 2

- 4 Other than for asthma, has your child ever been admitted to hospital (other than for minor ailments, e.g. broken bones, tonsillitis) or does your child suffer from any other medical condition or disability?

Yes ☐ ► **Please complete below**

No ☐

Please provide details of the condition, date diagnosed, treatment and whether fully recovered

- 5 Is your child currently undergoing medical tests, or being considered for an operation?

Yes ☐ ► **Please complete below**

No ☐

Please provide details of the condition, date diagnosed, treatment and whether fully recovered

- 6 Have any of your child's natural family (i.e. parents, brothers or sisters) ever had:

- Heart problems, stroke, diabetes, cancer?
- Cystic fibrosis, or any other hereditary disorder?

Yes ☐ ► **Please complete below**

No ☐

Family member	Condition	Approximate age diagnosed

- 7 Name of your child's usual doctor or medical centre

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Doctor's address

Suburb	State	Postcode

Phone number

Fax number

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Section C – Medical authority

Medical authority AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia).

Notes on releasing information about your health

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, AIA Australia, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Please read each Authority carefully and the explanatory notes below.

Section C – Medical authority (continued)

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to AIA Australia, or to third parties they engage.

I agree to all the following:

- My health information can be released in the form AIA Australia asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Full name

Signature

Date

Authority 2 – to release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to AIA Australia, or to third parties they engage, only if AIA Australia has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- AIA Australia can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA Australia is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Full name

Signature

Date

Section D – Declaration

This section must be completed in all circumstances.

I/We

1. declare that the answers to all the questions on this form are true, accurate and complete (including those not in my/our own handwriting);
2. declare that no information has been withheld which may affect AIA Australia Limited (AIA Australia).decision to provide insurance;
3. understand that the duty to take reasonable care continues until cover commences;
4. understand that insurance cover will not commence or recommence until AIA Australia accepts the insurance proposed or receives a signed acceptance of such alternative conditions as may be offered and the relevant premium has been received;
5. authorise AIA Australia to refer any statements that I/we have made in connection with this application and any medical reports to reinsurers and/or medical consultants;
6. understand that no benefit will be payable for anything that happened or first became apparent whilst the cover was not in force;
7. understand that any insured death benefit will not be payable in the event of suicide within 12 months of reinstating cover;
8. understand that, if the policy is held within super, the policy may not be reinstated on its original terms and:
 - will not include trauma cover, TPD 'own occupation' cover or any other TPD cover AIA Australia does not consider to be aligned with conditions of release under superannuation legislation
 - will, if applicable, include a revised definition of 'terminal illness' and
 - will, if applicable, include revised Income Protection terms and conditions;
9. have read the Product Disclosure Statement (PDS) and Policy Document relevant to the policy being reinstated and understand its contents and what is meant by my/our Duty to take reasonable care;
10. any beneficiary/death benefit nomination I have made for the purposes of my existing policy will continue to apply to the reinstated policy, until the beneficiary/death nomination lapses, is revoked by me and or replaced by me. If the policy will be held in super the trustee of the fund can rely on any beneficiary/death nomination previously made by me as a continuing direction to it.

Please sign and date below:

Signature of first policy owner

Date

Signature of second policy owner

Date

X

/ /

X

/ /

If different to the Life Insured/
Life to be insured

If different to the Life Insured/
Life to be insured

Signature of third policy owner

Date

Signature of Life Insured/Life to be insured

Date

X

/ /

X

/ /

If different to the Life Insured/
Life to be insured

Section E – Privacy of personal information

Privacy Notification

Personal (including sensitive) information provided will be handled in the manner described in the AIA Australia Group Privacy Policy as updated from time to time, accessible by visiting our website at www.aia.com.au, or by contacting us on 13 1056 to request a copy. AIA Australia handles and collects personal information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy. By providing personal information to us or your adviser (and the Australian financial services licensee they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal information as described in the AIA Australia Group Privacy Policy as updated from time to time on our website. We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 13 1056 and we can take reasonable steps to correct the personal information. Where you provide us with personal information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Group Privacy Policy.

Further information

The AIA Australia Group Privacy Policy contains a more detailed explanation of how we collect, use and share your personal information, as well as the privacy complaints process. Please read this by visiting aia.com.au/privacy or contact us on 13 1056.

Name of Life Insured/Life to be insured

Signature of Life Insured/Life to be insured

Date

X

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