



Reinstatement and declaration of health

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 8am to 6pm, Monday to Friday.

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 8am to 6pm)	
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"/>			

Section A – Personal details

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

For Child Cover, please also complete and attach "Sec Q - Child's personal details" from the "Tailored Protection Personal Statement" for each Child.

Please read and make sure you understand the nature and effect of the Duty of Disclosure as described in Section C. Please note: this Declaration of Health does not replace your original application. If there have been any changes to your original application you must tell us about them. Otherwise we will assume that, except for the matters disclosed in this Declaration, your original application remains complete and correct in all respects.

1 Please tick (✓) the appropriate box for each question

Since making your original application to us for the above policy:

a.	Have you suffered any illness or accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Have you visited a doctor or received any medical or surgical attention or advice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Has your family medical history changed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Have you made a claim for any injury or sickness through sickness benefit, invalid pension, any insurance policy providing accident or sickness cover including Workers' Compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Have you had applications for life, disability or trauma insurance declined, deferred or offered on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered 'Yes' to any of the above, please provide further details below.

Question	Details

Section A – Personal details (continued)

2 What is your height and weight?

Height cm **or** feet/inches Weight kg **or** stone/pounds

3 Are you in good health now?

Yes No ▶ If 'No', please provide details below.

4 When was the last time you smoked tobacco or any other substance, used e-cigarettes, nicotine patches or nicotine replacement products?

This week 1 – 5 years ago
 In the past 3 months More than 5 years ago
 In the past 12 months Never **Go to Q5**

4a If you have smoked in the last year, please indicate type and amount smoked for all that are applicable in the table below.

Type smoked	Per day	Per week	Per month	Per year
Cigarettes <input type="checkbox"/>				
Cigars <input type="checkbox"/>				
Pipes <input type="checkbox"/>				
E-Cigarettes <input type="checkbox"/>				
Hookah <input type="checkbox"/>				
Tobacco that is chewed or sniffed <input type="checkbox"/>				
Nicotine Replacement (gum/patches/sprays etc.) <input type="checkbox"/>				

5 Since the date of the original application 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 ▶ If 'Yes', please provide details below. No

5a Describe all duties of your present occupation and any other jobs you are engaged in.

5b Do you contemplate any changes?

Yes ▶ If 'Yes', please provide details below. No

6 Do you or are you likely to engage in any occupation, sport or pastime of a hazardous nature, e.g. motor racing, activities at heights, underwater or underground or aviation other than as a fare paying passenger?

Yes ▶ If 'Yes', please provide details below. No

7 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 ▶ If 'Yes', please provide details below. No

8 In the last 10 years have you taken any illegal drugs or used drugs that were prescribed to another person?

Yes ▶ If 'Yes', please provide details below. No

Section A – Personal details (continued)

9 Have you ever had a positive test for Hepatitis B or C (including carrier), Human Immunodeficiency Virus (HIV) infection, Acquired Immune Deficiency Syndrome (AIDS) or are you awaiting the results of such a test?

Yes No Don't know Awaiting results of test

If you have had a positive test, please provide details below.

10 a In the last 5 years, have you been tested for any of the following condition/s?

HS = Health screening as part of an executive health assessment or a requirement of an application (e.g. migration, insurance, blood donation etc)

SHS = Sexual health screening (as recommended by your doctor or medical practitioner)

(i) Human Immunodeficiency Virus (HIV) Infection Yes No

If you answered 'Yes', please provide the reason HS SHS Others Are you awaiting the result? Yes No

If you answer 'Other', please provide further details

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(ii) Sexually Transmitted Infections (STIs) Yes No

If you answered 'Yes', please provide the reason HS SHS Others Are you awaiting the result? Yes No

If you answer 'Other', please provide further details

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b In the last 5 years, have you had sexual intercourse **without** a condom with the following persons?

(i) Someone who might have exposed you to the Human Immunodeficiency Virus (HIV) infection Yes No

(This may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you)

(ii) Someone who injects non-prescribed drugs Yes No

(iii) Someone who is a sex worker Yes No

(iv) Someone who is infected with Human Immunodeficiency Virus (HIV) infection Yes No

(v) Someone who is infected with Hepatitis B Yes No

(You may answer 'No' if you are vaccinated and have immunity for Hepatitis B)

(vi) Someone how is infected with Hepatitis C Yes No

c In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)? Yes No

11 Disability cover

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 A – Personal details (continued)

12a What is the name and address of the last/your usual doctor or medical centre you visited?

Full name

Address

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

Phone number

Fax number

How long have you been a patient of this doctor or medical centre?

What was the date of your last consultation?

Reason for consultation?

Result of last consultation?

12b Have you changed doctor in the last 12 months?

Yes ► If 'Yes', please provide the name and address of your previous doctor or medical centre below

Full name

Address

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

Phone number

Fax number

Please complete the Medical Authority overleaf.

Section B – 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.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

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.

Section B – Medical authority (continued)

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.

Current name of life to be insured

Previous surname (if applicable)

Signature of Life to be insured/Life Insured

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.

Current name of life to be insured

Previous surname (if applicable)

Signature of Life to be insured/Life Insured

Date

Section C – Duty of Disclosure

Duty of disclosure

Before a person enters into a life insurance contract in respect of their life or the life of another person, they have a duty to tell the insurer anything that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms.

The person entering into the contract has this duty of disclosure until the insurance is provided.

The person who has entered into the contract has the same duty before they extend, vary or reinstate the contract.

The person entering into the contract does not need to tell the insurer anything that:

- reduces the risk of the insurance; or
- is common knowledge; or
- the insurer knows or should know as an insurer; or
- the insurer waives the duty to tell the insurer about.

If the insurance is for the life of another person and that person does not tell the insurer something that they know, or could reasonably be expected to know, may affect the insurer's decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to comply with their duty of disclosure.

If the person entering into the contract does not tell us something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If the insurer does, it may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell the insurer anything they are required to, and the insurer would not have provided the insurance if they had been told, the insurer may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, it may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if the person entering the contract had told the insurer everything they should have. However, if the contract has a surrender value or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount of insurance provided, it may, at any time, vary the contract in a way that places the insurer in the same position it would have been in if the person entering the contract had told the insurer everything they should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to comply with the duty of disclosure is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

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 disclose 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 and understood the above Duty of Disclosure.
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. The trustee of the FirstChoice Trust 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

AIA Australia's Privacy Policy

In this section, 'we', 'our' and 'us' means AIA Australia Limited ABN 79 004 837 861 AFSL 230043 (AIA Australia).

This section summarises key information about how we, and the AIA Australia Group, handle personal information. More information can be found in the full version of the AIA Australia Group Privacy Policy which can be found at aia.com.au/privacy. The AIA Australia Group comprises CMLA Services Pty Ltd ABN 88 622 557 251, Jacques Martin Pty Ltd ABN 55 006 100 830 and Jacques Martin Administration and Consulting Pty Ltd ABN 24 006 787 748 AFSL 235037 as well as AIA Australia, AIA Financial Services Limited ABN 68 008 540 252 AFSL 231109 and their related bodies corporate.

Collecting information

The information we collect about you as a customer includes information such as your identity and contact details, other personal details such as age, gender and financial information. We will not be able to administer this product for you without this information.

How we collect it

We collect this information directly from you and from others such as service providers, agents, advisers, brokers, employers or family members. Where you provide AIA Australia with information about someone else you must have their consent to provide their information to us as described in the AIA Australia Group Privacy Policy.

The law may require us to identify our customers. We do this by collecting and verifying information about you and persons who act on your behalf. The collection and verification of information helps to protect against identity theft, money-laundering and other illegal activities. We may disclose your personal information in carrying out verification. E.g. we may refer to public records to verify information and documentation or we may verify with an employer that the information that you have given is accurate.

What we collect

Depending on whether you are an individual, trustee, company or other type of organisation, the information we collect may vary. In some instances, we may collect medical and lifestyle information. Where we need to obtain lifestyle and medical information from health professionals or other parties, we will ask for your consent, except where otherwise permitted by law.

If you're commonly known by two or more different names, you must give us full details of your other name or names.

Where it is necessary to do so, we also collect information on individuals such as company directors and officers (where the company is our customer), as well as customers' agents and persons dealing with us on a 'one-off' basis.

Also, during your relationship with us we may also seek and collect further information about you and about your dealings with us.

Section E – Privacy of personal information (continued)

Accuracy

It's important you provide us with accurate and complete information. If you don't, you may be in breach of the law and we may not be able to provide you with products and services that best suit your needs.

CBA Group Companies

Commonwealth Bank of Australia ABN 48 123 123 124 AFSL 234945 (CBA) has agreed to distribute our and AIA Australia Group products and services. For some AIA Australia Group members, CBA provides services that support our products and services or those of other AIA Australia Group members. Accordingly the AIA Australia Group will disclose personal information to CBA to help it distribute products or to enable it to provide services to AIA Australia Group members. For AIA Australia Group members who rely on CBA to provide services, some personal information (but not sensitive information) may be visible on CBA systems. For more information on how information relating to CBA Group Companies is managed please refer to our full privacy policy at aia.com.au/privacy.

We may also share information for identity verification and foreign tax compliance reporting in respect of which we and the CBA have agreed to act on each other's behalf. This allows us to both use the same customer information for these purposes without needing to each ask for the information separately. The information shared may include, for example, names, contact details, date of birth, product details and identity numbers such as foreign tax identification or driver's licence numbers.

How do we use your personal information?

We collect, use and exchange your customer information so that we can:

- establish and verify your identity and assess applications for products and services
- price and design our products and services
- administer our products and services
- manage our relationship with you
- manage our risks and help identify and investigate illegal activity, such as fraud
- contact you, for example if we need to tell you something important
- conduct and improve our businesses and improve your customer experience
- comply with our legal obligations and assist government and law enforcement agencies or regulators
- identify and tell you about other products or services that we think may be of interest to you.
- to manage and administer our and our Affiliates' and partners' business activities, products and services, including the AIA Vitality program

We may also collect, use and exchange your information in other ways permitted by law.

Electronic communication

If you've given us your electronic contact details, we may use these details to provide information to you electronically, for example, sending reminders via SMS or email. You may also receive information on AIA Australia Group products and services electronically.

Direct marketing

If you don't want to receive direct marketing from us or want to update your direct marketing preferences, you can tell us by calling 13 1056 from 8am to 6pm (AEST/AEDT), Monday to Friday

Gathering and combining data to get insights

Improvements in technology enable organisations, like us, to collect and use information to get a more integrated view of customers and provide better products and services.

The AIA Australia Group may combine customer information it has with information available from a wide variety of external sources (for example census or Australian Bureau of Statistics data). We are able to analyse the data in order to gain useful insights which can be used as mentioned above.

In addition, AIA Australia Group members may provide data insights or related reports to others, for example to help them understand their customers better. These are based on aggregated information and do not contain any information that identifies you.

Protecting your information

We comply with the Australian Privacy Principles as incorporated into the Privacy Act 1988 (Cth). The Privacy Act protects your sensitive information, such as health information that's collected on insurance applications.

Who do we exchange your information with?

We may exchange your personal information with members of the AIA Australia Group, so that the AIA Australia Group may adopt an integrated approach to its customers. AIA Australia Group members may use this customer information in the same way we use your information (see 'How do we use your personal information?').

Third parties

We may exchange your information with third parties where this is permitted by law or for any of the purposes we use your information.

Third parties include:

- those who refer your business to us
- any person acting on your behalf, including your financial adviser, solicitor, accountant, executor, administrator, trustee, guardian or attorney
- external product providers into which you might direct some of your investment or other product providers to which your investment might be transferred
- where we are required to under domestic or foreign law
- medical practitioners (to verify or clarify, if necessary, any health information you may provide)
- reinsurers and auditors
- claims-related providers such as assessors and investigators (so that any claim you make can be assessed and managed), insurance reference agencies (where we're considering whether to accept a proposal of insurance from you and, if so, on what terms)

Section E – Privacy of personal information (continued)

- organisations to whom we may outsource certain functions
- government and law enforcement agencies or regulators
- entities established to help identify illegal activities and prevent fraud.
- The life insured, policy owner or beneficiaries of a policy issued by us.

In all circumstances where our contractors, agents and outsourced service providers become aware of customer information, confidentiality arrangements apply. Customer information may only be used by our agents, contractors and outsourced service providers for our purposes.

We may be required to disclose customer information by law, e.g. under Court Orders or Statutory Notices pursuant to taxation or social security laws or under laws relating to sanctions, anti-money laundering or counter terrorism financing.

Sending information overseas

From time to time we may send your information overseas, including to other AIA Group members and to service providers or other third parties who operate or hold data outside Australia. Where we do this, we make sure that appropriate data handling and security arrangements are in place. Please note that Australian law may not apply to some of these entities.

Information may also be sent overseas to complete certain transactions (such as the assessment of your insurance application or management of your claim), or where this is required by law and regulation of Australia or another country. Other overseas parties can include reinsurers, medical or rehabilitation practitioners.

For more information about which countries we may send your information to, see below under 'Further information'.

Viewing your personal information

You can (subject to permitted exceptions) request access to your personal information by contacting us in writing:

Email: CMLAcustomerrelations@cba.com.au

Write to: Customer Relations, PO Box 234, PARRAMATTA NSW 2124

We may charge you for providing access. For more information about our privacy and information handling practices, please refer to the AIA Australia Group Privacy Policy, which is available through aia.com.au/privacy.

Making a privacy complaint

We accept that sometimes we can get things wrong. If you have a concern about your privacy you have a right to make a complaint and we'll do everything we can to put matters right. For information on how to make a complaint, see below under 'Further information'.

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