

Lifecover Plan application to increase cover

Your Duty of Disclosure

Under the Insurance Contracts Act 1984, the person who is the Life Insured, has a duty, before the contract of life insurance is entered into with us, to disclose every matter that the Life Insured knows, or could reasonably be expected to know, that is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

The Life Insured has the same duty to disclose those matters to us before the insurance is extended, varied or reinstated. This duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is common knowledge;
- that we know or, in the ordinary course of our business, ought to know; or
- if we have waived in writing our requirement to comply with this duty.

Non-disclosure

If the Life Insured fails to comply with their duty of disclosure and we would not have entered into the contract on any terms if the failure had not occurred, we may void the contract within three years of entering into it. If that non-disclosure is fraudulent, we may void the contract at any time. If we are entitled to void a contract of insurance we may, within three years of entering into it, elect not to void it but reduce the amount of the insured benefit in accordance with a formula that takes into account the premium that would have been payable if all relevant matters had been disclosed to us.

Privacy and your personal information

We are committed to ensuring the confidentiality and security of your personal information including sensitive information. All personal information will be handled in accordance with the Privacy Act.

Collection, Use and Disclosure of your Personal Information

We need to collect, use and disclose your personal information including sensitive information or that of the Life Insured (if not you) in order to consider your application and to provide the cover you have chosen, administer the Policy and assess any claim. You or the Life Insured can choose not to provide us with some or all of your personal information including sensitive information, but this may affect our ability to provide the cover.

By providing your personal information including sensitive information or that of the Life Insured, you and the Life Insured acknowledge and declare that, and consent to, the following:

- we can collect and use your personal information including sensitive information for the following purposes: to assess any application; underwrite; price and issue any Policy; calculate or offer benefits and discounts; administer the Policy; to investigate, assess and pay any claim;
- for these purposes we can collect your personal information including sensitive information from, and disclose it on a confidential basis to: our related entities; outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and the agent of any of these;
- where you provide personal information including sensitive information to us about another person, you are authorised to provide their information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Further information on how we handle your personal information is explained in our Information Handling Policy, including how you can access your personal information. If you would like a copy of our Information Handling Policy or have any questions regarding privacy, please call us on **1800 357 727**.

Marketing

We are committed to providing you with access to a range of leading products and services.

In order to do this we will use your personal information to offer you other products and services. We may disclose your personal information on a confidential basis to our related entities within ClearView so that they can also offer you products and services.

By providing your personal information to us, you acknowledge that, and consent to:

- us collecting and using your personal information to contact you for market research and to provide you information and offers about products and services offered by us, our related entities, within ClearView and other organisations whose products and services we promote;
- us disclosing your personal information on a confidential basis for these marketing purposes to our related entities and to any agent of them; and
- you will inform us if you do not want your personal information to be used, or disclosed for these marketing purposes, by telephoning **1800 357 727**.

Start of increase of cover

Your increase of insurance cover does not begin until ClearView Life Assurance Limited has accepted your application, and you have paid the additional premium (or signed a payment authority).

1. Your details

Policy number

Policy owner Surname

Given name(s)

Initial

Title

Life insured Surname

Given name(s)

Initial

Title

Work phone no.

Home phone no.

2. Increase to insured amount

I would like to increase the life insured's benefit to the following level (please tick)

\$100,000 ☐ \$150,000 ☐ \$200,000 ☐ \$250,000 ☐ \$300,000 ☐
\$350,000 ☐ \$400,000 ☐ \$450,000 ☐ \$500,000 ☐

3. Personal statement of life insured

(to be completed by life insured)

a. Do you participate or intend to participate in any hazardous activity or occupation, such as motor racing, mountain climbing, parachuting, aviation (other than as a fare paying passenger on a recognised airline), underwater diving, caving, abseiling or underground mining?

No ☐ Yes ☐ please specify

b. Have you ever had, or consulted anyone for, any heart complaint, high blood pressure, raised cholesterol, stroke, diabetes, cancer or tumour, kidney or liver disease, depression or nervous disorder, paralysis, asthma or lung disease, blood disorder or epilepsy?

No ☐ Yes ☐

continued over

c. In the last five years have you suffered from any condition, or do you presently suffer from any condition, which has required medical advice or which you suspect may do so in the future (other than colds or flu)?

No ☐ Yes ☐

If you have answered 'yes' to questions b or c, please give details. Use a separate sheet of paper if necessary and include details of the nature and duration of the illness or condition, and the date symptoms, first become apparent.

First apparent	Nature of illness or condition	Duration

d. Have you smoked any substance in the last 12 months? No ☐ Yes ☐

e. What is your height?

What is your weight?

	cm		kg
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4. Declaration

(to be completed by both the policy owner and the life insured)

The policy owner and the life insured MUST sign this declaration, I/we

- declare all information given in this application form and any attachment is true and correct;
- I/we have read the Duty of Disclosure and Non-disclosure sections. If answers are not in my/our handwriting. I/we have checked them and certify that they are true and correct;
- declare all relevant information has been disclosed so that ClearView Life Assurance Limited can consider this application for an increase in cover;
- understand that the increase in cover does not start, and the duty of disclosure continues, until ClearView Life Assurance Limited notifies the policy owner in writing that the application has been accepted;
- authorise any medical practitioner, hospital or clinic to provide ClearView Life Assurance Limited with any information about my medical history. A photocopy of this authority will be as valid as the original.
- have read and consent to the collection, use and disclosure of my personal information as set out in the Collection, use and disclosure of your personal information section of this form.

Signature of Policy owner

X

DATE / /

Signature of Life insured

X

DATE / /