

MBF Term Life and Income Protection Insurance application to increase cover

Duty of disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of life insurance. Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer
- as to which compliance with your duty is waived by the insurer
- that is common knowledge
- that your insurer knows or, in the ordinary course of its business, ought to know.

Non-disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time. An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Collection, use and disclosure of your personal information

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

1. we can collect and use your personal information for the following purposes: to process your current and any subsequent transaction request, and to administer your policy;
2. for these purposes we can collect your personal information from, and disclose it on a confidential basis to: our related entities; government departments and agencies; investigators; lawyers; advisers; and the agent of any of these;
3. where you provide personal information to us about another person, you are authorised to provide information to us, and that you will inform that person, (unless doing so would pose a serious threat to the life or health of any individual) who we are, how we use and disclose their information, and that they can gain access to that information;

Our information handling policy

Further information on how we handle your personal information is explained in our Information Handling Policy including:

- How to contact us regarding Privacy;
- How to inform us to change your marketing consent; and
- How to access your personal information.

If you have any questions, comments or concerns regarding privacy matters or any other matter please call us on 132 623.

Start of increase of cover

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

1. Your details

Policy number

Life insured Surname

Given name(s) Initial Title

Residential address

 Postcode

Work phone no. Home phone no.

Consent to telephone No Yes

2. Insured benefit

(to be completed by policy owner)

MBF Term Life Insurance

Increase Death cover to \$ Increase TPD cover to \$

Increase Trauma cover to \$ Increase Trauma Plus cover to \$

Note that the Trauma, Trauma Plus and TPD cover cannot exceed the Death cover

Income Protection Insurance

Increase monthly benefit to*
 \$

**Note that the monthly benefit cannot exceed 75 per cent of your gross monthly income, net of business expenses*

3. Your occupation and income

(to be completed by life insured)

a. Your occupation and your income details (complete in all cases)

Your occupation (main occupation)

Industry Years in industry

Date present employment situation commenced
 / /

What is your current annual income net of business expense but before tax?
 \$

continued over

Describe all present duties, including the percentage of time spent doing or supervising manual work and the proportion of income derived

Present duties	% Time	% Income

Are any of your duties hazardous? (eg, underground, at heights, etc)

No Yes provide details

Do you contemplate any change in occupation or extended leave?

No Yes provide details

b. Additional details about your occupation

(only complete if you are applying to increase your TPD, Trauma Plus and/or Income Protection Insurance cover)

- Self employed Employed by family company
 Government employed Partnership
 Employee Sole trader

Employer's name or name of business or practice

Business Address

What percentage of the business do you or your family own?

What percentage of the business does your spouse own?

 % %

How many people do you employ?

 Full time Part time

How many hours per week do you work in your occupation?

Do you possess any trade or tertiary qualifications?

No Yes provide details (qualifications, degree, licence no. etc)

Do you have a second occupation?

No Yes provide details

Net annual income (net of business expenses, but before tax)

Hours worked per week

 \$

Are any of your occupations performed at home?

No Yes provide details

How many hours do you work at home

Describe duties performed at home

c. Income from all occupations for last two financial years

(only complete if you are applying to increase your TPD, Trauma Plus and/or Income Protection Insurance)

Last financial year

Previous financial year

Gross income/package

Gross income/package

 \$ \$

Net income

Net income

 \$ \$

Would your income continue if you become disabled?

No Yes provide details

How long?

Amount p.a.

 \$

Will your annual income continue at or beyond this level?

No Yes give reason for decrease

Have you ever been declared bankrupt?

No Yes provide details

Give details of previous occupations in the last five years

Industry

Years in industry

Describe the circumstances under which you changed to your occupation: eg, promotion, started own business/practice, or purchased an established business/practice, etc

4. Details of other cover

(to be completed by life insured)

Has an application on your life for life, disability, or trauma insurance ever been declined, deferred or accepted on terms other than standard terms?

No Yes provide details

Company

Type of cover

Insured amount

Date

 \$ / /

were terms

declined? offered? give details

Details of terms

Have you ever made a claim for or received sickness, accident, disability, Veterans Affairs benefits, workers compensation, unemployed benefits or any compensation payments?

No Yes provide details

Paying institution/company

Type of benefit

Amount claimed

Date benefit finalised

Reason for claim/benefit

Do you have, or are you applying for, any other life, disability or trauma type insurance (including any cover through your employer or superannuation funds)?

No Yes provide details

Company

Type of cover

Insured amount

Comments (eg. benefit period)

Will this application replace any of the above policies?

No Yes provide details

5. Personal details of the life insured

(to be completed by life insured)

Height

Weight

Do you drink alcohol?

No Yes provide details

Form (eg beer)

Daily quantity

Have you smoked tobacco or any other substance in the last 12 months?

No Yes provide details

Form (eg cigars)

Daily quantity

6. AIDS statement

(to be completed by life insured)

Are you suffering from Acquired Immune Deficiency Syndrome (AIDS), or are you infected with the HIV virus or carrying antibodies to the HIV virus?

No Yes

Have you had injections of any drug not prescribed by a registered medical practitioner, or engaged in male to male anal sexual intercourse or worked as a prostitute?

No Yes

Have you had sexual intercourse with someone you suspect or know to be HIV positive?

No Yes

Have you ever been treated with blood products or have you ever been permanently refused as a blood donor?

No Yes

Have you ever had any medical treatment, advice or blood tests in connection with AIDS or AIDS related conditions?

No Yes

If you answered 'yes' to any of these questions, please provide details.

7. Details of general health

(to be completed by life insured)

Have you ever had, or consulted anyone for, any of the following:

Item code

a. Any heart complaint, raised or high blood pressure, raised or high cholesterol, chest pain or rheumatic fever?

No Yes

b. Epilepsy, multiple sclerosis, tremor, any neurological disorder, stroke or vascular disorder?

No Yes

c. Asthma, bronchitis, tuberculosis, persistent shortness of breath or any lung complaint?

No Yes

d. Diabetes, thyroid or glandular disorder, hepatitis, or any bowel, kidney, liver, bladder disorder or prostate disorder?

No Yes

e. Any mental illness, depression, stress or anxiety state or chronic fatigue syndrome?

No Yes

f. Any sexually transmitted disease?

No Yes

g. Alcoholism, drug dependence or chemical/substance abuse?

No Yes

h. Strained back, sciatica, whiplash, spondylitis or any other form of back, neck or spinal trouble?

No Yes

i. Arthritis, rheumatism, gout or any disorder of the joints or muscles, repetitive strain injury, amputation or loss of use of any limbs?

No Yes

j. Cancer, cysts, moles or skin lesions, leukemia, haemophilia, blood disorder or blood transfusion?

No Yes

k. Allergies, migraines, any skin disorder or any disorder affecting the eyes, ears, nose or throat?

No Yes

l. Have you occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquillisers?

No Yes

- m. Do you have any physical impairment or departure from good health (not already mentioned above)?
 No Yes
- n. During the last five years, have you had any other illness or injury, operation or medical investigation (blood tests, ECG, x-rays, etc.)?
 No Yes
- o. Do you contemplate seeking any examination, advice or treatment (including medical or surgical) in the near future?
 No Yes

Females only

- p. Have you ever had an abnormal mammogram or breast ultrasound?
 No Yes
- q. Have you ever had an abnormal pap smear test?
 No Yes
- r. Are you currently pregnant?
 No Yes date due
 / /
- s. Have you ever had any complications of pregnancy or childbirth?
 No Yes

8. Did you answer yes to any item in question 7?

(to be completed by life insured)

- No go to 9 Yes provide details in the table at bottom of page

If more space is required, please complete details on a separate sheet of paper which is signed and dated by the life insured and all policy owners.

9. Details of pastimes

(to be completed by life insured)

Do you now, or do you intend to, pilot or crew an aircraft or engage in motor car, motor cycle or motor boat racing, underwater diving, mountain climbing, boxing, parachuting, hang-gliding, football or any other hazardous pursuit or activity that involves risk of death or injury?

- No go to 11 Yes complete questionnaire in section 10

10. Sports and pastimes questionnaire

(to be completed by life insured)

Only complete this section if you answered 'yes' to question 9.

a. Scuba/Skin Diving

- No Yes provide details

Type of diving (eg scuba, hookah)

Average depth	Maximum depth
<input type="text"/> m	<input type="text"/> m

Times p.a.	Do you use explosives?
<input type="text"/>	<input type="text"/>

Do you dive in caves or potholes?
 No Yes provide details

Do you dive alone?
 No Yes provide details

Qualifications (eg PADI)

b. Motorcycle/Motor Racing

- No Yes provide details

Vehicle type	Times p.a.
<input type="text"/>	<input type="text"/>

Engine size	Maximum speed
<input type="text"/>	<input type="text"/> kph

Class/CAMS category	Professional/Amateur
<input type="text"/>	<input type="text"/>

Event type (eg rally)

c. Football (Soccer, Aussie Rules, etc.)

- No Yes provide details

Code/Grade

Times p.a.	Professional/Amateur
<input type="text"/>	<input type="text"/>

Do you receive any match payments?
 No Yes provide details

	Condition 1	Condition 2
Item code		
Illness, injury, condition or test		
Date of first symptoms		
Date of last symptoms		
Number of episodes		
Time off work		
Details of past treatment		
Current treatment		
Have you fully recovered		
Name and address of attending doctor		

d. Other (Boxing, competitive riding, mountain climbing, body contact sports, etc.)

No Yes provide details

On what basis do you consider that you partake in this activity?

Leisure Competitive Amateur Professional

Times p.a.

e. Aviation

Do you hold a Civil Aviation Authority Licence?

No Yes provide details

Type Period

<input type="text"/>	<input type="text"/>
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Do you intend to change the scope of your present licence? No Yes

Have you ever had an accident or been charged with violating Civil Aviation Authority Regulations? No Yes

Do you always use authorised landing areas? No Yes

Please complete the following information

No of hours flown	Past 12 months		Future annual average	
	crew	passenger	crew	passenger
Commercial airline				
Charter				
Private				
Aero club/flying school				
Agriculture				
Helicopter				
Ultralight aircraft				

Do you intend to engage in any form of aviation other than the above categories (eg ballooning, aerobatics, parachuting, paragliding, etc.)?

No Yes provide details

11. Medical authority

(to be signed by the life insured)

I authorise any medical practitioner, hospital or clinic to provide MBF Life Limited ABN 12 000 021 581 with any information about my hospital and medical history.

A photocopy of this authority will be as valid as the original.

Life insured Full name

Signature of Life insured

X	DATE / /
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OFFICE USE ONLY

Doctors name

12. Policy owner and life insured declaration

- I/We apply to change an existing MBF Term Life and/or MBF Income Protection policy and agree to abide by the terms of those policies.
- The answers I/we have given in this application are true and correct.
- I/We have disclosed all relevant information so that MBF Life can properly consider this application.
- I/We authorise MBF Life to disclose any information, including personal, health or sensitive information, in relation to this application to any person, for the purposes of MBF Life making a decision in relation to my/our application to change my/our policy.
- I/We understand that the change to my/our policy does not begin until MBF Life accepts my/our application and I/we have paid the additional premium (or signed a payment authority).
- I/We have read the Duty of Disclosure. If answers are not in my/our own handwriting, I/we have checked them and certify that they are true and correct.
- I/We have read and consent to the collection, use and disclosure of my/our personal information as set out in the *Collection, use and disclosure of your personal information* section of this form.

Life insured Full name

Signature of Life insured

X	DATE / /
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Policy owner 1 Full name

Position within company (if applicable)

Signature of Policy owner one

X	DATE / /
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Policy owner 2 Full name

Position within company (if applicable)

Signature of Policy owner two

X	DATE / /
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