

Lifecover Plus Plan 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 1800 213 839.

Start of increase of cover

Your increase in 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 my insured benefit to the following level (please tick)

\$100,000 \$150,000 \$200,000 \$250,000

\$300,000 \$350,000 \$400,000

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

- 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 for colds and 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 became apparent.

First apparent	Nature of illness or condition	Duration

continued over

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

e. What is your height? cm What is your weight? kg

f. Has your mother, father, any sister or brother been diagnosed with or died before age 60 from heart disease, stroke, polycystic kidney disease, other kidney disease, diabetes, haemophilia, Huntington's disease, familial polyposis of the colon, bowel polyps, breast cancer, bowel cancer, other cancer or any other condition that you understand is hereditary?

No Yes please specify

Relative	Age diagnosed/died
<input type="text"/>	<input type="text"/>
Condition	
<input type="text"/>	
<input type="text"/>	

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;
- 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	
<input type="text"/>	DATE / /
Signature of Life insured	
<input type="text"/>	DATE / /