

## Personal Statement for Children Under Age 10

### Information sheet

#### When to use this form

Use this form to add children's insurance cover for Firstcare- Lifetime Protection plans only. The child's parent or guardian should complete and sign this form. The information you give us helps Resolution Life to decide whether to insure your child. You are requested to supply answers to the below questions truthfully, accurately and completely.

#### What you need to tell us

##### When you apply for insurance

When you apply for insurance, the insurer conducts 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 Not to Make a Misrepresentation

**!** Read this if you are applying for insurance as the policy owner, if you will be an insured person under a policy owned by someone else, or if you will be an insured person under a superannuation plan.

##### Your legal duty

When you apply for insurance and up until your application is accepted by the insurer, there is a legal Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Where a **policy** owned by one person covers the life of another person, it's important that the other person does not make a misrepresentation when providing information to the insurer. If the other person does make a misrepresentation, then it may be treated as a failure by the owner of the **policy** in their Duty to Take Reasonable Care Not to Make a Misrepresentation. Therefore, you must take reasonable care not to make a misrepresentation when giving us information whether you're the owner of the **policy** or an **insured person** under it.

##### If you do not meet your legal duty

If you do not meet your Duty to Take Reasonable Care Not to Make a Misrepresentation, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. 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.

If there is a failure to comply with the Duty to Take Reasonable Care Not to Make a Misrepresentation, there are different remedies that may be available to the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position it would have been in if the duty had been met. Therefore, if the person who answers our questions does not take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- we may **treat the contract (or your cover) as if it never existed**.
- we may **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told us everything you should have. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.

- we may **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

Whether the insurer can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances. This includes how clear and specific our questions were and how clear the information we provided on the duty was;
- what the insurer would have done if the duty had been met – for example, whether the insurer would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

If we decide to exercise one of these remedies, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

### Guidance for answering our questions

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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) 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.

### After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

#### Genetic test approach

You only need to tell us about any genetic testing you've had or have consented to have if the total combined sum insured with all life insurers for the insurance being applied for is over:

- \$500,000 life cover
- \$500,000 total and permanent disability cover (TPD)
- \$200,000 trauma / critical illness cover, or
- \$4,000 a month income protection cover, salary continuance cover or business expenses cover.

You can choose to tell us about a genetic test that you have had where the result was favourable. However, you must tell us if you're experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell us of any family history of a medical condition as asked for in the relevant question in this form.

**Note:** Resolution Life complies with the Moratorium on Genetic Tests. A copy of the moratorium is available in the Life Insurance Code of Practice [cali.org.au/life-code](http://cali.org.au/life-code).

## Completion instructions

Please read this first:

- The child's parent or guardian should complete and sign this form.
- If the plan owner is not a parent or guardian of the child, they should also sign this form.

## Completing the personal statement

- If you do not have enough space to answer any questions fully, please continue your answer on page 2 or an extra page and staple it to this form.
- All answers should be handwritten. If this is not possible, please explain why on page 2.

## Privacy information

Your privacy is important to us and further information about Resolution Life's collection of personal information is provided in our Product Disclosure Statement.

Please keep this information sheet for your records— don't return it with your completed form(s).

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Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

### 1. Child's details

Relationship of child to plan owner.

- Son  Grandson  
 Daughter  Granddaughter  
 Other

Child's surname

Given name(s)

Date of birth

Gender

- Male  Female

Country of birth

### 2. Insurance cover

Is there any insurance cover currently in force on the child's life, and/or, is there any other cover on the child's life being applied for?

- Yes  No

If 'Yes', please provide company name and amount:

Has any insurer ever indicated they would not insure the child, or they would modify the child's insurance terms in any way?

- Yes  No

If 'Yes', please outline terms offered:

- decline  benefit reduced  
 defer  term limited  
 extra premium  exclusion

If 'Yes', please list dates and reasons

### 3. Family doctor

Name of the child's family doctor

Address of the child's family doctor

Suburb

State

Postcode

### 4. Diseases, disorders or abnormalities

Does the child have any diseases, disorders or abnormalities which were present at birth or which have subsequently been detected?

- Yes  No

If 'Yes', please provide details:

### 5. Illness or injury

Has the child ever suffered from any illness or injury necessitating any hospitalisation, or is the child taking prescribed medication on an ongoing basis or has the child ever had more than 2 weeks off school as the result of illness or injury (other than disclosed previously)?

- Yes  No

If 'Yes', please provide details:

Illness or injury

Date started

Details of treatment

## 5. Illness or injury (continued)

Length of treatment

Name of treating doctor or hospital

Time off school

Date of last symptom

Address of treating doctor or hospital

Percent of recovery

 %

Suburb

State

Postcode

## 6. Family history

Have any of the child's first-degree blood related family members (father, mother, brother, sister) had breast and/or ovarian cancer, Lynch syndrome, familial polyposis or bowel/colon cancer, polycystic kidney disease, renal cell cancer or kidney cancer, prostate cancer, diabetes, stroke, heart attack, cardiomyopathy, haemochromatosis, Huntington's disease, Alzheimer's disease or any other type of dementia, motor neurone disease, multiple sclerosis, muscular dystrophy, Parkinson's disease, any other cancer or any other heart condition or any hereditary disorder or condition that runs in families?  Yes  No

**Note:** You are only required to disclose family information relating to first-degree blood related family members—living or deceased (mother, father, sisters and brothers).

If 'Yes', please complete the table below in all instances.

	Age now if alive	Age at diagnosis	Age at death	List all conditions and cause of death if applicable. If cancer, give type/site.
Mother				
Father				
Brothers				
Sisters				

## 7. Travelling overseas

Are there definite plans for the child to travel overseas?

Yes  No

If 'Yes', please provide details:

Date leaving

Date of returning

Reasons for trip

Holiday

Study

Other

Countries to be visited

Please provide any additional information which you feel will be helpful in processing your application.

## Declaration and signature

I acknowledge and declare that:

- i. I have read and understood the section entitled “The Duty to Take Reasonable Care Not to Make a Misrepresentation” in the **Information sheet**, and understand that any cover issued by the insurer will be based on the answers I provide to questions in this form and any other questions that are asked before the insurer advises me in writing that it has issued a policy. I understand that if the questions are not answered truthfully, accurately and completely the insurance I have applied for may be avoided (treated as if it never existed) or altered and if I have made a claim under the insurance it may not be payable or be reduced. If someone has assisted me to complete this form (such as my financial adviser) I have checked every answer (and if necessary made corrections) before this form is submitted, and
- ii. I have read the privacy information in the Information sheet and I agree to the various uses and exchanges of my personal information as set out in that section.
- iii. I authorise any insurer (including companies related to Resolution Life), to disclose to Resolution Life, and for Resolution Life to collect, any information they have on the insured child’s health, medical history or anything else that Resolution Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it. I understand that, under Government Privacy legislation, I may access a copy of this information from Resolution Life. I have been advised by Resolution Life of the ways this information may be used, and to whom it may be disclosed, and approve those purposes. Where I hold other policies or plans within the Resolution Life Group, I authorise the use of any information obtained under this authority in connection with those policies or plans.
- iv. Resolution Life is authorised to divulge to their reinsurers any information Resolution Life has acquired with regard to the child.

Signature of my plan owner

X

Date

D D M M Y Y Y Y

Signature of my parent/guardian

X

Date

D D M M Y Y Y Y

## Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service  
GPO Box 5441  
Sydney NSW 2001  
askus@resolutionlife.com.au

**Any questions?**  
133 731

### Office/Adviser use only

Adviser number

Request ID