

# Children's Trauma Option Personal Statement

## Information sheet

### When to use this form

Use this form to provide Resolution Life with specific information to access a Children's Trauma Option application for Elevate insurance. The child's parent or guardian should complete and sign this form.

### 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).

## Your privacy

### Personal information

We may collect personal information directly from you or from your financial adviser.

We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it.

We may also collect and use any of your personal information, including sensitive information, collected and held by the Resolution Life Group if you authorise us to do so.

We may also use this information for related purposes—for example, enhancing customer service, product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the Resolution Life Group, or by your financial adviser. Please contact us if you do not want your personal information used for direct marketing purposes.

We usually disclose information of this kind to:

- other members of the Resolution Life Group
- your financial adviser or broker (if any)
- the owner of the plan (if applicable)

- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the Resolution Life Group in providing Resolution Life Financial Services. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost super
- anyone you have authorised or if required by law.

### **Sensitive information**

If sensitive information, such as health information, is collected in relation to this financial product, then additional restrictions apply. Resolution Life may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, Resolution Life, to assess your application for new or additional insurance. Resolution Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims.

Resolution Life may disclose this type of health information to:

- your financial adviser or broker (if any)
- the Trustee or other members of the Resolution Life Group
- the owner of the plan (if applicable)
- Resolution Life's reinsurers
- 'doctors'
- any person Resolution Life considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an 'insured person', aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an 'insured person', Resolution Life and/or their health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial adviser or other relevant party.

Under the current Resolution Life Privacy Policy, you may access personal information about you held by the Resolution Life Group. The Resolution Life Privacy Policy sets out the Resolution Life Group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how Resolution Life deals with such complaints. The Resolution Life Privacy Policy can be obtained online at [resolutionlife.com.au](https://www.resolutionlife.com.au) or by calling our Customer Service Centre on 133 731.

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

# Children's Trauma Option Personal Statement

Use this form to provide Resolution Life with specific information to assess a Children's Trauma Option application for Elevate insurance. The child's parent or guardian should complete and sign this form.

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

Policy number	Adviser name	Adviser number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 1. Name of child

Given name(s)	Surname	
<input type="text"/>	<input type="text"/>	
Gender	Date of birth	Country of birth
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>

**! Important:** The minimum entry age is 3 next birthday, to 16 next birthday.

## 2. Name of parent/guardian

Given name(s)	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to the child	Daytime phone number	After hours phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3. Residential address of child

Address	Suburb	State	Postcode	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. a. Other than this application is the child applying for, or covered for life and trauma insurance with any company?

No  Yes — details:

## b. Has any company refused or applied loadings or exclusions to an application on the child's life or trauma insurance?

No  Yes — details:

## 5. Provide the details below of the child's current general practitioner/medical centre.

Name of general practitioner/medical centre	Address of general practitioner/medical centre
<input type="text"/>	<input type="text"/>

## 6. At any time in the child's life has he/she ever suffered from any of the following?

- |                                                                                                 |                                                          |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| a. Heart condition, rheumatic fever or high blood pressure                                      | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| b. Cancer, leukaemia, cyst, tumour or skin lesion                                               | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| c. Anaemia, haemophilia or any other blood disorder                                             | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| d. Asthma, lung condition or breathing disorder                                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| e. Arthritis, bone fracture, joint injury, muscle disorder or gout                              | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| f. Anxiety, adjustment, depressive or mood disorders or any other mental health disorder        | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| g. Kidney, bladder, liver disorder or hepatitis                                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| h. Diabetes                                                                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| i. Indigestion, gastric or duodenal ulcer or bowel disorder                                     | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| j. Disease of the brain, nervous system, stroke, epilepsy, fainting attacks or fits of any kind | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| k. A physical or neurological defect, impaired sight or hearing                                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| l. Any other illness, injury, operation or disability (other than colds or flu)                 | <input type="checkbox"/> No <input type="checkbox"/> Yes |

7. a. Has the child ever been infected with the virus which causes AIDS (the Human Immunodeficiency Virus) or are they carrying antibodies to that virus?  
 No  Yes
- b. Has the child ever been admitted to hospital or received a blood transfusion or treatment with human blood products?  
 No  Yes
8. Is the child currently using any medication (other than for colds or flu)?  
 No  Yes
9. Have you been advised by a health professional that the child is obese or underweight?  
 No  Yes
10. Have you contemplated, been advised to seek or are you awaiting any medical advice, investigation (eg x-ray, blood test) or treatment including surgery for the child? Important: Please refer to the **genetic test approach** in the **information sheet** when answering this question.  
 No  Yes
11. 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?  
 No  Yes

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

If you answered 'Yes' to any of the questions 6 to 11 please provide details in section

12. Details for 'Yes' answers for questions 6 to 11 of the Personal statement

Q. No.	Date	Details of illness or injury including nature of treatment	Name and address of doctor consulted	Degree of recovery (%)
	/ /			
	/ /			
	/ /			
	/ /			

### 13. Signature(s) of Plan owner (parent/guardian)

#### Before you sign this application form, you should:

- be aware that your financial adviser or Resolution Life is obliged to have provided you with the Product Disclosure Statement and other information relevant to special offers and/or member discounts for the product(s) you are applying for, and
- **read the Product Disclosure Statement** because it contains important information to help you understand the product and to decide whether it is appropriate to your needs, and
- read and understand the section entitled 'The Duty to Take Reasonable Care Not to Make a Misrepresentation' in the **product disclosure statement**, 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
- read the Declarations and consent section (including the 'Privacy – collection, use and disclosure of sensitive information') in the **product disclosure statement** and understand the terms outlined.

#### Access to information

I authorise:

- any other insurers or other professional, such as a financial adviser or accountant, to disclose any information they may possess about this child, whether held in hard copy or in any other format, to Resolution Life, and
- Resolution Life to collect any information they have on this child's health, medical history, pastimes, work history or anything else that Resolution Life considers to be relevant to assessing or underwriting this cover or assessing any claim under it.

Print full name of Plan owner

Print full name of Plan owner

Signature of Plan owner

Signature of Plan owner

Date of birth

Date signed

Date of birth

Date signed

### 14. Adviser comments