

Declaration of Continued Insurability

Information sheet

Use this form to update health evidence for personal statements in the following circumstances:

- Late receipt of a personal statement by Resolution Life after 30 days but before six months have elapsed since date signed.
- Where acceptance is based on a personal statement after 30 days but before six months have elapsed since date signed.
- Where additional cover is sought based on a previously provided personal statement before six months have elapsed since the date it was signed.

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.

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. Personal details

Plan number		Request ID		
<input type="text"/>		<input type="text"/>		
Title	Surname	Given name(s)	Date of birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Residential address		Suburb	State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact phone number	Mobile number	Email address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

2. Continued insurability questionnaire

Please answer the following questions for **the period since you signed your current application for insurance with Resolution Life.**

Read each question carefully and if the answer is 'Yes', provide the details requested.

1. Have you consulted a doctor? No Yes

If yes, please provide the details that are set out in the table below.

What was the reason and outcome of the consultation?	What was the date of the consultation?	What is the name of the doctor?	What is the address of the doctor?	Have you fully recovered?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

2. Have you had any illness or injury even if you have not consulted a doctor? No Yes

If yes, please provide the details that are set out in the table below.

What was the illness or injury?	What date did this occur?	Have you fully recovered?	Are you intending to consult a doctor?	If you are intending to consult a doctor, when will the consultation be?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="text"/>

2. Continued insurability questionnaire (continued)

3. Have you been admitted to hospital, had any medical test or treatment? No Yes

If yes, please provide the details that are set out in the table below.

Reason for the hospital admission, medical test and/or treatment?	Date of the hospital admission, medical test or treatment?	What test and/or treatment did you have and what was the outcome?	What is the name and address of the doctor/hospital?	Have you fully recovered?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

4. Are you awaiting any treatment or results of a medical test? No Yes

If yes, please provide the details that are set out in the table below.

What test result and/or treatment are you awaiting?	What date will this occur?	What is the reason for the medical test and/or treatment?	What is the name and address of the doctor?	When do you expect to receive the results?

5. Has any first-degree blood related family member been diagnosed with cancer, heart disease, stroke, diabetes, motor neurone disease, multiple sclerosis, Parkinson's disease, dementia or any other hereditary disease or disorder that runs in families? No Yes

If yes, please provide the details that are set out in the table below.

Family member	Condition	If cancer, type/site	Age at diagnosis (if applicable)	Age at death

6. Have you changed your occupation, duties, working hours or employment status? eg employee to self-employed. No Yes

If yes, please provide the details that are set out in the table below.

How has your work changed?	What date did this occur?	What was the reason for the change?	Has your income reduced or are you receiving a subsidy?

7. Have you submitted an application for insurance to any other company? No Yes

If yes, please provide the details that are set out in the table below.

Name of insurer	Type of insurance	Amount	Outcome of application	If application, was declined, deferred or modified please advise what reason the insurer gave for this decision.

2. Continued insurability questionnaire (continued)

8. Have you taken up any sport or recreational activity that could be considered hazardous? No Yes
eg aviation, motor racing, scuba diving, football.

If yes, please provide the details that are set out in the table below.

Activity	How often do you participate in this activity?	Is it competitive?
		<input type="checkbox"/> No <input type="checkbox"/> Yes

9. Do you have intentions of living or travelling outside Australia or New Zealand in the next 12 months? No Yes

If yes, please provide the details that are set out in the table below.

City/Country	Purpose	Planned departure date	Duration

3. Declaration and signature

I acknowledge and declare:

- 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
- 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.
- I agree that this declaration will form part of the basis for this plan.

Name

Signature

Date

Where to send this form

Mail or email this completed form to:

Resolution Life Customer Service **Any questions?**
GPO Box 5441 133 731
Sydney NSW 2001
askus@resolutionlife.com.au

Office use only

Plan number

Request ID