

Insurance

Review of health exclusion application form

Issue date 19 September 2011

The issuer of all plans except the Life Insurance Superannuation Plan,
the Superannuation Life Protection Plan and
the Income Insurance Superannuation Plan is
The National Mutual Life Association of Australasia Limited
ABN 72 004 020 437 AFS Licence No 234649

The issuer of the Life Insurance Superannuation Plan, the Superannuation Life
Protection Plan and the Income Insurance Superannuation Plan is
N.M. Superannuation Proprietary Limited
ABN 31 008 428 322 AFS Licence No. 234654
Trustee for the Super Directions Fund ABN 78 421 957 449,
the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598,
and the National Mutual Retirement Fund ABN 76 746 741 299



redefining / insurance

Important information for applicants

Please read the following carefully before completing this form

Before you sign this form, be aware that as this form is for an alteration to an existing plan, the current Product Disclosure Statement may not be relevant. Please refer to your Plan Document for the terms and conditions of your plan. This information will help you to understand the product and decide whether it is appropriate for your needs.

We rely on what you tell us

Before we decide to issue a plan, we need to know exactly what the risk is that we are to insure and how likely you would be to make a claim.

Your 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 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 renew, 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
- that is of common knowledge
- that the insurer knows or, in the ordinary course of business, ought to know, or
- as to which compliance with your duty is waived by the insurer.

Non-disclosure or misrepresentation

If you fail to comply with your Duty of Disclosure (or make a misrepresentation to us) and we would not have entered into the contract on any terms if the failure (or misrepresentation) had not occurred, we may avoid the contract within three years of the commencement date. If your non-disclosure (or misrepresentation) is fraudulent, we may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of the commencement date, 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.

If we allow you to replace an existing contract of insurance* held with AXA Australia with the same type of cover for the same or lesser amount of insurance, and you were previously underwritten by us, then you are not required to disclose **any further** information relating to any matter that occurred after the commencement of the existing contract. In entering into the replacement contract of insurance, we will rely on the **information that you previously provided** in relation to the existing contract of insurance. For that reason, the insurer's right in relation to a breach to your Duty of Disclosure (or misrepresentation made) in relation to the existing policy will be applied to the replacement contract.

* All Life Insurance (including Life Insurance Superannuation), Trauma Insurance and Total and Permanent Disability Insurance Plans.

Definitions in this Application

'Person to be insured' is the person whose life, health or income is to be insured under this Application.

'Adviser' refers to the financial adviser who is guiding you to complete this Application.

'Plan owner' refers to the person who owns the plan. In many cases, the Plan owner is the same person as the Person to be insured. However, a Plan owner can apply to take out insurance on a different person. Where applying for the Life Insurance Superannuation Plan or the Income Insurance Superannuation Plan, the Plan owner is N.M. Superannuation Proprietary Limited.

'You' either refers to the Plan owner under the plan or the Person to be insured, where indicated.

'We/Us' refers to the underwriter, The National Mutual Life Association of Australasia Limited, trading as AXA Australia. The only exception to this is where you sign declarations, in which case, 'I/We' refers to the proposed Plan owner or the Person to be insured, as indicated.

Privacy – use and disclosure of personal information

The privacy of your personal information is important to you and also AXA. We will only collect information about you and your immediate family background that is necessary for the purposes of assessing your request for review or for the purposes of assessing any claim you may make under the plan. This includes information about health, financial situation, occupation and lifestyle.

If the information you give us is not complete or accurate we may not be able to provide you with the products and services you have applied for. In assessing your request for review and any subsequent claim, AXA may need to disclose your personal information to other parties, such as reinsurers, medical and financial professionals, judicial or dispute resolution bodies, and AXA Australia companies.

You are entitled to request reasonable access to information we have about you. AXA reserves the right to charge an administration fee for collating the information you request.

How to apply

To apply for review of a health exclusion simply send your completed forms to the AXA Customer Service Centre:

AXA Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001

Personal statement

This form is effective from 19 September 2011.

This form is to be used for the review of health exclusions only on life, total and permanent disability, trauma and income insurances. In addition to completing this form, you also need to complete the relevant questionnaire(s) required for the review of the health exclusion(s). These may be found on our website: www.axa.com.au/adviserinsurance.

Name of Person to be insured	Policy number	Commencement date of policy
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	/ /

Name of exclusion to be reviewed

We may need to contact you between 8.00 am to 7.00 pm in regards to your Application.

Daytime phone number	Hours you can be contacted	After hours phone number	Hours you can be contacted
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Mobile number	Hours you can be contacted	Email address
<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>	<input style="width:95%;" type="text"/>

Insurance details

1 Other than this application, are you covered by, or are you applying for, life, disability, trauma, income insurance or business expenses insurance with **any company**? Note: this includes benefits under superannuation, business or credit insurance or benefits provided by an employer.

No Yes If yes, please provide details:

Name of company	Type of cover	Sum insured	Date commenced
			/ /
			/ /
			/ /

2 Has **any company** ever indicated they would not issue you insurance, or would apply a loading, modify, restrict or exclude your insurance in any way?

No Yes If yes, please provide full details including reason, date, company name and type of cover:

3 In the last five years have you, or do you intend in the next 12 months, to claim unemployment benefits? No Yes

If yes, please provide details:

Benefit type	Date
<input style="width:95%;" type="text"/>	/ /

4 Have you ever, or do you intend to claim benefits under any insurance plan, government scheme, armed forces, pension or allowance, or court proceedings?

No Yes If yes, please provide details:

Company/benefit type	Reason	Benefit amount	Date
			/ /
			/ /
			/ /

Personal statement (continued)

Your habits

- 5 Do you smoke or have you smoked in the last 12 months? No Yes
- 6 How many standard drinks containing alcohol do you consume per week on average?
(standard drink = 1 nip spirits, 100ml wine, 10oz/285ml beer)
- 7 Have you ever used recreational drugs or drugs not prescribed by a doctor? No Yes

If yes, please give details, including the type of drug and the date(s) used:

Sports and pastimes

- 8 Have you in the last 12 months, do you currently, or do you intend to engage in any hazardous pursuit or pastime (eg motor racing in any form, underwater diving, rock climbing, sky diving, hang gliding, aviation other than as a fare paying passenger etc)? No Yes

Your health

- 9 What is your: Height Weight
- 10 Since the date that this insurance commenced (other than for colds, flu or the contraceptive pill), have you:
- (a) attended a doctor, medical centre or health professional for any reason? No Yes
 - (b) been prescribed, used or has your doctor suggested you should take any medication? No Yes
 - (c) had a tumour, growth, cyst, skin lesion or breast lump (even if you have not seen a doctor)? No Yes
 - (d) been admitted to hospital or required surgery? No Yes
- 11 During the last five years have you suffered from, experienced symptoms of or received medical advice, counselling or treatment for:
- (a) depression, anxiety, chronic fatigue, stress, nervous or mental disorder? No Yes
 - (b) gout, arthritis, repetitive strain injury, or a disorder of the back, neck, joints or muscles? No Yes
- 12 Irrespective of your answers to the above, has it been suggested to you, or have you contemplated seeking any medical advice, investigation, follow-up of a previously diagnosed condition or treatment including surgery? No Yes
- 13 Have you ever had, are you currently waiting for a result of, or are you considering having a genetic test? No Yes

Note: You do not have to provide a result if you were or are taking part in a medical research project or trial and haven't been or will not be provided with your individual result.

If yes, please provide full details.

- 14 (a) Have you or any of your current or previous sexual partners tested positive for HIV/AIDS, or have any sign of HIV infection? No Yes
- (b) In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? No Yes
- HIV risk situations include but are not limited to: sex with or as a prostitute, sex with an intravenous drug user, contact with someone else's blood (for example, through injection or scratch with a used needle), anal intercourse (except in a relationship between you and one other person only and neither of you has had sex with anyone else for at least three years).
- 15 Have any of your parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy, or any other inherited disease? Note: You are only required to disclose family history information relating to first degree blood related family members - living or deceased (mother, father, brothers and sisters). No Yes

If you have answered 'yes' to any part of question 14, a confidential questionnaire will need to be completed. This questionnaire can be found on our website: axa.com.au/adviserinsurance. Please contact Underwriting if you have any questions.

Declaration, consent and signatures

To be completed by the person to be insured for all applications, and by the Plan owners.

Plan number

This form is effective from 19 September 2011.

Declarations and consent

- **Duty of Disclosure** – I/We acknowledge that I/we have read the Duty of Disclosure notice in my/our existing Plan Document and on page 2 of this application form, and fulfilled my obligations in accordance with my duties as explained. (Warning: you have a duty to disclose all information relevant to the insurer’s decision to accept your application).
- **Truth and accuracy** – I/We have checked the truth, accuracy and completeness of the information submitted with this application form, and all statements in writing given in support of this application which shall, subject to law, form the basis of the contract of insurance. I/We have not given any further information relevant to the risks to a financial adviser of the insurer or the insurer itself.
- **Application** – I/We propose to the insurer to provide insurance on the usual conditions set out in the Plan Document, including any modifications to the plan or changes in premiums which the insurer considers appropriate given the information submitted in connection with this application form.
- **Changes make contract void** – I/We agree that any change of material circumstances between the time of this Application and its acceptance which is not disclosed to the insurer shall allow the insurer to avoid the contract of insurance.
- **Medical and financial information** – I/We give the insurer permission to seek any medical or financial information needed in connection with this Application or any plan issued as a result. I/We understand that if I withhold consent, AXA Australia may not be able to provide the products and services requested.
- **Privacy** – I/We have read and understood the Privacy Disclosure Statement contained in the Insurance Product Disclosure Statement. I/We consent to my personal information being collected and used in accordance with the Privacy Disclosure Statement. I/We acknowledge that I/we can opt out from the use of that information for the purpose of direct marketing by telephoning 1800 788 667.
- **Acceptance of this application** – is subject to the insurer searching its records for any other business with the Person to be insured and the insurer may vary the terms of the plan to be issued on the basis of any information contained in its records.

Signature of Person to be insured

To be completed for all insurance plans.

If the Person to be insured is the same person as the Plan owner ► go to ‘Signature of Plan owner – only for individuals’.

Title	Print full name of Person to be insured	Signature	Date of birth	Date signed
<input type="text"/>	<input type="text"/>	X	/ /	/ /

Signature of Plan owner – only for individuals

To be completed for all insurance plans except Life Insurance Superannuation Plan and Income Insurance Superannuation Plan.

For Plan owners aged 16 years or over

Title	Print full name of Plan owners	Signature	Date of birth	Date signed
<input type="text"/>	<input type="text"/>	X	/ /	/ /

Title	Print full name of Plan owners	Signature	Date of birth	Date signed
<input type="text"/>	<input type="text"/>	X	/ /	/ /

For Plan owners aged under 16 years

Print full name of parent or guardian

Please provide details for a parent **OR** guardian

Print full name of Plan owner	Signature	Date of birth	Date signed
<input type="text"/>	X	/ /	/ /

Signature of Plan owner – only for companies and Trustees (including self-managed superannuation funds)

To be completed for all insurance plans except Life Insurance Superannuation Plan and Income Insurance Superannuation Plan.

Company seal	Print full name of company/self-managed superannuation fund		
<input type="text"/>	<input type="text"/>		
	Signature 1	Signature 2	Date signed
	X	X	/ /
	Print full name of person signing for and on behalf of the above company/self-managed superannuation fund		
	<input type="text"/>		

- Company seal and two directors or director and secretary, or
- Company seal and one signature noted as ‘sole director and secretary’ where the company has only one director, or
- The signature of a person whose name is clearly written, with the words ‘XXX for and on behalf of XYZ Pty Ltd’.

Medical authorities

To be completed by the person to be insured for all applications.

► Please complete ALL medical authorities below because many health professionals prefer an original signature.

Authority to release medical information to AXA

Family name Given name(s) Date of birth
I, [] [] [/ /] authorise any medical practitioner, doctor, health professional, hospital, clinic or any other insurer to disclose to the insurer (NMLA trading as AXA and its group of companies), or representatives appointed to collect, the full details of my health and medical history. I agree that a photocopy (or similar copy) of this authorisation should be considered as valid as the original.

Signature of Person to be insured Date signed
X [] [/ /]

Authority for AXA to release medical information to usual doctor

► Only complete this section if you authorise AXA to release medical information to your doctor upon an adverse assessment of your application.

Family name Given name(s) Date of birth
I, [] [] [/ /] authorise NMLA trading as AXA to advise Doctor [] of the reason(s) behind any adverse assessment of my application if it was based on health evidence obtained during the assessment of this Application. I also authorise AXA to provide copies of the relevant health evidence to the doctor noted above.

Signature of Person to be insured Date signed
X [] [/ /]

axa.com.au

063750811E

The National Mutual Life Association of Australasia Limited
ABN 72 004 020 437 AFS Licence No. 234649
N.M. Superannuation Proprietary Limited
ABN 31 008 428 322 AFS Licence No. 234654
Registered office: 750 Collins Street Docklands VIC 3008



redefining / insurance