

Application for Non-Smoker Premium Rates

Policy details

Policy number

Person insured

Your duty of disclosure

To be read by the policy owner and the person to be insured before completing this application form

Before we will issue an insurance policy, the policy holder, and if the cover is for the life of another person, the life insured (together, **'You/Your'**) both have a duty to tell us anything that You know, or could reasonably be expected to know, may affect our decision to provide the insurance and on what terms.

You do not need to tell us anything that:

- reduces the risk to be undertaken by us; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive the duty to tell us about.

Please note, Your duty to disclose relevant matters continues. It ends when the contract of insurance commences/until we have agreed to issue the insurance cover. This same duty applies before an insurance contract is extended, varied or reinstated.

If the insurance is held through ClearView LifeSolutions Super, the duty of disclosure applies to the Trustee, as trustee of the HUB24 Super Fund, and You have a corresponding duty to disclose all relevant information to the Trustee.

Non-disclosure

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If You do not tell us anything You are required to, and we would not have insured You if You had told us, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount You have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if You had told us everything You should have. However, if the contract provides cover on death, we may only exercise this right within three years of entering into the contract in respect of that death cover.

If we choose not to avoid the contract or not reduce the amount You have been insured for, we may, at any time vary the contract in a way that places us in the same position we would have been in if You had told us everything You should have. However, this right does not apply in respect of any death cover.

If Your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract or any part of it as if it never existed, irrespective of the type of cover.

Questions to be answered by the person insured

1. In the last 12 months, have you smoked tobacco or used nicotine replacement products (this includes e-cigarettes and nicotine patches)?

No

Yes

If 'yes' what and how much?

2. Did you, or were you told to, cease smoking due to medical reasons or on advice from a medical practitioner? No
 Yes

If 'yes' please provide details

3. Do you have or have you suffered from any medical condition which may have been associated with or aggravated by your smoking? No
 Yes

If 'yes' please provide details

Declaration of the person insured and policy owner(s)

- I have read and consent to the collection, use and disclosure of my personal information as set out in the Trustee's and ClearView's Privacy Policy. ClearView's Privacy Policy is available at clearview.com.au or by contacting ClearView on **1800 265 744**. The Trustee's privacy policy is available at eqt.com.au/global/privacystatement or by contacting the Trustee's Group Privacy Officer on (03) 8623 5000.
- The answers I have given in this application are true and correct. If answers are not in my handwriting, I have checked them and certify that they are true and correct.
- I have read and understand my duty of disclosure as set out on page 1 of this application.
- I understand that my new premium rate does not commence until I have received a written notification of acceptance from ClearView or the Trustee, as applicable.

Signature of person insured

Date

Full name

Signature of policy owner 1/Trustee 1/Director 1

Date

Full name and position with company (if applicable)

Signature of policy owner 2/Trustee 2/Director 2

Date

Full name and position with company (if applicable)

Sending your form:

Mail

ClearView
GPO Box 4232
Sydney NSW 2001

Email

clearviewlife.maintenance@clearview.com.au

Enquiries

132 979

ClearView LifeSolutions is issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). ClearView LifeSolutions Super is issued by HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659. clearview.com.au

All other life insurance products are issued by ClearView.