

ClearView LifeSolutions

Application to add Child Cover

Please complete this application form if you wish to apply for Child Cover. If there are more than three children insured, please complete an additional application form.

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 after You sign this application form. 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.

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 3 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 3 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.

Policy number

Policy owner(s)

1. Children to be insured

Given name and surname	Male/female	Date of birth	Sum insured	Height	Weight
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 2. Do any of the children have any existing insurance with ClearView or another insurer?** No
 Yes
- If yes, please provide details

Name of child	Policy number	Insurer	Sum insured	Date commenced	Amount to be replaced
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- 3.**
- | | | | |
|--|---|---|---|
| | Child 1 | Child 2 | Child 3 |
| a) Other than minor ailments, (e.g. colds, tonsils, chicken pox), has the child suffered from, been treated for or been diagnosed with any medical conditions or disability? | <input type="checkbox"/> No
<input type="checkbox"/> Yes | <input type="checkbox"/> No
<input type="checkbox"/> Yes | <input type="checkbox"/> No
<input type="checkbox"/> Yes |
| b) Is the child currently undergoing medical tests or been advised to have tests, treatment or surgery? | <input type="checkbox"/> No
<input type="checkbox"/> Yes | <input type="checkbox"/> No
<input type="checkbox"/> Yes | <input type="checkbox"/> No
<input type="checkbox"/> Yes |
| c) Has the child's maternal mother, father, brother or sister suffered or been diagnosed with any hereditary disease such as, but not limited to: multiple sclerosis, motor or neurone disease or muscular dystrophy? | <input type="checkbox"/> No
<input type="checkbox"/> Yes | <input type="checkbox"/> No
<input type="checkbox"/> Yes | <input type="checkbox"/> No
<input type="checkbox"/> Yes |

If yes, please provide details

Child 1

Child 2

Child 3

Declaration

- I have received and read the PDS and Policy Document including any relevant Supplementary PDS (SPDS) for the product I am applying for and agree to abide by the terms of the policy.
- I have read and understand my duty of disclosure, as set out on page 1, and understand that my duty of disclosure continues until a written contract of life insurance has been issued by ClearView.
- The answers I have given in the application and any attachments to the 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 understand that the insurance cover does not commence until I have received written notification of acceptance from ClearView.
- I understand that if this application is to replace another life insurance policy, that I must cancel existing policy(ies) when I receive written notification of acceptance of this application. If I do not cancel the other policy(ies), the benefits paid under this policy will be reduced by the amount of the benefit paid or payable under the other policy(ies).
- As the parent or guardian of the person insured, I agree that ClearView may collect and use personal information in relation to the person insured and expressly consent to this collection and use.
- I have read and consent to the collection, use and disclosure of personal information as set out in ClearView's Privacy Policy. The Privacy Policy is available at **clearview.com.au** or by contacting ClearView on **1800 265 744**.

Signature of policy owner 1

Date

Full name

Signature of policy owner 2

Date

Full name and position with company (if applicable)

Sending your form:

Mail

ClearView
GPO Box 4232
Sydney NSW 2001

Email

clearviewlifenebusiness@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.com.au**