

ClearView Easylife Insurance application to increase cover

Your duty of disclosure

Before we will issue an insurance policy, you 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.

This duty applies until we have agreed to issue the insurance cover. This same duty applies before an insurance contract is extended, varied or reinstated.

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.

Non-Disclosure

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.

Privacy and your personal information

We are committed to ensuring the confidentiality and security of your personal information including sensitive information. All personal information will be handled in accordance with the Privacy Act.

Collection, use and disclosure of your personal information

We need to collect, use and disclose your personal information including sensitive information or that of the Life Insured (if not you) in order to consider your application and to provide the cover you have chosen, administer the Policy and assess any claim. You or the Life Insured can choose not to provide us with some or all of your personal information including sensitive information, but this may affect our ability to provide the cover.

By providing your personal information including sensitive information or that of the Life Insured, you and the Life Insured acknowledge and declare that, and consent to, the following:

- we can collect and use your personal information including sensitive information for the following purposes: to assess any application; underwrite; price and issue any Policy; calculate or offer benefits and discounts; administer the Policy; to investigate, assess and pay any claim;
- for these purposes we can collect your personal information including sensitive information from, and disclose it on a confidential basis to: our related entities; outsource providers; government departments and agencies; investigators; lawyers; advisers; medical and health service providers; reinsurers; other insurers; anyone acting on our behalf; and the agent of any of these;
- where you provide personal information including sensitive information to us about another person, you are authorised to provide their information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Further information on how we handle your personal information is explained in our Information Handling Policy, including how you can access your personal information. If you would like a copy of our Information Handling Policy or have any questions regarding privacy, please call us on **1800 357 727**.

Marketing

We are committed to providing you with access to a range of leading products and services.

In order to do this we will use your personal information to offer you other products and services. We may disclose your personal information on a confidential basis to our related entities within ClearView so that they can also offer you products and services.

By providing your personal information to us, you acknowledge that, and consent to:

- us collecting and using your personal information to contact you for market research and to provide you information and offers about products and services offered by us, our related entities, within ClearView and other organisations whose products and services we promote;
- us disclosing your personal information on a confidential basis for these marketing purposes to our related entities and to any agent of them; and
- you will inform us if you do not want your personal information to be used, or disclosed for these marketing purposes, by telephoning **1800 357 727**.

Start of increase of cover

Your increase of insurance cover does not begin until ClearView Life Assurance Limited has accepted your application, and you have paid the additional premium (or signed a payment authority).

1. Your details

Policy number

Policy owner Surname

Given name(s)

Initial

Title

Life insured Surname

Given name(s)

Initial

Title

Work phone no.

Home phone no.

2. Increase to insured amount

I would like to increase the life insured's benefit to the following level (please tick)

- \$100,000 \$150,000 \$200,000 \$250,000 \$300,000
\$350,000 \$400,000 \$450,000 \$500,000

3. Personal statement of life insured

(to be completed by life insured)

a. Do you participate or intend to participate in any hazardous activity or occupation, such as motor racing, mountain climbing, parachuting, aviation (other than as a fare paying passenger on a recognised airline), underwater diving, caving, abseiling or underground coal mining?

No Yes please specify

b. Have you ever had, or consulted anyone for, any heart complaint, high blood pressure, raised cholesterol, stroke, diabetes, cancer or tumour, kidney, bowel or liver disease, depression or nervous disorder, paralysis, asthma or lung disease, blood disorder, epilepsy or multiple sclerosis, alcohol or drug dependency or AIDS/HIV?

No Yes

continued over

c. In the last five years have you had any condition, or do you presently have any condition, which has required medical advice or which you suspect may do so in the future (other than colds or flu)?

No Yes

If you have answered 'yes' to questions b or c, please give details. Use a separate sheet of paper if necessary and include details of the nature and duration of the illness or condition, and the date symptoms, first become apparent.

First apparent	Nature of illness or condition	Duration

d. Have you smoked any substance in the last 12 months? No Yes

e. What is your height?

What is your weight?

	cm		kg
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4. Declaration

(to be completed by both the policy owner and the life insured)

The policy owner and the life insured MUST sign this declaration, I/we

- declare all information given in this application form and any attachment is true and correct;
- I/we have read the Duty of Disclosure and Non-disclosure sections. If answers are not in my/our handwriting, I/we have checked them and certify that they are true and correct;
- declare all relevant information has been disclosed so that ClearView Life Assurance Limited can consider this application for an increase in cover;
- understand that the increase in cover does not start, and the Duty of Disclosure continues, until ClearView Life Assurance Limited notifies the policy owner in writing that the application has been accepted;
- authorise any medical practitioner, hospital or clinic to provide ClearView Life Assurance Limited with any information about my medical history. A photocopy of this authority will be as valid as the original.
- have read and consent to the collection, use and disclosure of my personal information as set out in the Collection, use and disclosure of your personal information section of this form.

Signature of Policy owner

X

DATE / /

Signature of Life insured

X

DATE / /