

LIFE INSURED DETAILS

Client number <input style="width:90%;" type="text"/>	Account number <input style="width:90%;" type="text"/>	Type of cover Death only <input type="checkbox"/> Death & Total and Permanent Disablement <input type="checkbox"/>									
Surname of the life to be insured <input style="width:90%;" type="text"/>		If any of the answers you give in this Personal Statement are unclear to us, we would like to be able to clarify them with you over the telephone, as this can save unnecessary delays in finalising your insurance.	Your daytime phone number () <input style="width:80%;" type="text"/>								
Given name(s) <input style="width:90%;" type="text"/>			Best time to call <input style="width:80%;" type="text"/> am / pm								
Date of birth <input style="width:40%;" type="text"/> / <input style="width:10%;" type="text"/> / <input style="width:10%;" type="text"/>	Place of birth <input style="width:80%;" type="text"/>	Height <input style="width:40%;" type="text"/> cm	Weight <input style="width:40%;" type="text"/> kg								
Employer's name <input style="width:90%;" type="text"/>		Sum insured <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border: 1px solid black;">\$ <input style="width:90%;" type="text"/></td> <td style="width:50%; border: 1px solid black;">\$ <input style="width:90%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Death</td> <td style="text-align: center;">TPD</td> </tr> </table> Units of cover <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border: 1px solid black;"><input style="width:90%;" type="text"/> units</td> <td style="width:50%; border: 1px solid black;"><input style="width:90%;" type="text"/> units</td> </tr> <tr> <td style="text-align: center;">Death</td> <td style="text-align: center;">TPD</td> </tr> </table>		\$ <input style="width:90%;" type="text"/>	\$ <input style="width:90%;" type="text"/>	Death	TPD	<input style="width:90%;" type="text"/> units	<input style="width:90%;" type="text"/> units	Death	TPD
\$ <input style="width:90%;" type="text"/>	\$ <input style="width:90%;" type="text"/>										
Death	TPD										
<input style="width:90%;" type="text"/> units	<input style="width:90%;" type="text"/> units										
Death	TPD										
Occupation <input style="width:90%;" type="text"/>											
What is the nature of your duties (e.g. clerical, light manual, counter sales, manual work, etc) <input style="width:90%;" type="text"/>											

A. HEALTH AND MEDICAL HISTORY

Please answer the following questions. If you answer "Yes", to any question, please give details in the table below.

1. Have you ever had high blood pressure, heart or vascular disorder, chest pain, rheumatic fever, stroke, diabetes, kidney, bladder, liver or bowel disease, Asthma or any lung disease, blood disorder, epilepsy or fits, multiple sclerosis, tumour, cancer or cyst of any kind?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Have you ever had any disease of or injury to the spine including neck or back, such as back strain, disc disorder, sciatica, paralysis or had any injury, deformity or disease (e.g. arthritis, gout) involving any joint or limb or tendonitis or muscle overuse syndrome?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Have you ever had any mental disorder, depression, stress, anxiety or chronic fatigue or any eye, ear or skin disorder?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Have you ever been tested positive for HIV/AIDS, or have you ever been in a high risk category for contracting HIV (e.g. had a blood transfusion, injected drugs other than prescribed by a medical practitioner, shared needles, engaged in male to male anal sexual intercourse)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. During the past five (5) years, have you undertaken any tests, including blood tests, ECG, X-Ray or consulted a doctor or other health professional for medical or surgical advice or treatment of any kind (not including minor viral infections, colds or influenza)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
6. Have you had any other operation, disability illness or injury and/or have you been advised or do you intend to seek medical advice or treatment in the near future?	No <input type="checkbox"/> Yes <input type="checkbox"/>
7. Have any near relatives suffered from diabetes, heart disease, mental disorder or breakdown, haemophilia, Huntington's Chorea, kidney disease, high blood pressure, cancer or any hereditary disease?	No <input type="checkbox"/> Yes <input type="checkbox"/>

If you answered "Yes" to any of Questions 1 to 7, please give details in the table below.

If there is insufficient space below, please attach a separate schedule.

No.	Type of illness, injury or test(s)	Date commenced	Time off work	Details of treatment including date of last symptoms and test results	Degree of Recovery %	Name and address of doctor or hospital (if any)

B. DOCTOR'S DETAILS

Please give details of your **usual doctor or of the last doctor you attended**, if you do not have a regular G.P.

Name of doctor

Address of doctor

Postcode

Doctor's phone number

Date of last consultation

How long have you been a patient of this doctor?

Reason for your last consultation

Result of your last consultation

C. ADDITIONAL DETAILS

1. Have you ever had an application for life or disability insurance declined, postponed, premium increased or modified, or had a current policy cancelled or renewal refused?

No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Give details	

2. Have you ever claimed for benefits under any accident, sickness, life insurance or such benefits as Worker's Compensation or Motor Vehicle Third Party Schemes?

No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Give details	

3. Have you smoked tobacco or any other substance(s) (including marijuana) in the last 12 months?

No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Type:	
Daily Quantity:		

4. Do you drink alcohol?

No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Type:	
Daily Quantity:		

5. Have you ever engaged in or intend to engage in any hazardous occupation, sport or other pursuit (e.g. football, rock climbing, motor racing or scuba diving), or intend to engage in aviation other than as a fare-paying passenger on a registered commercial airline?

No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	Please complete a Sports and Pastimes Statement
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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 that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you 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 your insurer knows or, in the ordinary course of his business, ought to know
- disclosure of which is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it.

If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may within three years of entering into it, 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.

PRIVACY STATEMENT

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in the Lumley Privacy Statement. Please be aware that the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application.

We may collect and use or disclose your personal information (including health and sensitive information) to assess, verify and process your application.

We may collect or disclose information relating to you or your application to or from a range of services including: reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants or current or former employers or lawyers.

You have a right to access any personal information held about you unless we are legally entitled to deny access. If you want to know more about our approach to privacy or you want to know more about your application, you can contact us on (02) 8258 8740.

DECLARATION

I acknowledge that I have read the notice explaining my duty of disclosure opposite and understand that this duty also applies until formal notification of acceptance.

I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.

I, the Applicant, authorise and direct any medical or other practitioner to divulge at any time to Lumley Life Limited or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.

I consent to my personal information (including health and sensitive information) being collected, used or disclosed by Lumley Life Limited or its external service providers/ contractors as contemplated in this form, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information Lumley Life Limited collects on this form or future forms in relation to this insurance.

Signature

X

Date

/ /

Please return this form to:
Lumley Life Limited
P.O. Box Q340, Queen Victoria Building
Sydney NSW 1230