

CONFIDENTIAL

DECLARATION OF CONTINUED GOOD HEALTH

Use this form if you need to advise Genus Life Insurance Services of any changes to your health, occupation or lifestyle activities since your application was submitted. To be completed by the insured person or person to be insured.

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 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 your insurer knows, or, in the ordinary course of its business, ought to know; as to which compliance with your duty 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 3 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 3 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.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by the insurer and the confirmation is issued in writing. Please ensure all applicable questions are fully answered.

Filling in this application

Please use black ink and mark boxes like this with an X.

1. Insured person or person to be insured details

Policy Owner /Application Number	
Title	
Surname	
First Name	
Other Name(s)	
Date Of Birth	

2. Please read this before answering questions 2 to 9

Since the date on which your application for insurance was submitted to <Insurer> have you had changes to your health?

Please read each question and if the answer is 'Yes' provide the details requested.

Have you had any symptoms of illness?

☐ No *Go to next question*

☐ Yes *Provide details below*

3. Have you had an Injury?

☐ No *Go to next question*

☐ Yes *Provide details below*

4. Have you received medical advice from any doctor, undergone any medical examination, tests or treatment, been in hospital or suffered any physical infirmity?

☐ No *Go to next question*

☐ Yes *Provide details below*

5. Have you had a change in occupation or duties performed?

☐ No *Go to next question*

☐ Yes *Provide details below*

6. Have you engaged in, or intend to engage in, any hazardous activities or pastimes including but not limited to: private aviation, motor sports, scuba diving, sailing, body contact sports such as martial arts or football, or any recreations involving heights or underground activities?

- ☐ No *Go to next question*
- ☐ Yes *Provide details below*

7. Have you any intention of living or travelling outside Australia or New Zealand?

- ☐ No *Go to next question*
- ☐ Yes *Provide details below, including when you are departing, length and purpose of trip and destination.*

8. Not including this application, has any insurer declined, deferred, accepted with a higher than normal premium or issued a policy with restrictions or exclusions?

- ☐ No *Go to next question*
- ☐ Yes *Provide details below*

9. Have you had any other changes in your circumstances, lifestyle or activities not otherwise disclosed?

- ☐ No *Go to next question*
- ☐ Yes *Provide details below*

Declaration

I declare that the information supplied is true and correct to the best of my knowledge, and that I have read and understood the Duty of Disclosure.

Name	
Signature of the Life insured / to be insured	
Date	/ /

4. Where to send your completed form

I authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter) to disclose to Genus Life Insurance Services full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Name	
Signature of the Life insured / to be insured	
Date	/ /