



Application for Non Smoker Rates

Policy Owner Details

Policy Owner

Policy No.

In connection with the Proposal on the Life of:

Life Insured's Date of Birth

Duty to Take Reasonable Care

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984* (Cth). When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- answer every question.
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any *impact on the cover*.

SPECIAL NOTICE

Non Smoker rates are available following acceptance of a satisfactory Non Smoker declaration from the Life Insured. The premium under the policy will then be reduced accordingly.

Statement by Life Insured

1. Have you smoked tobacco or any other substance during the last 12 months? Yes No
2. Have you ceased smoking for medical reasons? Yes No
3. Since the commencement of your policy with AIA Australia, have you had, been told you had, or received any advice or investigation or treatment for any of the following:
- Chronic asthma or bronchitis, tuberculosis, obstructive airways disease or other respiratory disorder? Yes No
 - Heart attack, chest pains, stroke, diabetes or any other heart disorder? Yes No
 - Cancer or tumour of any kind? Yes No

Declaration

I/We declare that this APPLICATION FOR NON SMOKER RATES shall be deemed to be incorporated in the said Policy and form(s) part of the contract contained therein. If it is necessary to re-issue the Policy, AIA Australia is hereby authorised to do so in the form currently used and subject to the terms and conditions applicable at this date.

I/We have read the notice on this application regarding duty to take reasonable care and understand what is meant by that notice.

Signature of Life Insured: Date:

Signature of Policy Owner:

Suburb

State

Postcode

Address of Policy Owner:

Please return this form to AIA Australia, PO Box 6143, Melbourne VIC 3004