

# Reinstatement Application



## Duty of Disclosure (Insurance Contracts Act 1984)

### 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, that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you 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 the insurer's business as an insurer, ought to know;
- where 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 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 take into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

**Please note:** that your Duty of Disclosure continues until a policy has been issued.

### Privacy Statement

MetLife is subject to the National Privacy Principles under the Privacy Act 1988 and has a Privacy Policy that explains how we handle the information about you that we collect. For a copy of the MetLife Privacy Policy please refer to the Product Disclosure Statement which was provided to you or contact the MetLife Privacy Officer on **1300 555 625**.

**1300 555 625**

Monday to Friday 8.00am to 6.00pm EST

**MetLife Insurance Limited**

ABN 75 004 274 882

AFSL No. 238096

# Reinstatement Application

If space is insufficient, please attach details where needed.

## Section A

Policy Number:

Title:

Surname:

Given name:

Date of birth:

Address for notices:

Suburb:

State:

Postcode:

Telephone (home):

Telephone (work):

Mobile:

## Section B

**1** Are you covered by, or are you applying for other Life, Disability, Critical Illness, Income Protection or Business Expenses Insurance (other than this application)? Yes  No

If YES, please provide details:

Type of Insurance:

 Life Critical Illness Business Expenses Disability Income Protection

Company:

Commencement Date:

Sum Insured or Monthly benefit:

**2** Since the date of the original application, have you had an application for insurance declined, deferred, accepted with a loading or exclusion? Yes  No

If YES, please give details:

3 Since the date of the original application, have you made a claim for any type of accident or sickness benefits?

Yes  No

If YES, please give details:

### Section C

4 What is your current occupation?

5 Are you self-employed or an employee?

6 Name of Company:

7 Type of industry:

8 Please describe your duties:

9 Percentage of manual work:



10 What is the average number of hours worked per week?

11 If employee, what is your current salary or package (excluding bonuses)?

12 If self-employed, what were your gross earnings (net of business expenses but before tax) from your usual occupation for the last 12 months? (Do not include investment income)

13 If your policy has Business Expense cover please provide itemised details the business expenses incurred for the last 12 months:


14 Do you have a second occupation?

Yes  No

If YES, please give full details including nature of duties, hours worked etc:

15 Are you travelling or intend to travel overseas (other than for holidays), reside or work overseas in another country (other than New Zealand)? Yes  No

If YES, please give reason for travel, name of country and duration:

  

16 Do you engage or intend to engage in any of the following activities?



Aviation (other than a fare paying passenger)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Underwater water diving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hang gliding / parachuting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mountaineering or rock climbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motor racing	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other hazardous pursuits or pastimes	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES, please give full details e.g. type of activity, frequency, category of racing, average number of dives, max depths etc:

  

## Section D

17 During the past 12 months have you smoked tobacco or any other substance or used any nicotine containing product? Yes  No

If YES, what type (cigarettes, cigars, patch) and daily quantity:

18 Have you been advised by your doctor to cease smoking due to medical reason? Yes  No

If YES, please give reason:

19 Do you drink alcohol? Yes  No

If YES, what form and what is your average daily quantity:

20 Have you been advised by your doctor to cease drinking alcohol due to medical reason? Yes  No

If YES, please give reason:

## Section E

- 21 Are you infected with HIV or suffering from AIDS? Yes  No
- 22 Since 1980, have you engaged in male to male sexual activity or had sexual intercourse with someone you know or suspect to be HIV positive? Yes  No

If YES, a confidential questionnaire will be sent to you for completion and return.

## Section F

23 What is your: Height  cms Weight  kgs

+

24 Since the date of the original application, have you:

- a) Had any change in your health? Yes  No

If YES, please give details:

- b) Suffered any illness (other than cold and flu), disease, accident or injury? Yes  No

If YES, please give details:

- c) Consulted any doctor or had any treatment or advice or been hospitalised? Yes  No

If YES, please give details:

- d) Had or been advised to undergo any surgery, test or special investigation, genetic test? Yes  No

If YES, please give details:

- e) Taken or been prescribed any medication, drugs, stimulants, sedatives, etc? Yes  No

If YES, please give details:

25 What is the name and address of your usual doctor?




