

Underwater Diving Questionnaire

MetLife[®]



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; OR
- 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 takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Please note: 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 Statement that explains how we handle the information about you that we collect. For a copy of the MetLife Privacy Statement please refer to the Product Disclosure Statement which was provided to you or contact MetLife Customer Service on **1300 555 625**.

Underwater Diving Questionnaire

To be completed by the proposed person to be insured.

If space is insufficient, please attach an extra sheet of paper.

Please complete the questionnaire in **BLACK** ink pen only.

Any changes made to this questionnaire to be initialled by the proposed person to be insured.

Personal Details

Name:

Date of Birth:

 / /

Group Scheme Name / Number:

OR Individual Policy Number:

Note: You will have a Group Scheme Name/Number if your application for insurance is through your Superannuation fund OR Employer, otherwise you will have an Individual Policy Number.

Questionnaire

1 How long have you been diving? Please give details below.

For pleasure: Years

Commercially: Years

2 How many months of the year do you dive? Please give details below.

For pleasure: Months

Commercially: Months

3 Do you dive alone, in a pair or in a group? Tick below which is applicable.

For pleasure:

Alone Pair Group

Commercially:

Alone Pair Group

4 Are you a member of an organised club? Yes No

If "Yes", please provide details below.

For pleasure:

Commercially:

Questionnaire (cont.)

5 What equipment do you use? (e.g. scuba, aqualung, snorkel, diving bell, hooka)? Please give details below.

For pleasure:

Commercially:

6 What are the locations of the diving activities (i.e., deep sea, shoreline, inland waters)? Please give details below.

For pleasure:

Commercially:

7 Have you ever suffered from:

a) Decompression sickness?

Yes No

b) Nitrogen narcosis?

Yes No

8 Have you experienced any other medical problems due to diving?

Yes No

If "Yes" please provide full details.

Date	Medical Problem	Details
/ /		
/ /		

9 Have you been trained by a qualified instructor?

Yes No

10 Please specify the type of certificate you hold.

11 Do you engage in cave or wreck diving?

Yes No

If "Yes", please give details.

12 If diving for occupational purposes please give full details of the nature of your duties.

Questionnaire (cont.)

13 Do you use explosives?

Yes No

If "Yes", please provide details below.

14 Particulars of Diving Experience:

Depth of Dives	During Past 12 Months	
	No. of Dives	Average Time Submerged
Less than 20 Metres		
20 - 40 Metres		
Over 40 Metres		
Maximum Depth Obtained		

15 Do you plan on Diving past the next 12 months?

Yes No

If "Yes", please provide details below.

16 Are you a member of any of the following? (Please tick all that apply).

PADI CMAS SSI NAUI

other (please specify)

17 Please provide any additional information that may help assess your application for insurance.

MetLife Medical Authority

MetLife Insurance Limited (MetLife) is considering my application for insurance and I hereby authorise any medical practitioner, hospital, clinic or other person (including a life insurance company or underwriter) to disclose to MetLife or any third party engaged by MetLife full details of my health and medical history. A photocopy of this Authority should be accepted as my personal authority.

My Name:

Date of Birth:

 / /

Address:

State:

Postcode:

Signature:

Date:

 / /

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I acknowledge that this questionnaire is part of the application for life Insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of the person whose life is to be insured:

Date:

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