

Drug Use 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**.

MetLife Insurance Limited

ABN 75 004 274 882

AFSL No. 238096

Drug Use Questionnaire

This is intended to include any use and or abuse of drugs, including illegally manufactured substances.

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:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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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 Have you ever used or are you currently using or taking any drug? Please tick appropriate box below.

Cannabis (e.g. hashish, marijuana, pot, weed, grass, dope)

Yes No

Illegal opiates (e.g. heroin, opium)

Yes No

Cocaine (e.g. coke, crack, snow)

Yes No

Hallucinogens (e.g. LSD, acid, angel dust, haze, microdots)

Yes No

Amphetamines (e.g. speed, ecstasy, ice, MDMA, uppers)

Yes No

Any others not listed

Yes No

If "Yes" to any of the above, please provide full details including name of drug and dates when usage commenced and ceased, if appropriate.

Date Commenced	Date Ceased	Drug Name	Frequency
/ /	/ /		
/ /	/ /		
/ /	/ /		

Questionnaire (cont.)

2 Are you now using or have you ever used any of the following substances, other than for bona fide treatment of a medical condition under proper medical supervision?

Stimulants (e.g. amphetamines, Dexedrine, Ritalin) Yes No

Barbiturates/sedatives (e.g. Seconal, Nembutal, Amytal, Mogadon, Temezepam, Nitrazepam, Rohypnol, downers) Yes No

Herbs (e.g. catnip, poppy, kava, lobelia) Yes No

Opiates (e.g. Morphine, Dilaudid, Oxycodone, Dihydrocodeine, Codeine (other than contained in OTC (over the counter) medicines used only as directed), Methadone, Pethidine) Yes No

Sedatives/tranquilizers (Valium, Diazepam, Nitrazepam, Xanax) Yes No

Solvents (e.g. aerosols, glue, petrol) Yes No

Others Yes No

If "Yes", to any of the above, please provide full details including name of drug and dates when usage commenced and ceased.

Date Commenced	Date Ceased	Substance Name	Frequency
/ /	/ /		
/ /	/ /		
/ /	/ /		

3 Have you ever sought medical treatment due to drug, alcohol or other substance usage, abuse, compulsive use and/or detoxification? Yes No

If "Yes", please provide details including date/s of attendance/s and name of doctors.

Date	Doctor's Name	Details of Treatment
/ /		
/ /		
/ /		

4 Have you suffered from any impairment associated with drug usage such as: (Please tick all that apply).

- Hepatitis B
- Heart complaints
- Kidney disorder
- Hepatitis C or other liver disease or inflammation
- Phlebitis
- Other (please detail below)
- HIV infection
- Anxiety, depression, toxic psychosis

If "Yes" to any, please provide details.

Questionnaire (cont.)

5 Are you presently using any mind and mood altering substance:

a) Prescribed by a registered medical practitioner?

Yes No

b) On own initiative? (i.e. not prescribed by registered medical practitioner).

Yes No

If "Yes", please give details of the substance, amounts and frequency etc.

Substance	Dosage	Frequency

If "No", please state when usage of any psychotropic substance ceased.

Date Ceased	Details
/ /	
/ /	
/ /	

6 Have you ever had regular absences from work or been absent from work or restricted in your lifestyle for more than one month at a time as a result of injury or illness?

Yes No

If "Yes", please provide details.

Date	Details
/ / to / /	
/ / to / /	
/ / to / /	

7 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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