

Abdominal Pain 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

Abdominal Pain 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 What is/was the nature and severity of the pain? Please tick any box applicable.

Very severe

Moderate

Mild

Fluctuating

Burning



2 Describe the location of the pain (e.g. central, in the left or right side of the abdomen/chest, across the front of the abdomen, near the navel, elsewhere in the abdomen).

3 Was or is the pain worse with exertion or does it alter with changes in posture, OR is it worsened or improved by deep inspiration (breathing in) or any other movement?

Yes

No

4 Are there any other symptoms associated with this pain? (e.g. Nausea, vomiting, diarrhea, fever).

Yes

No

If "Yes", please give details.

5 When did the pain initially occur?

 / /

6 What was the mode of onset?

Sudden

OR

Gradual

and

At rest

OR

Only on exertion

OR

Postural

Questionnaire (cont.)

7 Was the pain related to any particular event?

Yes No

If "Yes", please give full details.

8 How many episodes of pain have you experienced?

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9 How long did/does the pain last?

--

10 When did you last experience this pain?

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11 Please provide the full name and address of all General Practitioners and Specialists who currently treat, and have previously treated you for this condition and any other conditions.

Last Consultation	Name	Address
/ /		
/ /		
/ /		

12 What treatment have you had? (Please list medicinal drugs either prescribed or over the counter preparations, that have been taken and whether they afforded relief or not.)

Treatment/Prescription	Relief	
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>

13 Are you still receiving treatment?

Yes No

14 Is any surgery or further investigations contemplated for the future?

Yes No

If "Yes", please give full details.

If "No", are you or how long have you been symptom free?

Questionnaire (cont.)

15 Have you undergone any special investigations, including but not only: Barium swallow, ultrasound, endoscopy, colonoscopy, gastroscopy, coronary angiography, ECG, Stress ECG, Radionuclide scans, Doppler Studies Ultrasound or Echocardiogram? Yes [] No []

If "Yes", provide full details.

Empty text box for providing details for question 15.

16 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 this condition or illness? Yes [] No []

If "Yes" please give full details.

Table with 2 columns: Date and Details. Includes date format placeholders like / / to / /.

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

Empty text box for providing additional information for question 17.

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:

Text box for My Name.

Date of Birth:

Date of Birth input fields (MM/DD/YYYY).

Address:

Text box for Address.

State:

State input fields (3 digits).

Postcode:

Postcode input fields (4 digits).

Signature:

Text box for Signature with an 'x' placeholder.

Date:

Date input fields (MM/DD/YYYY).

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:

Text box for Signature of the person whose life is to be insured with an 'x' placeholder.

Date:

Date input fields (MM/DD/YYYY).

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