

# Systemic Arthritis & Connective Tissue Disease 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**.

## Systemic Arthritis & Connective Tissue Disease Questionnaire

*Also for collagen disorders, Systemic Lupus Erythematosus (SLE), scleroderma, or other autoimmune conditions.*

Please complete this with the assistance of your Primary Care OR Specialist Physician if you incur difficulty.

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 was the initial date of onset of disease or symptoms?

 /  / 

2 Please describe your symptoms to the best of your ability.

  
  

3 Have you have been diagnosed with or been suspected of suffering from: (Please tick all that apply).

- |   |  |   |                                       |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Rheumatoid Arthritis | <input type="checkbox"/> Systemic Lupus Erythematosus (SLE)            | <input type="checkbox"/> Scleroderma              | <input type="checkbox"/> Polymyositis |
| <input type="checkbox"/> Dermatomyositis      | <input type="checkbox"/> Mixed Connective Tissue Disease               | <input type="checkbox"/> Sjogren's Syndrome (PSS) |                                       |
| <input type="checkbox"/> CREST Syndrome       | <input type="checkbox"/> Other Collagen Vascular or Autoimmune Disease |   |                                       |

If "Yes" to any, please give full details.

Questionnaire (cont.)

4 How many joints are or have been involved? Please list them.


5 Have you had tests for Rheumatoid Factor, ANA (Antinuclear Antibodies) or other tests? Yes  No

If "Yes", please give full details of their outcome with dates.

Date	Test	Outcome
/ /		
/ /		
/ /		

6 Have you ever been prescribed medication for this condition? Yes  No

If "Yes", please give name of medication used, dosage and frequency.

Medication	Dosage	Frequency

7 Have you been prescribed or taken Corticosteroids (such as Prednisone, Prednisolone etc and/or Methotrexate or any other immunosuppressant drug such as Plaquenil, Arabloc, Cysporin, D-Penammine, Enbrel, Humira, Ledertrexate)? Yes  No

If "Yes", please give details of the dosage and dates and dates ceased (if not on maintenance therapy).

Medication/Prescription	Dosage	Date	Date Ceased
		/ /	/ /
		/ /	/ /
		/ /	/ /

8 Have you had or required hospital treatment for this condition? Yes  No

If "Yes", please give full details including the duration of hospital stays.

Date	Duration	Hospital	Treatment
/ /			
/ /			
/ /			

Questionnaire (cont.)

9 Has there been any other organ (meaning other than joints) involvement with this disease (such as heart, intestinal, kidney etc)?

Yes  No

If "Yes", please give full details.


10 Please list all medications (not already mentioned) that you are taking regularly or intermittently for this or any related, and for any unrelated condition or illness.


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 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	Injury/Illness
/ / to / /	
/ / to / /	
/ / to / /	

13 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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