

Chest 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**.

Chest Pain Questionnaire

Please answer the questions below regarding any chest pains.

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 & severity of the pain?

Very severe/Crushing Stabbing Mild dull ache



2 How did the pain begin?

Sudden OR Gradual and At rest OR With physical activity

3 Describe the location of the pain (e.g. central, in the left or right side of the chest, extended to left arm or shoulder).

4 (i) When did pain initially occur?

 / /

(ii) Was it related to any particular event?

Yes No

If "Yes", please give details.

Questionnaire (cont.)

- 4** (iii) Was or is the pain change due to any particular activity? (e.g. did it become worse on exertion, did it alter with changes in posture, or was it worsened by deep inspiration?) Yes No

If "Yes", please describe as best as you can.

- 5** How frequently has such pain or similar occurred since the initial episode?

- 6** How long does the pain last?

- 7** When did you last experience this pain? / /

- 8** Are there any other symptoms associated with this pain (e.g. nausea, vomiting or sweating)? Yes No

If "Yes", please give details.

- 9** Have you consulted a General Practitioner or Specialist for this complaint? Yes No

If "Yes", please provide the full name and address of all General Practitioners and Specialists who have treated or are currently treating you for this condition and any other conditions.

Last Consultation	Name	Address
/ /		
/ /		
/ /		

- 10** What treatment have you had?

Date	Treatment
/ /	
/ /	

- 11** Are you still receiving treatment? Yes No

Is any surgery or further investigations contemplated for the future? Yes No

If "Yes" to either question, please give full details.

Questionnaire (cont.)

12 Have you undergone any special investigations such as: (please tick all that apply).

- Coronary Angiogram
 ECG
 Stress ECG
 Thallium Perfusion Scan
 Sestamibi Stress Exercise ECG
 Endoscopy
 Echocardiogram
 Ultrasound
 Doppler studies
 Other (please specify below)

If any of the above boxes has been ticked, please provide full details and a copy of the results.

13 Please supply further information including:

(i) The date of the last stress ECG performed:

		/			/		
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(ii) Names and addresses of all General Practitioners or specialists who have treated you for this condition:

Last Consultation	Name	Address
/ /		
/ /		
/ /		

(iii) Any other medical care providers not previously mentioned:

Last Consultation	Name	Address
/ /		
/ /		

14 Are you now symptom free?

Yes No

If "Yes", how long?

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15 Please list all medications (not already mentioned) you have been taking or are taking regularly, whether for this condition, or any unrelated conditions.

Questionnaire (cont.)

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 injury or illness? Yes No

If "Yes", please give details including dates and duration.

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

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:

x

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:

x

Date:

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