

# Digestive Disorder 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**.

## Digestive Disorder Questionnaire

To be used for Indigestion, Gall Bladder disease Hepatitis or any illness of the GI tract.

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 Please state:

(i) The date (approximately) that you were first diagnosed with this impairment/condition/disease.

(ii) When did you first have symptoms?

2 What symptoms have you experienced?

Date	Symptom
/ /	
/ /	

3 What was the formal medical diagnosis? Please provide details below.

**Questionnaire (cont.)**

**4** Please give details of treatment including any medications used for this condition/illness. (Please advise the amount taken, dosage if known, and date any medication was last taken).

Date Last Taken	Treatment	Dosage/Description
/ /		
/ /		
/ /		

**5** How frequently do you experience symptoms:

a) prior to treatment, or without treatment if treatment is not constant:

b) with treatment or since taking treatment:

**6** Please list all medication(s), not previously mentioned in this questionnaire, that you are taking regularly or intermittently whether for this or any other condition/illness.




**7** 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 illness?

Yes  No

If "Yes", please provide details.

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

**8** Have you been hospitalised for this or a related condition?

Yes  No

If "Yes", please give full details.

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

Questionnaire (cont.)

9 Have you ever been diagnosed with: (Please tick all those that you have had or have been diagnosed with).

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Indigestion                                       | <input type="checkbox"/> Barrett's Oesophagus      | <input type="checkbox"/> GORD (Gastro-oesophagal reflux disorder) |
| <input type="checkbox"/> Pancreatitis                                      | <input type="checkbox"/> Duodenal or Gastric Ulcer | <input type="checkbox"/> Inflammatory bowel disease               |
| <input type="checkbox"/> Hiatus Hernia                                     | <input type="checkbox"/> Hepatitis A, B, C, D, E   | <input type="checkbox"/> Gall Bladder Disease                     |
| <input type="checkbox"/> Peptic Ulcer                                      | <input type="checkbox"/> Irritable Bowel Syndrome  |   |
| <input type="checkbox"/> Other disease or disorder of the digestive system |  |   |

If "Yes" to any of the above, please give full details. (Please provide copies of any histology reports.)


10 Have you ever had or been diagnosed with haematemesis (vomiting blood) or melaena (dark tarry stools caused by internal bleeding)?

Yes  No

If "Yes", please provide full details (especially on follow up).

Date	Condition Diagnosed	Details
/ /		
/ /		
/ /		

11 Have you had any secondary health issues due to either your condition or to its treatment?

Yes  No

If "Yes", please give full details regarding results of follow-up.

Date	Complication	Result of follow-up
/ /		
/ /		
/ /		

12 Please provide the full name and address of all General Practitioners and Specialists who treat and/or have treated you for this condition and other conditions.

Last Consultation	Name	Address
/ /		
/ /		
/ /		

Questionnaire (cont.)

13 Please provide any additional information that may help the assessment of your application for insurance.

Three empty rectangular boxes for providing additional information.

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 input field for My Name.

Date of Birth:

Date input field with slashes for day, month, and year.

Address:

Text input field for Address.

State:

Text input field for State.

Postcode:

Text input field for Postcode.

Signature:

Text input field for Signature, containing an 'x'.

Date:

Date input field with slashes for day, month, and year.

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 input field for Signature of the person whose life is to be insured, containing an 'x'.

Date:

Date input field with slashes for day, month, and year.

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