

# Heart Disease Questionnaire

**MetLife**<sup>®</sup>



## 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**.

## Heart Disease Questionnaire

Please answer all questions.

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 symptoms leading to the diagnosis of Heart Disease?

**2** Do you know the specific diagnosis applied to this disease?

Cardiomyopathy

Ischaemic Heart Disease

Mitral or other valve stenosis/insufficiency

Other

If "Yes" to any, please elaborate.

**3** Were your symptoms accompanied by other body symptoms (e.g. sweating, dizziness, fainting)? Yes  No

If "Yes", please describe fully.

Questionnaire (cont.)

4 When did these symptoms initially occur?

 /  / 

5 Were these symptoms related to a special event?

Yes  No

If "Yes", please provide details.


6 How frequently have these or similar symptoms occurred since the initial episode?

7 How long do these symptoms last?

8 When was the last occurrence?

 /  / 

9 How do the symptoms usually begin?

Suddenly       Gradually       At rest       Only on physical activity +

10 Do your symptoms become worse or better on exertion?

Worse  Better

11 Have you consulted a General Practitioner or Specialist for this complaint?

Yes  No

If "Yes", please provide dates of consultations and name of the practitioner.

Date	Name
/ /	
/ /	
/ /	

12 What treatment have you had (e.g. surgery or medication)?


13 (i) Are you still receiving treatment?

Yes  No

If "Yes", please provide details.


(ii) Is any surgery or further investigation contemplated for the future?

Yes  No

If "Yes", please give full details.


**Questionnaire (cont.)**

**14** 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.


**15** Have you undergone any special investigations, such as: (Please tick all that apply).

<input type="checkbox"/> Coronary Angiogram	<input type="checkbox"/> Resting	<input type="checkbox"/> Exercise
<input type="checkbox"/> Thallium Perfusion Scan	<input type="checkbox"/> Endoscopy	<input type="checkbox"/> Echocardiogram
<input type="checkbox"/> Sestamibi Stress/Exercise ECG	<input type="checkbox"/> Other, please specify	<input style="width: 150px;" type="text"/>

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

Last Consultation	Name	Address
/ /		
/ /		
/ /		

**16** If you have been symptom free for some time, please provide details.

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**17** 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 illness? Yes  No

If "Yes" please provide details.

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

**18** 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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