

Attention Deficit 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**.

Attention Deficit Disorder 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 When were you diagnosed with Attention Deficit Disorder? / /

2 Please describe the symptoms or how the disorder was recognised leading to treatment?

3 Have you ever had or been diagnosed of any of the following conditions? (Please indicate which ones).

Anxiety or anxiety state Panic States Phobias Obsessive or compulsive behaviours

Adjustment Disorder Personality Disorder Depression Bipolar Disorder

Other Affective or Mood Disorder, or "Chemical imbalance" causing mood or cognitive changes

4 Have you regularly or on occasion taken recreational (legal and illegal) drugs? Yes No

If "Yes", please outline the drugs, frequency of use and the length of period used for.

Drug Name	Frequency	Length of period used

Questionnaire (cont.)

- 5** Have you regularly or on occasion consumed alcoholic drinks in larger amounts than an average of three standard drinks per day? Yes No

If "Yes", please outline frequency of use and the length of period for which you consumed larger amounts.

	Number of drinks	Length of period
Beer		
Wine		
Spirits		

- 6** Have you had any thoughts about suicide or actual suicide attempts? Yes No

If "Yes", please give full details with dates.

Date	Details
/ /	
/ /	

- 7** Have you ever been referred to a specialist for this or any related condition? Yes No

If "Yes", please give full details including name and address of the specialist.

Physician Name	Address	Specialty

- 8** (a) Have you ever had in-patient hospital treatment? Yes No +

- (b) Electroconvulsive therapy (ECT) treatment? Yes No

If "Yes" to either of the above, please give details including dates, duration and number of treatments.

Date	No. of treatments	Description of treatment
/ / to / /		
/ / to / /		
/ / to / /		

- 9** If applicable, please advise how long you have been symptom free?

- 10** What drugs or medication have been prescribed for these symptoms?

Medication	Dosage	Frequency

Questionnaire (cont.)

11 Do you take on-going medication?

Yes No

If "Yes", please state the dosage and frequency.

Medication	Dosage	Frequency

If "No", when did you cease taking medication for this condition?

/ /

12 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 or illness.

13 Do you have any history of violence, rage, or anger that is difficult to control which may result in harm to self or others?

Yes No

If "Yes" please give details (attach a page if there is not enough room).

14 Are there any other relevant features? (e.g. family history of mental, emotional illness, suicide, criticism of your habits by family members, friends or health care providers etc)

Yes No

If "Yes", please give full details.

15 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 this illness?

Yes No

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

a) This illness:

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

b) Other injury or illness:

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

Questionnaire (cont.)

16 Please provide any additional information that may help assess 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 name, containing 'x'.

Date of Birth:

Date input field with slashes, containing 'x'.

Address:

Text input field for address, containing 'x'.

State:

State input field, containing 'x'.

Postcode:

Postcode input field, containing 'x'.

Signature:

Text input field for signature, containing 'x'.

Date:

Date input field with slashes, containing 'x'.

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, containing 'x'.

Date:

Date input field with slashes, containing 'x'.

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