

Depression, Anxiety or Stress Related Condition 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 we collect about you. 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**.

Depression, Anxiety or Stress Related Condition 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:

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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 diagnosis of the illness or symptoms? +

2 What was the date of onset – or dates if more than one episode?

(i)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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 (ii)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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 (iii)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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3 What were the presenting symptoms?

4 What is your current mental/emotional state?

Questionnaire (cont.)

5 Did the illness develop as a reaction to particular circumstances?

Yes No

If "Yes", please outline those circumstances.

6 Have you had any suicidal tendencies, ideation 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?

Yes No

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

Specialist's Name	Address	Speciality

8 Have you ever been prescribed medicine/drugs/medication for these symptoms condition/illness?

Yes No

If "Yes", please give name of medication used.

Medication	Dosage	Frequency

9 Have you ever had in-patient hospital treatment or electroconvulsive treatment?

Yes No

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

Date	No. of Treatments	Description of Treatment
/ / to / /		
/ / to / /		
/ / to / /		

10 What is your current treatment?

a) If medicines, please name them and give dosage instructions.

Medication	Dosage	Frequency

Questionnaire (cont.)

10 What is your current treatment? (cont.)

b) If Psychotherapy please state:

(i) Number of sessions:

(ii) Frequency:

11 How long have you been symptom free?

12 How long ago have you ceased medication(s) for this condition?

 / /

13 Please list all medications that you are taking regularly or intermittently whether for this or any other condition/illness.

14 Please list all time off work with this condition.



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

15 Are there any other relevant features? (e.g. family history of mental/emotional illness/suicide, criticism of habits, etc).

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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