

Epilepsy, Seizures & Fainting 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**.

Epilepsy, Seizures & Fainting 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 Please state:

(i) The type of seizures blackouts, faints you have experienced and please provide details.

(ii) The date of onset.

 / /

2 Please give details regarding the nature and frequency of symptoms.

Symptom	Frequency

3 Do you lose consciousness?

Yes No

If "Yes", how long does this usually last?

4 What was the date of the most recent occurrence of such an event?

 / /

Questionnaire (cont.)

5 Please give details of any time off work due to seizures., absences, epilepsy or associated symptoms.

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

6 Has your specialist or general physician specified the type of epilepsy that you have? (Please tick all that apply).

- Grand Mal
 Petit Mal
 Jacksonian
 Focal
 Temporal Lobe
 Other (please specify below)

If "Yes", please give details.

7 Do you know of any underlying cause for your seizures, (e.g. a previous head injury, infection or tumor)?

Yes No

If "Yes", please give details.

8 Are there any circumstances that you are aware of that trigger seizures?
e.g. excess alcohol, tiredness or stress etc.

Yes No

If "Yes", please provide details.

9 Please give details (name, dosage, frequency) of all medication taken for this condition.

Medication	Dosage	Frequency

10 Have you undergone any investigations such as an EEG, CT or MRI scan etc.?

Yes No

If "Yes", please provide details including when and where these investigations took place and the results.

Date	Test	Result
/ /		
/ /		

Questionnaire (cont.)

11 Has a surgical treatment for the seizures ever been suggested or offered?

Yes No

If "Yes", please give details.

12 Have you ever had a prolonged seizure that required emergency medical treatment (status epilepticus)?

Yes No

If "Yes", please give details.

Date	Details
/ /	
/ /	

13 Have you had any adverse reactions complications due to either the condition or medication or other treatment?

Yes No

If "Yes", please give details.

Date	Details
/ /	
/ /	

14 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 other illness?

Yes No

If "Yes", please provide details.

Date	Details
/ /	
/ /	

15 Do you currently hold a driver's license?

Yes No

If "Yes", please give full details including whether you have ever been refused, or had restrictions imposed on holding a license because of your condition?

16 Please provide the full name and address of all General Practitioners and Specialists who currently treat, and have previously treated you for this condition and any other conditions.

Last Consultation	Doctor or Clinic Name	Address
/ /		
/ /		
/ /		

Questionnaire (cont.)

17 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 My Name.

Date of Birth:

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

Address:

Text input field for Address.

State:

State input field with three boxes.

Postcode:

Postcode input field with five boxes.

Signature:

Signature input field 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:

Signature input field containing an 'x'.

Date:

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



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