

Neurological Disorder Questionnaire (Medical Attendant)



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**.

Neurological Disorder Questionnaire (Medical Attendant)

(For completion by the primary health care provider/medical attendant).

If space is insufficient, please attach a sheet of paper.

Patient Details

Patient:

Date of Birth:

Questionnaire

1 When were symptoms first noticed?

Please describe these presenting symptoms.

2 How long did symptoms persist?

3 a) What was the diagnosis?

(b) When was this diagnosis confirmed?

4 What investigations were performed and what were the results of these investigations?

Investigation	Result

5 Is there any ongoing treatment?

Yes No

If "Yes", please provide details.

Questionnaire (cont.)

6 Has there been any recurrence?

Yes No +

If "Yes", please provide details including dates.

Date	Details
/ /	
/ /	

7 Are there any residual cognitive or psychological impairment, or is there any other remaining disability?

If "Yes", please provide full details.

8 Have there been any referrals and/or inpatient treatment?

Yes No

If "Yes", please provide full details including the name(s) and address(es) of doctors or institutions etc.

Doctor/Institution	Address

9 Please advise any other relevant information (such as family history).

It would help your patient's application if you would make available copies or a summary of any specialist notes from your records.

Medical Examiner Details

Name of Medical Examiner: (Please Print Clearly)

Qualifications:

Signature:

Date:

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