

Reinstatement Application



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**.

Reinstatement Application

If space is insufficient, please attach an extra sheet of paper.

Personal Details

Policy Number:

Title:

Surname:

Given names:

Date of Birth:

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Address for notices:

Suburb:

State:

Postcode:

Telephone (Home):

Telephone (Work):

Mobile:

Section A

1 (i) Are you covered by, or are you applying for insurance other than this application? (Please tick all that apply).

Life

Disability

Critical Illness

Income Protection

Business Expenses

(ii) Company:

(iii) Commencement Date:

 / /

(iv) Sum Insured or Monthly benefit:

2 Since the date of the original application, have you had an application for insurance declined, deferred, accepted with a loading or exclusion?

Yes

No

If "Yes", please give details.

Section A (cont.)

3 Since the date of the original application, have you made a claim for any type of accident or sickness benefits?

Yes No

If "Yes", please give details.

Section B

4 What is your current occupation?

5 Are you:

self-employed an employee

6 Name of Company:

7 Type of industry:

8 Please describe your duties.



9 Percentage of manual work:

 %

10 What is the average number of hours worked per week?

11 If employee, what is your current salary or package (excluding bonuses)?

12 If self-employed, what were your gross earnings (net of business expenses but before tax) from your usual occupation for the last 12 months? (Do not include investment income).

13 If your policy has Business Expense cover please provide itemised details the business expenses incurred for the last 12 months.

Section B (cont.)

14 Do you have a second occupation?

Yes No

If "Yes", please give full details including nature of duties, hours worked etc.

Duties	Hours Worked

15 Are you travelling or intend to travel overseas (other than for holidays), reside or work overseas in another country (other than New Zealand)?

Yes No

If "Yes", please give reason for travel, name of country and duration.

Duration	Name of Country	Reason for Travel
/ / to / /		
/ / to / /		

16 Do you engage or intend to engage in any of the following activities? (Please tick all that apply).

- Aviation (other than a fare paying passenger)
 Underwater water diving
- Hang gliding / parachuting
 Mountaineering or rock climbing
- Motor racing
 Any other hazardous pursuits or pastimes



If "Yes" to any, please give full details e.g. type of activity, frequency, category of racing, average number of dives, max depths etc.

Section C

17 During the past 12 months have you smoked tobacco or any other substance or used any nicotine containing product?

Yes No

If "Yes", what type (cigarettes, cigars, patch) and daily quantity?

Type	Average quantity per day

18 Have you been advised by your doctor to cease smoking due to medical reasons?

Yes No

If "Yes", please give reason.

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Section C (cont.)

19 Do you drink alcohol?

Yes No

If "Yes", what form and what is your average daily quantity.

Number of drinks	Daily	Weekly	Monthly
Beer:			
Wine:			
Spirits:			

20 Have you been advised by your doctor to cease drinking alcohol due to medical reasons?

Yes No

If "Yes", please give reason.

Section D

21 Are you infected with HIV or suffering from AIDS?

Yes No

22 Since 1980, have you engaged in male to male sexual activity or had sexual intercourse with someone you know or suspect to be HIV positive?

Yes No

If "Yes", a confidential questionnaire will be sent to you for completion and return.

Section E

23 What is your:

Height cms

Weight kgs

24 Since the date of the original application, have you:

a) Had any change in your health?

Yes No

If "Yes", please give details.

b) Suffered any illness (other than cold and flu), disease, accident or injury?

Yes No

If "Yes", please give details.

c) Consulted any doctor or had any treatment or advice or been hospitalised?

Yes No

If "Yes", please give details.

d) Had or been advised to undergo any surgery, test or special investigation, genetic test?

Yes No

If "Yes", please give details.

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Section E (cont.)

e) Taken or been prescribed any medication, drugs, stimulants, sedatives, etc?

Yes No

If "Yes", please give details.

25 What is the name and address of your usual doctor?

Doctor Name	Address

26 How long have you attended this doctor?

27 What is the date of your last consultation?

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28 Reason for last check up or consultation?

29 What was the result?



30 (i) Were you prescribed any medication?

Yes No

If "Yes", please give details.

Medication	Dosage	Frequency

(ii) Were you referred for further investigation?

Yes No

If "Yes", please give details.

Practitioner Name Referred	Address	Specialty

Section E (cont.)

30 Have any of your immediate family (parents, siblings) suffered from any of the following? (Please tick all that apply).

Heart disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Huntington's disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Kidney disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Cystic fibrosis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stroke	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Muscular dystrophy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Familial polyposis	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other hereditary disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>



If "Yes", to any of the questions above please give details.

Medical Condition (If cancer state type of cancer)	Relationship	Current Age (If living)	Age or year of diagnosis if known	Age of death (if deceased)

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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MET 0201 02/09

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