

Respiratory Disorders 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**.

Respiratory Disorders Questionnaire

Please answer all questions.

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

For the purposes of this questionnaire, please read "symptoms" or "attacks" to refer to whatever you experience as respiratory disorder, even if the symptoms do not constitute full blown "attacks". This includes difficulty breathing, wheezing, chest tightness or discomfort, decreased function, congestion or coughing. Please read and answer all questions this way.

1 When did you first experience symptoms/attacks of respiratory disorder?

 / /

2 What is the average duration of symptoms or attacks of respiratory disorder you experience?

3 What was the date of the last time you experienced symptoms or attacks of respiratory disorder?

 / /

4 What is the actual diagnosis of the respiratory disorder referred to, and what symptoms do you experience?

5 Have you ever been hospitalised, had specialist investigations, advice/treatment?

Yes No

If "Yes", please give details.

Questionnaire (cont.)

6 Have you undergone investigations to assess respiratory function such as pulmonary function tests, Chest X-rays or other? Yes No

If "Yes" please advise the findings and preferably attach copies of the actual results.

Date	Test	Results
/ / to / /		
/ / to / /		
/ / to / /		

7 Are you being treated for this condition or any other at present? Yes No

If "Yes", please list all medication, not previously mentioned in this questionnaire, that you are taking regularly or intermittently whether for this or any other condition or illness.

Medication	Dosage Amount/Usage	Frequency

8 Have you at any time been treated with: (Please tick all that apply).

Prednisone Prednisolone Other Corticosteroid



If "Yes" to any, please give full details.

9 Have you smoked tobacco or any other substance at all and/or used any nicotine replacement products, in the past 12 months? Yes No

If "Yes" please advise amount and type of substance smoked.

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If "No", please advise date that you used nicotine replacement products.

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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10 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	Name	Address
/ /		
/ /		
/ /		

Questionnaire (cont.)

11 Are the symptoms or attacks of respiratory illness severe enough to prevent you from doing your normal work?

Yes No

If "Yes", please give full details, including times of absence from work.

Table with 2 columns: Date, Details. Three rows for recording absence periods.

12 Please provide any additional information that may help assess your application for insurance.

Large empty text box 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 input field with slashes for day, month, and year.

Address:

Text input field for Address.

State:

Text input field for State.

Postcode:

Text input field for Postcode.

Signature:

Text input field for Signature with an 'x' placeholder.

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:

Text input field for Signature of the person whose life is to be insured with an 'x' placeholder.

Date:

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

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