

Skin Disorder 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**.

Skin Disorder Questionnaire

You may need to check some of these questions with your Primary/Specialist Health Care Physician.

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 the precise diagnosis or nature of the lesion/s if known (e.g. Dermatitis, Eczema, Psoriasis, Seborrheic Eczema, Urticaria (Hives), Vitiligo, Xeroderma, Behcet's Syndrome/Disease, Impetigo, Pemphigus, Pityriasis), and attach a copy of any doctor's reports if available.

- 2** Please indicate the location/s of the affected areas.

- 3** When did the symptoms first occur?

 / /

- 4** Please describe symptoms (e.g. pain, itching, bleeding or changes in skin colour or texture).

Questionnaire (cont.)

5 Has the appearance of the symptoms changed over time?

Yes No

If "Yes" please provide details.

6 Has any further treatment or follow-up been discussed or recommended?

Yes No

If "Yes" please provide details.

7 Have you been treated with oral or topical corticosteroid drugs?

Yes No

If "Yes" please state the drug (either generic or trade name) and the dosage and length of time treatment was required for.

Duration of Treatment	Drug	Dosage
/ / to / /		
/ / to / /		

8 Please list all medication you are **currently** taking or using (whether for this or any other condition).



9 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 illness?

Yes No

If "Yes" please give full details.

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

Questionnaire (cont.)

10 Have there been any other associated symptoms such as arthritis?

Yes No

If "Yes" please provide details.

Empty text box for details.

11 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.

Table with 3 columns: Last Consultation, Doctor or Clinic Name, Address. Includes placeholder dates like / /

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

Empty text box for 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:

Empty text box for name.

Date of Birth:

Date of birth input fields: / /

Address:

Empty text box for address.

State:

State input fields: /

Postcode:

Postcode input fields: /

Signature:

Signature input box with 'x' placeholder.

Date:

Date input fields: / /

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 box with 'x' placeholder.

Date:

Date input fields: / /

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