

## Non-Smoker Declaration Form

- This is an application to alter the Life Insured's smoker status to Non Smoker on the listed policy or policies.
- Please answer all the questions accurately and provide additional information wherever requested.
- The person to be insured must complete this application and initial any changes.
- As part of the overall assessment process MetLife will contact you if further information is required.

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### Privacy - Use and disclosure of personal information

#### Your privacy with MetLife Insurance Limited ABN 75 004 274 882 AFSL 238096 ('MetLife' or the 'Insurer')

The personal information you provide in the form is necessary for MetLife to provide you with the products and services you have requested from MetLife. You do not have to provide MetLife with your personal information, but if you do not do so MetLife may not be able to provide you with the products or services. MetLife complies with the Privacy Act 1988 and the principles laid out in its Privacy Policy which details information about the entities that MetLife usually discloses personal information to (including overseas recipients), how you may access or seek correction of your personal information, how we manage that information and our complaints process. MetLife's Privacy Policy is readily available and can be viewed at [www.metlife.com.au/privacy](http://www.metlife.com.au/privacy).

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### Duty to take reasonable care not to make a misrepresentation - Important information before commencing this application

There is a duty to take reasonable care not to make a misrepresentation when applying for insurance. Before answering the questions in this application form it is important that the person answering the questions carefully reads the 'Duty to take reasonable care not to make a misrepresentation' section on page 2 of this form which explains the duty, the consequences of not complying with the duty, and guidance for answering the questions. If the duty is not complied with, MetLife may be able to avoid or change cover; this means a benefit may not be able to be claimed or the amount we pay may be reduced.

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### Section 1. Policy details

Policy number	Policy Owner 1	Policy Owner 2
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### Section 2. Life Insured details

Title	Given name/s	Surname	Date of birth (dd/mm/yyyy)	
Address		Suburb	State	Postcode
Date of birth (dd/mm/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Email address		
Contact number preferred		Contact number other		
Preferred time of contact <input type="checkbox"/> Morning (9am-12pm) <input type="checkbox"/> Afternoon (12pm-6pm) <input type="checkbox"/> Anytime				

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### Section 3. Non-smoker declaration

This section should be completed by the Life Insured.

I confirm that:

1. I ceased smoking tobacco and/or other substances on \_\_\_\_\_ (Date)  
(this date must be at least 12 months prior to the date of this declaration).
2. I have no intention of smoking tobacco or any other substance again.
3. I was not advised to cease smoking as a result of any diagnosed conditions or any symptoms I have experienced or am currently experiencing.
4. I have no intention of seeking medical advice or treatment in relation to my smoking.

If you don't agree with any of the statements above, please provide further details below:

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### Section 4. The duty to take reasonable care not to make a misrepresentation

#### Your duty to take reasonable care not to make a misrepresentation

When you apply for life insurance, we will ask you a number of questions.

Our questions will be clear and specific. They will be about things such as your health and medical history, occupation, income, lifestyle, pastimes, and other insurance.

The answers given in response to our questions are very important. We use them to decide if we can provide cover to you and, if we can, the terms of the cover and the premium we will charge.



**Care must be taken to answer all questions we ask as part of your insurance application honestly and accurately.**

**Otherwise, you may not be able to rely on your insurance when it's needed the most.**

#### The duty to take reasonable care

When applying for insurance, there is a duty to take reasonable care not to make a misrepresentation.

A misrepresentation could be made if an answer is given that is false, only partially true, or that does not fairly reflect the truth. This means when answering our questions, you should respond fully, honestly and accurately.

The duty to take reasonable care not to make a misrepresentation applies any time you answer our questions as part of an initial application for insurance, an application to extend or make changes to existing insurance, or an application to reinstate insurance.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

If your application is accepted, it will be a 'consumer insurance contract'.

#### Consequences of not complying with the duty

If there is a failure to comply with the duty to take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

Potential consequences	Additional explanation	Impact on claims
Your cover being avoided	This means your cover will be treated as if it never existed.	Any claim that has been made will not be payable.
The amount of your cover being changed	Your cover level could be reduced.	If a claim has been made, a lower benefit may be payable
The terms of your cover being changed	We could, for example, add an exclusion to your cover meaning claims for certain events will not be payable.	If a claim has been made for an event that is now excluded, it will not be payable.



By signing below you agree to the policy alteration as requested in this form.

Policy owner signature

Date (dd/mm/yyyy)



Full name (please print)

Policy owner signature

Date (dd/mm/yyyy)



Full name (please print)

**Please return the completed form to**

MetLife Insurance Limited, GPO Box 3319, Sydney NSW 2001;

or scan the form and upload to [www.metlife.com.au/formsupload](http://www.metlife.com.au/formsupload); or email [auprotect@metlife.com](mailto:auprotect@metlife.com)

For assistance with the completion of this form, please call us on 1800 523 523 Monday to Friday 8am – 6pm AEST.

**metlife.com.au**

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