

Declaration of Continued Good Health



Use this form if you need to advise Macquarie Life of any changes to your health, occupation or lifestyle activities since your application was submitted. To be completed by the insured person or person to be insured.

Your duty of disclosure

Before you enter into a contract of 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, 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 renew, extend, vary or reinstate a contract of 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 business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with the 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 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

If we are entitled to avoid a contract of insurance, we may, within 3 years of entering into it, elect not to avoid it but reduce the amount 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 us.

Please note, your duty of disclosure continues until a written contract of insurance has been issued by Macquarie Life.

Filling in this application

Please use black ink and mark boxes like this with an X.

1 Insured person or person to be insured details

Application or policy number

Mr Mrs Miss Ms Dr Other

First given name

Other given name(s)

Surname

Date of birth

2 Please read this before answering questions 2 to 9

Since the date on which your application for insurance was submitted to Macquarie Life have you had changes to your health? Please read each question and if the answer is 'Yes' provide the details requested.

Have you had any symptoms of illness?

No Go to next question

Yes Provide details below

3 Have you had an injury?

No Go to next question

Yes Provide details below

4 Have you received medical advice from any doctor, undergone any medical examination, tests or treatment, been in hospital or suffered any physical infirmity?

No Go to next question

Yes Provide details below

5 Have you had a change in occupation or duties performed?

No Go to next question

Yes Provide details below

6 Have you engaged in, or intend to engage in, any hazardous activities or pastimes including but not limited to: private aviation, motor sports, SCUBA diving, sailing, body contact sports such as martial arts or football, or any recreations involving heights or underground activities?

No Go to next question

Yes Provide details below

7 Have you any intention of living or travelling outside Australia or New Zealand?

No Go to next question

Yes Provide details below, including when you are departing, length and purpose of trip and destination.

8 Not including this application, has any insurer declined, deferred, accepted with a higher than normal premium or issued a policy with restrictions or exclusions?

No Go to next question

Yes Provide details below

9 Have you had any other changes in your circumstances, lifestyle or activities not otherwise disclosed?

No Go to next question

Yes Provide details below

10 Declaration

I declare that the information supplied is true and correct to the best of my knowledge, and that I have read and understood the Duty of Disclosure.

Name and title

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Signature (Please sign in black ink)

--

Date

/ /

11 Medical authority

Dr

--

of

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Dear Doctor

I hereby authorise you or any other physician or surgeon or other person in your employ or associated with you to give Macquarie Life Limited or our appointed agents UHG* any information which they may require and which you have acquired in a professional capacity in attending me. A photocopy of this authority should be accepted as my personal authority.

Name

--

Date of birth

/ /

Signature (Please sign in black ink)

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Date

/ /


Macquarie Life Limited ABN 56 003 963 773 AFSL 237 492 (MLL) is not an authorised deposit-taking institution for the purposes of the Banking Act 1959, and its obligations do not represent deposits or other liabilities of Macquarie Bank Limited ABN 46 008 583 542(MBL). MBL does not guarantee or otherwise provide assurance in respect of the obligations of MLL.

*Unified Healthcare Group Pty Ltd (ACN 073 271 735) of 139 High Street, Prahran, Victoria 3181

Macquarie Life

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 **Fax Gateway** 1800 812 175

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 insurance@macquarie.com

Claims

 Freecall 1800 208 130

 insuranceclaims@macquarie.com

FORWARD thinking

