

Part C - Injuries or Hazards at Work (continued)

- 3) Is there any injury or illness which restricts you from carrying out, on a full-time basis, all the identifiable duties of your current employment? (Please Tick One)
 (Full time means more than 30 hours a week on an ongoing basis). Yes No

If yes to any questions in PartC and D, then please provide details.

Part D - Health Questionnaire

- 1) Has an insurance company ever declined, deferred, loaded or placed any restriction, or have you ever withdrawn an application for an insurance policy on your life? (Please Tick One)
 Yes No
- 2) Have you ever been paid or have you ever claimed a Total and Permanent Disablement (TPD) benefit from any superannuation fund or any insurance policy? (Please Tick One)
 Yes No
- 3) Have you ever received medical advice that you have or have had cancer or a tumor of any type, or been diagnosed with a terminal illness or received medical advice that you may die within the next two years as a result of any medical condition? (Please Tick One)
 Yes No
- 4) Have you ever had any test for HIV (Human Immunodeficiency Virus) antibodies that had a positive result or do you believe you may be infected by the virus which causes AIDS or are you carrying antibodies to that virus? (Please Tick One)
 Yes No
- 5) Have you ever had any other medical condition not mentioned above (other than colds, flu or mild asthma), which has required you to be absent from the workforce for a total of four or more weeks in the last twelve months? (Please Tick One)
 Yes No

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, 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 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 business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

Declaration and Signature

I, the PROPOSED LIFE INSURED do hereby declare that all statements made concerning myself are complete and true and that they are correctly and fully recorded and that no material information has been withheld or omitted concerning my past and present state of health and habits of life. I acknowledge that I have read the notes on this form explaining my duty of disclosure. I agree that any Medical Practitioner who has been, or may hereafter be consulted by me is authorised and directed by me to divulge to MetLife Insurance Limited any information he/she may have acquired with regard to myself.

Signature

Print Full Name

Date

DDMMYYYY

Please send this completed form to:

Prime Super
 PO Box 2229
 Wollongong, NSW 2500
 or Freefax to: 1800 023 662
 Enquires: Freecall 1800 675 839
 8am to 8pm Monday to Friday (Sydney Time)

