

# Non Smoking Declaration

Please answer all questions and sign and date this questionnaire. If you fail to do so we will be unable to assess and process your change.

## Part A: Life Insured's details

|             |                |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|-------------|----------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| First name: | Date of birth: | <input type="text"/> | <input type="text"/> | /                    | <input type="text"/> | <input type="text"/> | /                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Surname:    | Policy number: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Part B: Questionnaire

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

When applying for insurance, you have a legal duty under the Insurance Contracts Act 1984 to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into (**your duty**). To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.

A misrepresentation may include a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

Your duty also applies before you extend or vary an existing contract of insurance or reinstate a contract of insurance.

Before you enter into a contract of insurance or do any of these things, we will ask you questions and will use the answers in deciding whether to insure you and on what terms and for what premium. To ensure you meet your duty, you must answer our questions truthfully, accurately and completely. (Further guidance on answering our questions is set out below.)

### If your duty is not met

In exercising our rights, we may consider whether your cover is constituted by separate contracts of life insurance and apply our rights separately to each type of cover.

If you fail to meet your duty, and we would not have insured you if you had answered our questions truthfully, accurately and completely, we may avoid the contract within 3 years of entering into it. If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for by using a formula that takes into account the premium that would have been payable if you had met your duty. If the contract provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time, vary the contract which may reduce our liability under the contract in respect of a claim. This right does not apply if the contract provides cover on death.

If you fail to comply with your duty and the failure was fraudulent, we may refuse to pay a claim and treat your policy as never having existed.

### Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application, please check every answer (and if necessary, make any corrections) before the application is submitted.

### If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty understanding the process of applying for life insurance or answering our questions.

If you're having difficulty due to a disability, language, or for any other reason, please let us know – we're here to help and can provide additional support.

## Part B: Questionnaire (continued)

|           |   |                              |                             |
|-----------|---|------------------------------|-----------------------------|
| <b>1.</b> | <b>During the last twelve months, have you smoked tobacco or any other substance in any form?</b>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | If 'yes', please state type and quantity per day:   |                              |                             |
|           | <input type="text"/>  |                              |                             |
|           | <input type="text"/>  |                              |                             |
|           | <input type="text"/>  |                              |                             |
|           | <input type="text"/>  |                              |                             |
|           | <input type="text"/>  |                              |                             |
| <b>2.</b> | <b>Have you ever smoked tobacco regularly in the past?</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|           | If 'yes', please state type and quantity per day, reason for stopping and date that you stopped:  |                              |                             |
|           | <input type="text"/>  |                              |                             |
|           | <input type="text"/>  |                              |                             |
|           | <input type="text"/>  |                              |                             |
|           | <input type="text"/>  |                              |                             |
|           | <input type="text"/>  |                              |                             |
| <b>3.</b> | <b>Since the date of your application/personal statement, have you: (tick 'No' or 'Yes')</b>  | Yes                          | No                          |
| a.        | Had any change in occupation?   | <input type="checkbox"/>     | <input type="checkbox"/>    |
| b.        | Had any change in participation in hazardous pastimes?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| c.        | Had any change in health or suffered from any illness or injury?  | <input type="checkbox"/>     | <input type="checkbox"/>    |
| d.        | Had any reason to receive, or do you intend to seek medical examination or advice, or consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or other health care worker? | <input type="checkbox"/>     | <input type="checkbox"/>    |

If you have ticked 'Yes' to any of the above questions, please provide more detail in the space below.  
E.g. Diagnosed with lung cancer in May 2019.

|                      |
|----------------------|
| <input type="text"/> |
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## Part C: Declaration

I declare that I have read and understood my duty to take reasonable care and the answers given are true and correct and shall form part of my application for life insurance.

Life Insured's signature:

Date:  /  /

**Please return the completed form to Let's Insure. You can either:**

- Scan & email to [customer care@letsinsure.com.au](mailto:customer care@letsinsure.com.au) (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
- Mail to Customer Care, Let's Insure, PO Box 1192, Chatswood NSW 2057 (please mark the envelope as CONFIDENTIAL).

This insurance policy is issued by St Andrew's Life Insurance Pty Ltd ABN 98 105 176 243, AFSL 281731. At the time of purchase, this policy was distributed and promoted by Let's Insure which is a trading name of Select AFSL Pty Limited ABN 34 151 931 618, AFSL 408647 of PO Box 1192, Chatswood NSW 2057. This communication provides general product information only. Terms, conditions & exclusions apply. Please consider the relevant Product Disclosure Statement that was current at the acceptance date.