

Smoker habit statement

Insuranceline

Need any help completing this form? Call us on 1300 880 750 8am-6pm AEST

Please read the Product Disclosure Statement (PDS) before completing this form. It will help you understand the product.

You have a Duty of Disclosure. Please make sure you answer all our questions honestly and completely. If you don't comply with your Duty of Disclosure, it may result in a claim being reduced or refused, or the Policy being cancelled. You can read more about your Duty of Disclosure below.

Part A – Policy details

Life Insured's Full Name:

Application/Policy Number:

Date of Birth:

dd:

mm:

yyyy:

Part B – Smoker habits

1. Have you ever smoked tobacco and/or any other substances?

No ☐

Yes ☐

If yes, in what form and daily quantity?

2. On what date did you stop smoking tobacco and/or any other substance?

3. Do you have any intention of smoking tobacco and/or any other substance again?

No ☐

Yes ☐

If yes, please provide details.

4. Have you been advised by a Doctor to give up smoking specifically due to your health/medical history?

No ☐

Yes ☐

If yes, please provide details

5. Since the date of your application, has your health changed?

No ☐

Yes ☐

If yes, please provide details.

6. Do you have any intention of seeking medical advice or treatment in the near future?

No ☐

Yes ☐

If yes, please provide details.

Please note: If you have stopped smoking due to medical reasons associated with events such as a heart attack, emphysema, lung cancer or stroke a change to non-smoker rates will not be available and smoker rates will be maintained for the duration of the policy.

Part C – Your Duty of Disclosure

Before you enter into a contract of insurance, you have a duty to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms.

You have this duty until we agree to provide the insurance.

You have the same duty if you renew, extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive the duty to tell us about.

If you do not tell us something – Involuntary Unemployment Cover

For Involuntary Unemployment Cover, if you do not tell us anything you are required to, we may cancel the contract or reduce the amount we will pay if a claim is made, or both.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

If you do not tell us something – All other types of cover

For all other types of cover, in exercising the following rights, we may consider whether different types of cover can constitute separate contracts of insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything that you are required to, and we would not have provided the insurance if you had told us, 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 of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, 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 of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Part D – Declaration

I hereby declare that the answers to the questions contained in this statement are true and correct and that I have not withheld any information material to the insurance.

Signature (Life Insured):

Sign here:

Date: dd / mm / yy

How to return your documents

Please return this form in the Reply Paid envelope provided, or mail to FREE Post Reply Paid GPO Box 5380, Sydney NSW 2001