



New Application Summary

To be completed by advisers



Group Insurance Services

Send to AIA Australia email:

Plan name:

Member surname:

Member given name:

Date of birth:

Signed date of application:

Annual salary:

Default Cover:

Reason for underwriting: New member Salary increase Exceed AAL/FUL

Plan number:

Category:

Existing/AAL Cover

Proposed Cover

Forward Underwriting Limit

Death

TPD

Default Cover:

Reason for underwriting: New member Salary increase Exceed AAL/FUL

Plan number:

Category:

Existing/AAL Cover

Proposed Cover

Forward Underwriting Limit

SCI (per month)

Waiting Period:

30 days

60 days

90 days

Benefit Period:

2 year

5 year

to age 65

to age 70

Please find enclosed:

Personal statement

Pathology results

Completed questionnaire

Medical exam

Comments/Additional notes:

Adviser name:

Adviser email:

Adviser phone number:

Number of pages:
(including this page)



Personal Statement Member's Declaration

Insured's duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance. The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell us anything that:

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

For contracts of insurance entered into, renewed, extended, varied or reinstated from 28 December 2015, if you do not tell us something that you know, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

If the person entering the contract does not tell us something

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

If the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she 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 he or she had told us everything he or she should have. However, if the contract has a surrender value, or 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 he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or 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.

Personal Information

By completing this form you consent to any personal information, including any information that may be of a sensitive nature AIA Australia may collect about you (including from your responses in this Personal Statement), being handled in the manner outlined in AIA Australia's privacy policy. A copy of AIA Australia's privacy policy can be obtained by visiting aia.com.au.

A. Life Insured (Life insured to complete this section in full.)

	Title	Surname	Given Name	Gender M/F
1. Name				

2. Date of Birth (dd/mm/yy)				3. Age next birthday	
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4. Residential Address	No.	Street		
	Suburb	State	Postcode	

5. Mailing Address <small>(if different to above)</small>				
	Suburb	State	Postcode	

We may need to contact you to clarify information you have provided in the application. If so we will contact you during business hours.

Please nominate a preferred local contact time: 8am – 11am 11am – 2pm 2pm – 6pm

6. Contact Details	Phone (home)	Phone (work)	Mobile
	E-mail		

7. Country of Birth	
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8. Are you an Australian citizen or permanent resident of Australia (as approved by the Department of Immigration and Citizenship)? Yes No

If 'No', are you applying for, or intending to apply for, Permanent Residency in Australia? Yes No

B. Type of Insurance

<small>(Please tick one)</small>	<small>(Please tick one)</small>	Amount	\$
<input type="checkbox"/> New	<input type="checkbox"/> Death Only		
<input type="checkbox"/> Increase	<input type="checkbox"/> Death & TPD	Amount	\$
	<input type="checkbox"/> Income Protection	Amount	\$

Income Protection only:

Benefit Period	<input type="checkbox"/> 2 years (to age 65 if earlier)	<input type="checkbox"/> To Age 65	<input type="checkbox"/> Other – please specify <input type="text"/> years/other
Waiting Period	<input type="checkbox"/> 30 days	<input type="checkbox"/> 60 days	<input type="checkbox"/> 90 days
			<input type="checkbox"/> Other – please specify <input type="text"/> days
Annual Salary	\$ <input type="text"/>		

C. Personal History (Life insured to complete this section in full.)

1. (a) Do you have, or are you applying for life, disability or trauma insurance on your life (including any pending applications held with any insurer)? If 'Yes', please complete policy details below..... Yes No

Policy Number	Commencing Date	Policy Owner	Insurer	Type of Cover	Amount of Cover	Existing Income Protection: Waiting Period/ Benefit Period	To Be Replaced 'Y' or 'N'

- (b) Have you **ever** been declined, deferred or accepted on special terms for life, disability or trauma insurance? Yes No
- (c) Have you **ever** claimed benefits from any source (excluding unemployment), e.g. Accident, Sickness, Workers Compensation, Social Security, Disability Income Insurance or Pension? If 'Yes' please give the name of the company, date, amount and reason for each claim below. Yes No

If you answered 'Yes' to 1(b) or 1(c) please provide details.

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2. (a) Have you smoked tobacco or any other substance during the last twelve months? Yes No
If 'Yes', please state substance and daily quantity below. (Please note 'packet' is not sufficient detail.)

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- (b) How many standard drinks do you consume per week on average?
One standard drink = one nip (30ml) spirits, 100ml wine, 10oz/285ml beer

- (c) Have you ever used illicit drugs or received advice, treatment or counselling for the use of alcohol or illicit drugs? Yes No
If 'Yes', please provide details.

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3. **Females Only:** Are you pregnant? If 'Yes', please provide estimated date child is due. / .. / Yes No

4. (a) What is your height? cm (b) What is your weight? kg

5. Do you intend to travel or reside overseas? If 'Yes', please state: Yes No

Cities/Countries	Duration of travel	Frequency of travel	Reason for travel	Date of departure
				/ /
				/ /

6. Do you engage in or intend to engage in any of the following: abseiling, aviation (other than as a passenger on a recognised airline), football (all codes), long-distance sailing, hang gliding, scuba diving, motor racing, parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? Yes No

Activity	Frequency	Professional/Amateur	Location of activity (e.g. overseas/harbour etc)

Family History

7. (a) Have any of your immediate family (father, mother, brother, sister) prior to the age of 60 (living or dead), ever suffered from heart disease, breast cancer, ovarian cancer, colon (bowel) cancer, polycystic kidney disease, diabetes, mental disorder, stroke, Huntington's chorea or any hereditary disease? You are only required to disclose family history information pertaining to first degree blood related family members. If 'Yes', please provide details in the table below. Yes No

	Condition/illness (for cancer or heart disease, please specify the type)	Age at onset (approx.)	Age at death (if applicable)
Father			
Mother			
Brothers			
Sisters			

- (b) Have you ever had a genetic test where you received (or are currently awaiting) an individual result or are you considering having a genetic test? If 'Yes', please provide details. Yes No

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E. Doctor's Details (Life insured to complete this section in full.)

1. (a) Details of your personal doctor.

IF NO PERSONAL DOCTOR, PLEASE STATE NAME/ADDRESS OF LAST DOCTOR OR MEDICAL CENTRE YOU ATTENDED.

Name:		
Address:		Postcode
Phone ()	Fax ()	Email (if known)

(b) What was the date of your last consultation? (Give approximate date if exact date unknown.)

(c) How long have you been attending the surgery/practice?

F. Present Occupation (Life insured to complete this section in full)

1. (a) What is your employment status?

Employee Self Employed Home Duties Student Unemployed

(b) What trade, professional, business or tertiary qualifications do you have?

(c) Do you perform any manual work? Yes No
If 'Yes', please describe manual duties and percentage of time spent in each.

(d) How many hours a week do you work?

2. What is your annual income?

3. Does your occupation require you to work underground; at heights (above 10 metres); off-shore; or near dangerous materials or substances? If 'Yes', please give details below, e.g. locations, depths, heights, frequency etc.

Yes No

G. Further Occupational Information (Life insured to complete.)

If you are applying for Income Protection Plan and are self employed, please also complete the additional questions below.

1. What is the business/employer name and address?

2. Do you work from home more than 30% of your time?..... Yes No

If 'Yes', give details including:

(i) percentage of time working at home. %

3. (a) When was the business purchased/started? / /

(b) Please state what percentage of interest/shareholding you have in the business/practice? %

4. How many full time employees do you employ?

5. Please provide employee details (excluding yourself) in the table below.

Occupation of all Business Partners/Employees	Family Member Y/N	Daily Duties	Full-time Part-time or Contractor?	Monthly Remuneration	% Interest in Business

6. Has your company had a net operating loss in the last 2 years?..... Yes No

7. Are you or any business with which you are associated, contemplating voluntary administration, or ever been made bankrupt or placed in receivership, involuntary liquidation or under administration? Yes No

If 'Yes', please advise when bankruptcy/receivership/liquidation/administration occurred and date of discharge (if applicable)*.

Date of discharge / /

H. Declaration

Declarations

- I declare that the information I provided in this Personal Statement is true and correct and that no information material to the insurance has been withheld.
- I agree that any personal statements made (including this one) with any relevant supporting documents shall form the basis of the proposed contract of insurance with AIA Australia.
- I also understand that my duty to disclose continues after I have completed the insurance application until AIA Australia has accepted the risk. I understand AIA Australia may cancel the cover from inception or provide cover on amended terms if I breach my duty of disclosure.
- I consent to AIA Australia collecting sensitive information, i.e. health information about me, for the purpose of the performance of this contract.
- I agree that cover will not commence until the premium is paid and AIA Australia has accepted the risk.
- I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the Privacy section of this form and the AIA Australia Privacy Policy available at www.aia.com.au as updated from time to time, including the exchange with third parties located in Australia and overseas. I agree that any personal and sensitive information AIA Australia holds will be governed by the most current Privacy Policy on AIA Australia's website.

I confirm the Declarations are true and accurate.

Signature

Date / /

I. Authority to Release Medical Information

I,

authorise any medical practitioner, hospital, clinic or other person (including any life insurance company or underwriter), to disclose to AIA Australia Limited, full details of my health and medical history. I agree that a photocopy or facsimile of this authority should be considered as effective and valid as the original.

Signature of Life Insured

Date

J. Privacy

Your privacy is important to us. The AIA Australia Privacy Policy sets out how your personal information (including sensitive information) is collected, used, handled and disclosed by us, and other important information. AIA Australia's current Privacy Policy is available at www.aia.com.au or by calling 1800 333 613. In summary, for the purposes set out in AIA Australia's Privacy Policy (including for the purposes of administering, assessing or processing your insurance or any claim) AIA Australia may:

- collect personal and sensitive information from you, including from application forms or other information submitted in respect of your insurance, or when interacting with you (including online);
- collect your personal and sensitive information from, and provide to, third parties in Australia and overseas, such as your financial adviser, employers, health professionals, reinsurers, government agencies, service providers and affiliates;
- be required or authorised to collect your personal and sensitive information under various laws including insurance, taxation, financial services and other laws set out in the AIA Australia Privacy Policy; and
- disclose personal and sensitive information to third parties which may be located in Australia, South Africa, the US, Europe, Asia and other countries including those set out in our Privacy Policy and you acknowledge that by providing your consent as set out in this form, Australian Privacy Principle 8.1 (which relates to cross-border disclosures) will not apply to the disclosure, we will not be accountable for those overseas parties under the Privacy Act and you may not be able to seek redress under the Privacy Act for breaches of the Privacy Act by those overseas parties.

If you do not provide the required personal and sensitive information, AIA Australia may not be able to provide insurance or other services to you. Information about how to access or correct your personal information held by AIA Australia or lodge a privacy-related complaint is set out in AIA Australia's privacy policy.