Insurance Application / Personal Statement

Please return this completed form to: ***NESS Super***
Locked Bag 20
Parramatta, NSW 2124

All questions on this Personal Statement are relevant as to whether or not ***Hannover Life Re of Australasia Ltd*** *(HLRA) offers you insurance and, if so, on what terms. Consequently, all questions must be answered correctly and completely. Block letters should be used. A dash is not acceptable. Please use Section I, or attach additional pages, if there is insufficient room to provide full information for any question.*

IMPORTANT NOTICES – PLEASE READ

Duty of Disclosure

Before you enter into a life insurance contract with us, whether on your own behalf or on behalf of another person, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure and the terms of that insurance.

This duty of disclosure continues after you have completed this statement until the cover has been issued by us.

The same duty applies before you extend, vary or reinstate the contract.

You do 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.

If the insurance is for the life of another person and that person does not tell us everything he or she should have, this may be treated as a failure by you to disclose.

If you or the person who becomes the life insured under the policy do not tell us something

In exercising the following rights, we must 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 you or the life insured do not tell us something that you or they are required to tell us, and we would not have insured on the same terms if we had been told, we may avoid the cover within 3 years of issuing it.

If we choose not to avoid the cover, we may, at any time, reduce the amount for which you or the life insured have been insured. This would be worked out using a formula that takes into account the premium that would have been payable if you and the life insured had told us everything you should have. However, for death cover, we may only exercise this right within 3 years of issuing the cover.

If we choose not to avoid the cover or reduce the amount for which you or the life insured have been insured, we may, at any time vary the cover in a way that places us in the same position we would have been in if we had been told everything we should have been told. However, this right does not apply to death cover.

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

Privacy Collection Notice

The *Privacy Act 1988* sets out a number of principles that we must comply with in the collection, security, storage, use and disclosure of personal information. These principles are known as the Australian Privacy Principles.

Collection and use

Your personal information is being collected by **Hannover Life Re of Australasia Ltd.** We collect personal information so that we can assess and process your application for insurance, and assess any claims made by you or on your behalf. If you fail to provide us with all or part of the personal information we require, we may be unable to assess and process your application for insurance or assess and pay any claim.

We may also use information for regulatory and compliance purposes. This may include conducting sanctions screening of policy holders.

Disclosure

We may disclose your personal information to other organisations for the same purposes as we collected it. We may disclose your personal information to medical practitioners, health service providers, legal and any other professional advisers, agents or consultants including accountants, third parties authorised by you, other insurers and reinsurers, our parent company, investigators and loss assessors, external dispute resolution bodies, legal tribunals and courts, the trustee and the administrator of superannuation funds, interpreters, and regulatory bodies, government agencies, law enforcement agencies or, as required, other persons authorised or permitted by law.

Overseas disclosure

We may disclose your personal information to our parent company in Germany for the same purposes as we collected it (see Collection and Use above). We may also disclose your personal information to other overseas recipients (including, for example, our reinsurers who are located overseas) for the same purposes as we collected it. For further information on the locations where your personal information may be disclosed, please refer to our privacy policy, which is available at **https://www.hannover-re.com/#/overlay/400611**.

Access

You may request access to the personal information we hold about you. We may be entitled to deny your request for access in some circumstances. If we deny your request, we will tell you why. Your right to access your personal information is set out in our Privacy Policy.

Contact

For more information about our privacy practices, please refer to our Privacy Policy or contact us as follows:

The Privacy Officer. Hannover Life Re of Australasia Ltd. Level 7, 70 Phillip Street SYDNEY NSW 2000
Telephone: (02) 9251 6911 Facsimile: (02) 9251 6862 Email: privacyofficer@hlra.com.au

Hannover Life Re of Australasia Ltd
ABN 37 062 395 484
A Member of the Hannover Re Group
Level 7, 70 Phillip Street Sydney NSW 2000
Telephone: +61 2 9251 6911 Fax: +61 2 9251 6862
Version: June 2017

Section A. Fund / Plan name & type of cover

Name of Fund / Plan: **NESS Super**

Type of Cover: (please tick appropriate box)		**Number of units or amount of fixed cover required**
Death Only	☐	
Death and Total and Permanent Disablement (TPD)	☐	

Section B. Member Details and Insurance History

1. **Member Details:**

Surname | Given Name(s)

Sex: Male ☐ Female ☐ | Date of Birth / /

Home Address

State | Postcode

2. Occupation

3. Annual Salary $

4. Email

Telephone | Mobile

Please tick your preferred contact method and most convenient time to contact you: Telephone ☐ Mobile ☐ Email ☐ **am** ☐ / **pm** ☐

Please tick No or Yes to each of the following:

5. Has Death (Life), TPD, GIP, Disability, Accident and Sickness or Superannuation cover on your life ever been declined, deferred or withdrawn from any insurance Company or accepted with a loading, exclusion or other than as applied? **No** ☐ **Yes** ☐

Please provide full details (including dates, name of company and reason:

6. Have you ever made a claim for disability benefits under an Insurance, Superannuation or Worker's Compensation policy, Veteran's Affairs or under Social Security (including CTP and public liability)? **No** ☐ **Yes** ☐

Please provide full details (including dates, cause of claim, type of benefit and amount paid, claim number and insurance company:

7. Other than this application, do you have or are you applying for any Death (Life) or TPD with any other company? **No** ☐ **Yes** ☐

Please provide full details:

Company	Type of Policy	Benefit Amount	Owner	To be Replaced
				No ☐ Yes ☐
				No ☐ Yes ☐
				No ☐ Yes ☐

Section C. Habits, Activities and Residence

Please tick No or Yes to each of the following:

1. Do you drink alcohol? **No** ☐ **Yes** ☐ *If **'Yes'** please state type and weekly quantity:*

2. Have you smoked in the past 12 months? **No** ☐ **Yes** ☐
   *If **'Yes'** please state form and daily quantity:*

3. Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger on a recognised airline), motor racing of any kind, diving, football, parachuting, hang gliding, etc? **No** ☐ **Yes** ☐
   *If **'Yes'** please give full details:*

4. Are you an Australian or New Zealand citizen or do you have an Australian Permanent Resident's Visa? **No** ☐ **Yes** ☐
   *If **'No'** please give full details*

5. Do you intend travelling overseas in the immediate future (i.e. next 2 years)? **No** ☐ **Yes** ☐
   *If **'Yes'** please give full details (where, when, duration and reason):*

Section D. Occupation Details

1. Employer's Name | Telephone
   Employer's Address | State | Postcode

2. How long have you been in your current occupation? years / months
   Are you a **Permanent** ☐ or **Casual** ☐ employee? How many hours do you work per week?

3. Are you self-employed *(this means shareholder or employee of own company, sole trader or partner)*? **No** ☐ **Yes** ☐
   *If **'Yes'**, please provide details*
   How long? years / months | % of business you own? %
   Business/ Company Name
   Business/ Company Address | State | Postcode
   How many employees do you have? *(excluding yourself)*

Section D. Occupation Details (cont.)

4. What are the main duties of your occupation?

Duties (e.g., office work, sales, supervision, manual)	**% of Time**	**Location** (eg., office, on-site, travel, at home)	**% of Time**

5. Do you hold any professional/trade qualifications? **No** ☐ **Yes** ☐

If 'Yes', please provide details:

Type	Name of Institution where Obtained

6. Has your main occupation, employer or employment status changed in the last 3 years? **No** ☐ **Yes** ☐

If 'Yes', please provide details:

Previous Occupation	Employer	Employment Status*	Date from	Date to
			/ /	/ /
			/ /	/ /
			/ /	/ /

** Employment Status (e.g. unemployed, employed, employed by own company, self employed, partnership)*

7. Do you have any other occupation? **No** ☐ **Yes** ☐ *If 'Yes', please complete the following:*

Type of occupation:

Name of your employer:

How many hours per week do you work in this other occupation?

How long have you been doing this other occupation? years / months

What is your monthly income from this other occupation? $

Section E. Medical Statement

1. Name and Address of your Doctor

Doctor's Name | Telephone

Doctor's Address

2. Details of last medical consultation, including doctors, physiotherapists, chiropractors or ANY other health professional.

Date	Health Professional	Address	Reason	Outcome/Result

3. Please state your **Height** cm **Weight** kg

*Please tick **No** or **Yes** to each of the following:*

4. Within the **LAST THREE YEARS** have you, other than advised above:

a. Consulted, been examined or treated by, or received advice from any doctor, psychologist, psychiatrist, counsellor, chiropractor, physiotherapist or other health care professional (*naturopath, etc.*) or been in a hospital or been advised to have an operation? No ☐ Yes ☐

b. Either occasionally or regularly taken any drugs, stimulants, sedatives, tranquillisers, medications by mouth, by inhalation or by injection? No ☐ Yes ☐

5. Have you EVER had an ECG, x-ray, transfusion, mammogram, surgery or any other investigation? No ☐ Yes ☐

6. Have you EVER had any blood tests which revealed an abnormality, eg raised blood sugar, liver function or renal function results, or anaemia, etc? No ☐ Yes ☐

7. Do you contemplate seeking any medical examination, advice, treatment or surgery in the future? No ☐ Yes ☐

Please provide full details for all YES answers above (if more space is required, please go to Section H).

Dates from – to	Name and address of Doctor or Hospital, Clinic, etc.	Conditions, Medications Treatment and Time off Work	Recovery %
/ / to / /			
/ / to / /			
/ / to / /			

Section E Medical Statement (cont.)

*Please tick **No** or **Yes** to each of the following:*

8. Have you **EVER** received any advice or treatment for:

a.	High blood pressure, raised cholesterol, stroke or circulatory disorder?	No ☐ Yes ☐
b.	Chest pain, shortness of breath, palpitations, any heart complaint or rheumatic fever?	No ☐ Yes ☐
c.	Asthma, bronchitis or other lung complaint?	No ☐ Yes ☐
d.	Diabetes?	No ☐ Yes ☐
e.	Indigestion, hernia, gastric or duodenal ulcer, colitis or any other intestinal disorder?	No ☐ Yes ☐
f.	Hepatitis or other liver or gall bladder disease?	No ☐ Yes ☐
g.	Back, neck or knee complaint or any disorder of the joints, bones or muscles (e.g. gout, arthritis)?	No ☐ Yes ☐
h.	Kidney or bladder disease, renal colic, stones or blood in the urine?	No ☐ Yes ☐
i.	Depression, anxiety, stress, mental or nervous condition, or chronic fatigue?	No ☐ Yes ☐
j.	Cancer, tumour, melanoma, sunspots or growth of any kind?	No ☐ Yes ☐
k.	Eczema, dermatitis, psoriasis or any other skin condition?	No ☐ Yes ☐
l.	Tinnitus, hearing loss or any defect in hearing, sight or speech?	No ☐ Yes ☐
m.	Anaemia, leukaemia, haemophilia or other blood disorder?	No ☐ Yes ☐
n.	Thyroid or prostate disorder, any disorder of the reproductive organs, or sexually transmitted disease?	No ☐ Yes ☐
o.	Persistent diarrhoea, unexplained weight loss, enlarged lymph glands, recurrent fever or night sweats?	No ☐ Yes ☐
p.	Multiple sclerosis, epilepsy, fits of any kind, recurrent headaches, dizzy spells or fainting attacks?	No ☐ Yes ☐
q.	Any other physical impairment, congenital abnormality, deformity or symptoms of ill health, illness or injury?	No ☐ Yes ☐

Females only:

r.	Have you ever had any gynaecological conditions (eg endometriosis, abnormal pap smear, etc)?	No ☐ Yes ☐
s.	Have you ever had any complications of pregnancy or childbirth? .	No ☐ Yes ☐
t.	Are you currently pregnant? No ☐ **Yes** ☐ *if '**Yes**', what is the expected delivery date?*	/ /
u.	Have you ever had a breast lump (even if you have not seen a doctor about it)?	No ☐ Yes ☐

Please provide full details for all YES answers above (if more space is required, please go to Section H).

Specific Condition	Question No. _____	Question No. _____	Question No. _____
1. Date symptoms first started and description of symptoms?			
2. What was the condition and which part of the body was affected?			
3. What was the medical diagnosis including results of x-rays and investigations?			
4. What was the frequency (daily, weekly, etc.) of attacks or symptoms?			
5. What was the severity (mild/moderate/severe) and duration of attacks or symptoms?			
6. How long were you unable to work or perform your normal duties/activities?			
7. If a hospital visit was required, please provide date and duration of your stay.			
8. What advice/treatment did you receive?			
9. Are you still receiving treatment? If so, please advise nature and frequency of treatment.			
10. When did you last suffer from any symptoms			
11. Degree of recovery (%)			
12. Please supply name and address of all doctors or hospitals or other consultants			

Section F. Family History

Please tick ***No*** or ***Yes:***

1. Have any of your parents, brothers or sisters suffered from heart disease, diabetes, kidney disease, mental illness, cancer, Huntington's Disease or any other hereditary disease? **No** ☐ **Yes** ☐

*If '**Yes**' please provide full details (including age at diagnosis and age at death (if applicable):*

Section G. Questions in relation to Aids

*Please tick **No** or **Yes** to each of the following:*

a. Have you EVER been infected by the virus which causes AIDS (the Human Immunodeficiency Virus)? No ☐ Yes ☐

b. Have you EVER sought or are you expecting to receive treatment for AIDS or an AIDS related condition or have you ever had a positive test for HIV? No ☐ Yes ☐

c. Have you EVER:

   i. Injected yourself with any drug not prescribed by a medical practitioner? No ☐ Yes ☐

   ii. Worked as or engaged in sexual activity with a sex worker? No ☐ Yes ☐

   iii. Engaged in sexual activity someone you know or suspect to be HIV positive? No ☐ Yes ☐

d. Have you engaged in male to male anal sexual intercourse (except in a relationship between you and only one other person where neither of you had sex with anyone else in the past 5 years)? No ☐ Yes ☐

*Please note: if any of these questions are answered **"Yes"**, we will send you a separate questionnaire.*

Section H. Additional Information (to assist with clarification of any issue)

Please ensure you have read and signed the last page.

Section I. Consent, Declaration & Authority

Authority to provide information

I understand that in order to assess and process my application, Hannover Life Re of Australasia Ltd. ("HLRA") may need health and employment information about me and

I consent to HLRA obtaining information about me from any of the parties listed below.

I also understand that if I apply for increased or different insurance cover, HLRA may require further information about me and consent to HLRA obtaining such further information as and when required, from any of the parties listed below.

I understand that if I or anyone else on my behalf, makes a claim for a benefit, HLRA will need information about me in order to assess and process the claim, and I also consent to HLRA obtaining information about me in relation to any claim I make from any of the following parties listed below:

Parties to whom this consent is directed*:

- any hospitals or medical practitioners that have examined me or reviewed any diagnostic medical test in relation to me;
- any current or former employer;
- any professional adviser, such as your accountant or lawyer;
- any insurance company (including HLRA's parent company or reinsurance company) that may have relevant information about me;
- the trustees of my superannuation fund, or any organisation appointed by the trustees of my superannuation fund to receive or give information.

For the purpose of this application and any future application and any claim for a benefit, I also consent to HLRA disclosing information about me to any of the parties mentioned above, insofar as such disclosures are necessary for HLRA to perform its functions.

Declaration

I have read and carefully considered the questions on this Insurance Application/Personal Statement. I have also read the Duty of Disclosure and all my answers on the Insurance Application/Personal Statement are true and correct and

I understand that my duty to disclose continues after I have completed this application until Hannover Life Re of Australasia Ltd. has accepted the application.

I acknowledge:

a) this Declaration is part of an application for Life, TPD, and the making of a false statement or

b) that, if I fail to provide all or part of the information required, or consent to HLRA obtaining such information, as it requires, this application will not be assessed and processed.

c) that at the date of this application I am not absent from work for reasons of illness or injury and I am performing all of the duties of my usual occupation.

Applicant's Name		Applicant's Date of Birth	/ /
Applicant's Signature		Date	/ /

*Under our industry Code of Practice if we require information from other people, such as the parties that are listed in this authority, we may ask you for a general authority to obtain information about you from them such as this.

If you agree to give us this general authority we will use it to obtain information that we reasonably believe is relevant to your application for insurance cover or to a claim.

If you make a claim you can cancel this authority by notifying us, and instead authorise us to request particular information from particular sources.

However, you should be aware that this could cause delays in the assessment of your claim or mean that we are unable to assess your claim, and we may require further authorities before we can progress to the assessment of your claim.