Application for Increase or Addition to Defence Health Term Life

with Optional Critical Conditions Benefit

To be read by the policy owner and person to be insured before completing this application.

DUTY OF DISCLOSURE

Before you enter into a contract of life insurance with us, you have a duty, under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know, that is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

Your duty of disclosure continues to apply until the contract is entered into. It also applies when you 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 us;
- that is of common knowledge;
- that we know, or in the ordinary course of our business, ought to know; or
- as to which compliance with your duty is waived by us.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure and we would not have entered into the contract if the failure had not occurred, we may avoid the contract within 3 years of entering into it.

If your non-disclosure is fraudulent, we may avoid the contract at any time.

We may elect not to avoid your contract but to vary it by:

(i) reducing the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had complied with your duty of disclosure; or

(ii) placing us in the position in which we would have been in if you had complied with your duty of disclosure.

The options to vary the contract are available to us while the contract remains in force.

Where your contract provides death cover, we may only apply (i) above and must do so within 3 years of you entering into the contract with us.

If the contract is for insurance of the life of another person, any failure by him or her to tell us a matter that he or she knows, or could reasonably be expected to know, is relevant to our decision whether to enter into the contract and, if so, on what terms, may be treated as a failure by you to comply with your duty of disclosure.

A Policyowner details

Your Policy Number

Rank/Title | Surname | Address

Given Names | Postcode

Email

Date of birth / / Male ☐ Female ☐ Ph (W) ( ) Ph (H) ( )

Note: If more than one Policyowner required, please provide details on the Additional Information pages provided

Relationship to person to be insured (eg. self, spouse, de facto, child, parent)

Every now and then, we and any related companies that use the Asteron Life brand might let you know about news, special offers, products and services that you might be interested in. We will engage in marketing unless you tell us otherwise. You can contact us to update your marketing preferences at any time. Alternatively, you can let us know now if you do not want us or any of our companies that use the Asteron Life brand to engage in marketing by ticking this box. ☐

B Personal details of the person to be insured

Rank/Title | Surname | Place of birth

Given names | Home address

Service number | Postcode

Email

Date of birth / / Male ☐ Female ☐ Ph (W) ( ) Ph (H) ( )

Marital status: Married ☐ Single ☐ De facto ☐

Military status: Full-time Serving ☐ Active Reservist ☐ Army ☐ Navy ☐ Air Force ☐

Are you currently a jet fighter or bomber pilot or crew below the rank of Squadron Leader? Yes ☐ No ☐

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C Details of increase or addition

Critical Conditions Benefit (CCB) is not available on its own and cannot exceed the Term Life Benefit. If adding CCB, a minimum of $25,000 applies.

	Existing Sum Insured		Increase or Addition		New Sum Insured
Term Life Benefit	$	Term Life Benefit	$	Term Life Benefit	$
Critical Conditions Benefit	$	Critical Conditions Benefit	$	Critical Conditions Benefit	$

D Statement of health of the person to be insured

1. Will this increase/addition be replacing another policy? Yes ☐ No ☐
   If 'Yes,' please provide details in the table under question D2.

2. Do you have with us (apart from this policy) or any other company or are you currently applying to any other company for life insurance? If yes, please give details below. Yes ☐ No ☐

Insurance Company	Type of Insurance	Insured Benefit	Exclusions, etc.	Risk Commencement Date	Is Policy to be Discontinued/Replaced?
		$			Yes* ☐ No ☐
		$			Yes* ☐ No ☐
		$			Yes* ☐ No ☐

*If you have indicated that it is your intention to replace insurance you currently have with the cover you are now applying for, the replacement cover under any policy we issue you will only start when the insurance which is to be replaced is cancelled.

3. Has a proposal for life, accident or sickness insurance on your life been declined by or withdrawn by you for any insurance company, or accepted with a loading or otherwise than as submitted? Yes ☐ No ☐
   (Please provide particulars of all such proposals on the Additional Information pages provided).

4. Have you received notification (orally or in writing) by the Services to deploy you to warlike operations? Yes ☐ No ☐
   If 'Yes,' please provide details on the Additional Information pages provided

5. Have you ever smoked tobacco or any other substance in the last 12 months? Yes ☐ No ☐

   If 'Yes,' type (eg, cigarettes, cigars)? _____ Daily quantity _____

   No. of years _____ Date ceased (if applicable) / /

6. Do you drink alcohol? Yes ☐ No ☐
   Number of standard drinks Per week ☐
   Standard drink = 1 nip spirits, 1 wineglass wine, 1 sherry glass liqueur, port/sherry, 10oz/285ml beer

7. Have you ever used or injected yourself with any illegal or illicit drugs or received advice, counselling or treatment for the use of drugs or alcohol? Yes ☐ No ☐

8. What is your height and weight? Height _____ cm/in Weight _____ kg/lb

9. To the best of your knowledge: Have you ever had symptoms of, had or been advised to have treatment for or tests for, or been informed that you have lung disease, asthma, heart or vascular disorder, chest pain, high blood pressure, diabetes, ulcers, bowel trouble, stroke, epilepsy, fits, neurological problems, mental disorder, multiple sclerosis, kidney, liver or bladder disease, arthritis, cancer or abnormal growths, blood disorders, Hepatitis B or C, or is there any other information concerning your health which should be disclosed? Yes ☐ No ☐

   If 'Yes,' to question 9, please provide details, including all dates and addresses of physicians and state which physician holds the records. Please use the Additional Information page provided if required.

   Condition(s) _____

   Service Doctor(s) Surname _____ Initial(s) _____ Civilian Doctor(s) Surname _____ Initial(s) _____

   Address _____ Address _____

   Postcode _____ Postcode _____

   Phone ( ) _____ Phone ( ) _____

10. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the Human Immune Deficiency Virus (HIV) or are you carrying antibodies to HIV? Also, in the last 3 years have you or do you intend to work as or engage in sexual intercourse with a prostitute, engage in anal sexual intercourse, have sexual intercourse with an intravenous drug user or have sexual intercourse with someone you suspect or know to be HIV positive? Yes ☐ No ☐

    If 'Yes,' please provide details on the Additional Information page provided.

11. Has your mother or father or any brother or sister had breast, cervical, ovarian, colon or other cancer, diabetes, high blood pressure, heart problems, stroke, mental disorder, haemochromatosis, Huntington's disease, muscular dystrophy, familial adenomatous polyposis, polycystic kidney or any other hereditary disease? Yes ☐ No ☐

    If 'Yes,' please provide details on the Additional Information page provided.

12. Do you take any prescribed medication on a regular basis (other than the contraceptive pill)? Yes ☐ No ☐

13. During the last 5 years have you been examined or treated by or received advice from any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care professional, been in hospital, had an operation or had any tests (eg. x-ray, ECG, etc)? Yes ☐ No ☐

14. Are you considering consulting a doctor, seeking a medical examination, advice, treatment, tests or an operation? Yes ☐ No ☐

15. Please provide names and addresses of your doctor(s) and/or personal medical attendants.

Surname | Initial(s)

Address

Postcode

Phone ( )

16. Activities, sports and aviation details of the life to be insured:

Do you have any occupational or recreational activities of a heavy manual or hazardous nature? Yes ☐ No ☐

For example: aviation, motor racing, work underground, working with explosives, hang gliding or scuba diving, sky diving, boxing, mountain climbing or horse riding?

If 'Yes,' please provide details on the Additional Information pages provided

Please provide details of all 'Yes,' answers on the Additional Information pages provided which you should sign and date. The statement should include all relevant details, eg, dates, symptoms, doctors, treatment etc.

~~Medical Evidence Authority~~

~~ADF Health Records (Serving Personnel)~~

~~Doctor(s) (Non Serving Personnel)~~

~~I authorise Asteron Life & Superannuation Limited to request information about my medical history from ADF Health Records, any doctors, hospitals, clinics and other medical or related facilities and personnel and for them to provide such information to Asteron Life & Superannuation Limited on its request. A photocopy of this authorisation shall be as valid as the original.~~

~~ACT residents please note: This authority allows us to obtain information from people and facilities named in this form only. You have the right to request a copy of any report we obtain from a health service provider in the ACT under the Health Records (Privacy and Access) Act. Medical information is collected to assist us in processing applications for insurance and assessing claims. This information may be disclosed in strictest confidence to our staff, consultants, reinsurance company, your doctor or other qualified medical personnel.~~

~~Full Name of the person to be insured~~ | ~~Service number~~

~~Signature of the person to be insured~~ | ~~Date~~ / / | ~~Discharge date~~ ~~(If applicable)~~ / /

E Declaration

I/We declare that all answers to the questions and statements made in this Application are true and complete, and I/we am not aware of any other circumstances which might affect the risk of any insurance on the Life to be Insured. If any answer is not in my/our handwriting I/We declare that it has been correctly written down at my/our dictation.

I/We have read and understood the Defence Health Term Life Insurance Product Disclosure Statement.

I/We have read the Duty of Disclosure and the Statement on Non-Disclosure and understand the contents. I/we further declare that all statements contained in the Application are true and that no material information has been withheld.

I/We consent to the use of my/our personal information by Asteron Life & Superannuation Limited for the purpose outlined in the Privacy Statement.

I/We consent to the disclosure of my/our personal information to, and obtaining information, from other parties (including parties listed in the Privacy Statement) for these purposes.

I/We understand that the obligations of Asteron Life & Superannuation Limited are not guaranteed by Defence Health Limited.

☐ I have attached a separate statement(s) concerning the person to be insured

Signature of the person to be insured | Signature of the Policyowner(s) 1.

Date / / | (If applicable) 2.

Additional information

Signature of Person to be Insured

Date / /

Signature of Policy Owner

Date / /

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