



New Application Summary

To be completed by advisers



Group Insurance Services

Send to AIA Australia email:

Plan name:

Member's full name:

Date of birth:

Annual salary:

Default Cover: Reason for underwriting: New member Salary increase Exceed AAL/FUL Outside of eligibility

Plan number: Eligibility Category:

	Existing/AAL Cover	Proposed Cover	Forward Underwriting Limit
Death	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="checkbox"/>
TPD	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="checkbox"/>

Default Cover: Reason for underwriting: New member Salary increase Exceed AAL/FUL Outside of eligibility

Plan number: Eligibility Category:

	Existing/AAL Cover	Proposed Cover	Forward Underwriting Limit
SCI (per month)	<input type="text" value="\$"/>	<input type="text" value="\$"/>	<input type="checkbox"/>

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 Comments/Additional notes:

AIA may need to contact the member to clarify information provided in the application. Please indicate if you would not like AIA to contact the member.

No, I prefer AIA not contact the member.

Adviser name:

Adviser email:

Adviser phone number:



Short Personal Statement

Death and TPD Cover to \$1,250,000 and/or
Salary Continuance Cover to \$10,000 monthly benefit

Policy Ref No.

If you:

- are aged 55 or older; or
 - require more than \$1,250,000 death and total and permanent disablement insurance cover; or
 - earn over \$160,000 per annum and therefore require more than \$10,000 monthly benefit of salary continuance cover;
- please complete the standard personal statement and members declaration form available at www.aia.com.au

About this application

The life insurance policy being applied for with this application is a consumer insurance contract within the meaning of the *Insurance Contracts Act 1984 (Cth)*. When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so, on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

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

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984 (Cth)*. These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

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 (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any *impact on the cover*.

You should be aware that there are risks involved with cancelling your cover and replacing it with a new policy. Your new cover may not provide the same level or scope of cover. You may find, especially if you have suffered medical conditions since commencing your existing policy, that obtaining a new policy is more difficult or that you will end up with a policy with more exclusions. These risks are not exhaustive and there may be additional risks that are specific to your situation. Accordingly, it is important that you consider the risks and your circumstances carefully before making a decision to cancel your policy.

This information is general only and you should seek financial advice about the risks of replacing your policy to receive information that is specific to your circumstances.

Member ID:

Employer name:

Life Insured *(please provide your current details)*

Title Mr Mrs Ms Miss Other

Surname

Given name(s) Gender M F

Date of birth

Daytime contact No. Email address

Residential Address

State Postcode Country

Type of Insurance

New Increase Above AAL (please state the full amount of cover including the AAL)

Death & TPD Amount \$

Salary Continuance Amount \$

Salary Continuance only:

Benefit Period 2 years (to age 65 if earlier) 5 years (to age 65 if earlier) To Age 60 To Age 65

Waiting Period 30 days 60 days 90 days Other – please specify days

Personal Questionnaire

Please complete all parts of this Short Personal Statement. If required, please attach any appendices.

- Are you a permanent resident of Australia? Yes No
- Occupation Industry
Daily duties at work (including manual work)
- Gross annual salary \$ Hours worked per week
- (a) Height cm (b) Weight kg
- At the date of this application, are you absent from work or unable to carry out all of the duties of your current or usual occupation on a full time basis, due to an injury or illness (even if you are not currently working on a full time basis or are unemployed)? Yes No
- In the last 12 months, have you smoked tobacco or any other substance such as cigarettes, cigars, pipes or used e-cigarettes or other nicotine products? Yes No
If 'Yes', please state substance and daily quantity below. (Please note 'packet' is not sufficient detail.)
- Do you drink more than 20 standard alcoholic drinks per week?
One standard drink = one nip (30ml) spirits, 100ml wine, 10 oz/285ml beer Yes No
- 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 including touch football and oztag), long-distance sailing, hang gliding, scuba diving, motor racing, non-competitive off-road motorcycle sport (trail bike riding/dirt bike riding/motocross), parachuting, powerboat racing, mountaineering, martial arts or any other hazardous activity? Yes No

... continued 

Personal Questionnaire (continued)

8. Have you **ever** experienced symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?
- High blood pressure, high cholesterol, chest pains, heart complaint, heart murmur or stroke..... Yes No
- Asthma, chronic lung disease, sleep apnoea, COVID-19 (do not include a negative test result, or if never diagnosed) other respiratory disorder. Yes No
- Mental or nervous disorder including stress, anxiety, depression. Yes No
- Neurological disorder including epilepsy, fits, multiple sclerosis or paralysis..... Yes No
- Cancer or tumour of any type or breast cyst. Yes No
- Diabetes or abnormal blood sugar..... Yes No
- Stomach, bladder, bowel or prostate complaint..... Yes No
- Kidney or liver complaint including renal stone or colic, fatty liver, Hepatitis B or C including carrier state. Yes No
- Back or joint complaint, muscle or bone disease..... Yes No
- Defect in sight (excluding short or long sightedness corrected by standard optical lenses or glasses.) or hearing..... Yes No
9. (a) In the last 5 years, have you had sexual intercourse **without** a condom with the following persons?
- (i) Someone who might have exposed you to the Human Immunodeficiency Virus (HIV) infection Yes No
(This may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you.)
- (ii) Someone who injects non-prescribed drugs..... Yes No
- (iii) Someone who is a sex worker..... Yes No
- (iv) Someone who is infected with Human Immunodeficiency Virus (HIV) infection Yes No
- (v) Someone who is infected with Hepatitis B..... Yes No
(You may answer 'No' if you are vaccinated and have immunity for Hepatitis B.)
- (vi) Someone who is infected with Hepatitis C..... Yes No
- (b) In the last 5 years, have you been diagnosed with or experienced symptoms of Sexually Transmitted Infection/s (STIs) (examples, chlamydia, gonorrhoea, syphilis)? Yes No

If you answered 'Yes' to any of questions 4 to 9 above, please complete the standard personal statement and members declaration form available at www.aia.com.au

Privacy

Privacy Notification

Personal (including sensitive) information provided will be handled in the manner described in the AIA Australia Group Privacy Policy as updated from time to time, accessible by visiting our website at www.aia.com.au, or by contacting us on 1800 333 613 to request a copy. AIA Australia handles and collects personal information for purposes which include the administration of your policy or claim, the provision of products and services, our business operations and other purposes set out in our Privacy Policy. By providing personal information to us or your adviser (and the Australian financial services licensee they represent), the trustee or administrator of a superannuation fund, or other representative or intermediary, or by continuing your relationship and otherwise interacting with us, you confirm that you have been notified of the matters and consent to the collection, use, disclosure and handling of personal information as described in the AIA Australia Group Privacy Policy as updated from time to time on our website. We rely on the accuracy of the personal information provided to us. If any of your personal information reflected in this form or any of the attachments is incorrect, out of date or incomplete, please call us on 1800 333 613 and we can take reasonable steps to correct the personal information. Where you provide us with personal information about someone else, you must have their consent to provide their information to us in the manner described in the AIA Australia Group Privacy Policy.

Declaration and Agreement

Declaration

- I declare that the information contained in the personal statements (whether written in my hand or not, attached, input into the computer using the electronic application system or are otherwise provided to AIA Australia) is true and correct and that no information material to the insurance has been withheld.
- Where I have completed the personal statements electronically using the electronic application system, I acknowledge that AIA Australia will send a copy of the statements I have provided to my personal address, that I must review this information and advise AIA Australia of any inaccuracies or omissions, and of any changes in health or circumstances up until the time a policy is issued.
- I agree that any personal statements made, completed electronically or otherwise provided to AIA Australia together with any relevant documents shall form the basis of the proposed contract of insurance with AIA Australia Limited.
- I acknowledge that these personal statements may result in certain exclusions or special acceptance terms becoming applicable to me.
- I have read the Product Disclosure Statement (PDS) and any relevant Supplementary PDS (SPDS), current at the time of this application, including Your Duty to Take Reasonable Care notice set out within this application form and understand its contents and what is meant by my duty to take reasonable care.
- I understand that if I have indicated I intend to replace an existing policy with this AIA Australia policy, I will be required to cancel my existing policy. I acknowledge that in this case the replacement policy issued by AIA Australia only starts when my existing policy is cancelled. I acknowledge that failure to cancel my existing policy within a reasonable time will render my AIA Australia policy void.
- I agree that cover will not commence until AIA Australia has accepted the risk under my policy
- I also understand that my duty to take reasonable care continues after I have completed this application until AIA Australia has accepted the risk under my policy
- I have read and understood the Privacy disclosure as detailed above. I consent to my personal information being collected and used and disclosed in accordance with the Privacy disclosure.

Signature of Life Insured

Date

DD / MM / YY