

## Voluntary insurance application

All accumulation members may apply for AvSuper voluntary insurance cover, although some eligibility and age restrictions apply. Please refer to the **AvSuper Insurance Guide** for details of cover. If you need assistance with completing this form or to change existing cover to 'fixed cover' please contact AvSuper on 1300 128 751.

**Please send your completed form to AvSuper Admin, Locked Bag 20127, Melbourne VIC 3001.**

### Personal details

Surname		Mr/Mrs/Ms/Miss	
<input type="text"/>		<input type="text"/>	
Given names			
<input type="text"/>			
Address			
<input type="text"/>			
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Telephone (daytime)	Mobile	AvSuper member number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email		Date of birth	
<input type="text"/>		<input type="text"/>	

### Insurance details

All **insurance fees** are listed on the AvSuper website. I wish to increase my level of voluntary cover (including Automatic Cover) to:

<input type="checkbox"/>	Death only cover in a total of	<input type="text"/>	units* or \$	<input type="text"/>	fixed cover <sup>#</sup>
<input type="checkbox"/>	Death and Total and Permanent Disablement (TPD) cover in a total of	<input type="text"/>	units* or \$	<input type="text"/>	fixed cover <sup>#</sup>
<input type="checkbox"/>	Income protection cover <sup>^</sup>	<input type="checkbox"/>	75% of your salary, or	<input type="checkbox"/>	a maximum of 85%**
	Short-term (2 year)	\$	<input type="text"/>	per month of benefit, with a	<input type="checkbox"/> 30 day / <input type="checkbox"/> 90 day / <input type="checkbox"/> 180 day waiting period.
	Short-term (5 year)	\$	<input type="text"/>	per month of benefit, with a	<input type="checkbox"/> 30 day / <input type="checkbox"/> 90 day / <input type="checkbox"/> 180 day waiting period.
	Long-term	\$	<input type="text"/>	per month of benefit, with a	<input type="checkbox"/> 30 day / <input type="checkbox"/> 90 day / <input type="checkbox"/> 180 day waiting period.

\* AvSuper fixed premium insurance is based on units of cover relating to your age and occupation such that cover reduces annually for the same number of units.

<sup>#</sup> AvSuper fixed cover is based on your age and occupation with premiums increasing each year.

\*\* 10% is paid as a superannuation contribution.<sup>^</sup>

<sup>^</sup> Corporate members are welcome to apply for voluntary cover at any time but Corporate TPD cover ends if Income Protection cover is obtained.

### Authorisation

- I have read and understand the general terms and conditions for cover as described in **AvSuper Insurance Guide** and on your website.
- I understand that I have a current and ongoing duty to take reasonable care to not misrepresent anything that may influence the insurer's decision about my cover. I have read the full **duty to take reasonable care** on AvSuper's website.
- I acknowledge that cover is subject to me satisfying the insurer's requirements, including completing the attached personal statement and providing any requested evidence of health, and written acceptance of my application for cover by the insurer. Any Automatic Cover I may have will not be affected by the outcome of this application.
- I have not made, nor am currently eligible to make, a Total and Permanent Disablement (TPD) claim.
- I have read and understood the AvSuper privacy notice (available from [www.avsuper.com.au](http://www.avsuper.com.au) or by phoning 1300 128 751).

Member's signature (If submitting this form via email, please type your name below.)

Date



**Interim accident cover may apply to some or all of the cover that you are applying for from the date this form reaches the insurer. Therefore it is important that you forward this application to us promptly.**

# Important notices

All questions on this **Insurance application** are relevant as to whether or not AIA Australia Limited 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 attach additional pages, if there is insufficient room to provide full information for any question.

## Duty to take reasonable care

### 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.

## Privacy collection notice

This section summarises key information about how AIA Australia Group handles personal information including sensitive information. More information can be found in the full version of the AIA Australia Group Privacy Policy available at <https://www.aia.com.au/en/individual/index/privacy-policy.html>

Your privacy is important to us and AIA Australia is bound by the Privacy Act, and other laws which protect your privacy. AIA Australia Group consists of AIA Australia Limited, AIA Financial Services Pty Limited, CMLA Services Pty Ltd, Jacques Martin Pty Ltd, Jacques Martin Administration and Consulting Pty Ltd (together referred to as "AIA Australia Group", "we", "us" and "our"). Together, we provide you the following notification and information about our Privacy Policy and your rights.

### Why we collect, use and disclose Personal Information

We collect, use and disclose personal and sensitive information ("Personal Information") for multiple purposes including:

- to process applications for our products and services (including products we distribute);
- to assist with enquiries and requests in relation to our products and services (including products we distribute);
- for underwriting and reinsurance purposes;
- to administer, assess and manage your products and services, including claims;
- to understand your needs, interests and behaviour and to personalise dealings with you;
- to provide, manage and improve our products and services;
- to provide you with financial advice;
- to maintain and update our records;
- to verify your identity and/or authority to act on behalf of a customer;
- to detect, manage and deal with improper conduct and commercial risks;
- for research, reporting and marketing purposes;
- to comply with applicable laws and regulatory obligations; and
- for any other purposes as outlined in the below Privacy Policy.

The reasons why we collect, use and disclose Personal Information may vary depending on the product, service, or other circumstances in which you have engaged with AIA Australia Group.

Full details of the purposes for our collection of Personal Information are set out in our full Privacy Policy.

### How we collect, use and disclose Personal Information

Personal Information may be collected from various sources, including:

- forms you submit;
- our records about your use of our products and services;
- our records from your dealings with us, including telephone, email or online interactions (including webchat); and
- public sources, social media, and third parties described in our Privacy Policy.

Further, we will collect and use Personal Information as and when this is required or authorised by law.

Where you provide us with Personal Information about someone else you must have their consent to provide their Personal Information to us in the manner described in our Privacy Policy.

We may provide, collect and exchange your personal information with third parties, including:

- members of the AIA Group;
- the life insured, policy owner, or beneficiaries of an insurance policy;
- service providers and contractors;
- your intermediaries, including your financial adviser, the distributor of your insurance policy and the trustee or administrator of your superannuation fund, your employer, your treating doctor or your legal representatives, or anyone acting on your behalf (together, your "Representatives");

- your employer, bank, medical professionals or health providers;
- partners used in our activities or business initiatives (including, if relevant to your policy, the Commonwealth Bank of Australia);
- our distributors, clients, and reinsurers;
- other financial services organisations involved in providing, managing or administering products or services recommended as part of financial advice we provide to you;
- AIA Health Insurance Pty Ltd;
- other insurers (including worker's compensation insurers, authorities, other private health insurers) and their contractors and agents;
- other super funds, trustees of those super funds and their agents;
- regulatory and law enforcement agencies;
- other bodies that administer applicable industry codes; and
- other parties described in our Privacy Policy.

Where we provide your Personal Information to a third party, the third party may collect, use and disclose your Personal Information in accordance with their own privacy policy and procedures. These may be different to those of AIA Australia Group.

Parties to whom we disclose Personal Information may be located in Australia, South Africa, the United States, the United Kingdom, Europe, Asia and other countries including those set out in our Privacy Policy. If the Financial Services Council Life Code of Practice ("Code") applies to the insurance cover we provide you, we will comply with the Code when we collect, use and disclose your Personal Information.

### Other important information

By providing information to us or your Representatives, the trustee or administrator of a superannuation fund, submitting or continuing with a form or claim, or otherwise interacting or continuing your relationship with us, you confirm that you agree and consent to the collection, use (including holding and storage), disclosure and handling of Personal Information as described in the Privacy Policy on our website and that you have been notified of the matters set out in this summary and the AIA Australia Group Privacy Policy. You agree that we may not issue a separate notice each time Personal Information is collected.

You must obtain and read the most up to date version of the AIA Australia Group Privacy Policy by contacting us on 1800 333 613 for AIA or AIA Financial Wellbeing on 1800 434 044 to obtain a copy.

You have the right to access the Personal Information we hold about you, and can request the correction of your Personal Information if it is inaccurate, incomplete or out of date. Requests for access or correction can be directed to us using the details below.

Our full Privacy Policy provides more detail about our collection, use (including handling and storage), disclosure of Personal Information and how you can access and correct your Personal Information, make a privacy related complaint and how we will deal with that complaint, and your opt-out rights.

For the avoidance of doubt, the Privacy Policy applicable to the management and handling of Personal Information will be the most current version, which shall supersede and replace all previous Privacy Policies and/or Privacy Statements and privacy summaries that you may receive or access, including but not limited to those contained in or referred to in any telephone recordings and calls, websites and applications, underwriting and claim forms, Product Disclosure Statements and other insurance and disclosure statements and documentation.

### Contact us

If you have any questions or concerns about your Personal Information, please contact us as set out below:

**AIA Australia Limited**  
PO Box 6111, Melbourne VIC 3004, Phone 1800 333 613  
**AIA Financial Services Pty Limited, trading as**  
**AIA Financial Wellbeing**  
PO Box 6051, Melbourne VIC 3004, Phone 1800 434 044

# Insurance application

## Section A. Type of cover (please select)

	Benefit /cover amount
<input type="checkbox"/> Death (Life) Only	\$ <input type="text"/>
<input type="checkbox"/> Death (Life) and Total and Permanent Disablement (TPD)	\$ <input type="text"/>
<input type="checkbox"/> Group Income Protection (GIP)	\$ <input type="text"/> (monthly benefit)

## Section B. Personal details

Surname  Mr/Mrs/Ms/Miss  Sex ☐ M ☐ F

Given names  Date of birth

Home address

Suburb  State  Postcode

Telephone (daytime)  Mobile  AvSuper member number

Email

Preferred contact method: ☐ Telephone **OR** ☐ Mobile **OR** ☐ Email Most convenient time to contact you: ☐ AM **OR** ☐ PM

## Section C. Insurance history

Please tick **Yes** or **No** for each of the following.

**1.** 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? ☐ Yes ☐ No

If 'Yes', please provide full details including dates, name of company and reason:

**2.** 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)? ☐ Yes ☐ No

If 'Yes', please provide full details including dates, cause of claim, type of benefit and amount paid, claim number and insurance company:

**3.** Other than this application, do you have or are you applying for any Death (Life), TPD, Disability Income or GIP with any other company? If 'Yes', please provide full details: ☐ Yes ☐ No

Company <input type="text"/>	Type of policy <input type="text"/>
Benefit amount <input type="text"/>	Owner <input type="text"/>
	To be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No
Company <input type="text"/>	Type of policy <input type="text"/>
Benefit amount <input type="text"/>	Owner <input type="text"/>
	To be replaced? <input type="checkbox"/> Yes <input type="checkbox"/> No

## Section D. Occupation details

### 1. Your current occupation

What is your current Annual Salary? \$  When did you start your current job?

Type of employment: ☐ **Permanent** OR ☐ **Casual** How many hours do you work per week?

### 2. Employer's business or trading name

Telephone

Employer's business address

Suburb  State  Postcode

3. Are you **Self-employed** (this means shareholder or employee of own company, sole trader or partner)? ☐ Yes ☐ No *If 'Yes', please provide details:*

Since when are you self-employed?  What percentage of the business do you own?  %

Business/company or trading name  Telephone

Business/company or trading address

Suburb  State  Postcode

How many employees do you have? (excluding yourself)

4. What industry do you work in?

### 5. What are the main duties of your occupation?

Duties (e.g., office work, sales, supervision, manual)	% of time	Location (eg., office, on-site, ntravel, at home)	% of time
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Do you hold any professional/trade qualifications? ☐ Yes ☐ No *If 'Yes', please provide details:*

Type of qualification  Name of institution where obtained

7. Has your main occupation, employer or employment status changed in the last 3 years? ☐ Yes ☐ No *If 'Yes', please provide details:*

Previous Occupation	Employer	Employment status*	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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

Type of occupation

Name of employer

Hours per week in this other occupation  Monthly income from this other occupation \$

Since when have you been doing this other occupation?

## Section E. Financial details

Only complete this section if applying for **Group Income Protection (GIP)**. Otherwise go to [Section F](#).

Please note that based on the financial information provided below, additional financial information may be required.

**1. If disabled, would all or part of your income continue?** (e.g., sick leave, other disability income policies, pension, investment, rental, company profit share, etc.) *If 'Yes' please provide full details:*

☐ Yes ☐ No

**2. Employees only** (i.e., no ownership in employer's business)

In respect of your principal occupation, what has been the total value of remuneration paid by your employer of the last two years? This should be determined by calculating the amount you could be expected to receive if your total remuneration was received as a salary or wage (before income tax is deducted).

Current tax year is	Commission/Bonus/Overtime component this amount is	Last tax year was	Commission/Bonus/Overtime component this amount is
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	\$ <input type="text"/>

**3. Self-employed only** (i.e., sole trader, employed by/director of own company or trust, partnership)

Last Tax Year: <input type="text"/>		Previous Tax Year: <input type="text"/>	
	<b>Business \$</b>		<b>Your Share \$</b>
Gross Income	\$ <input type="text"/>	\$ <input type="text"/>	
LESS Business Expenses	\$ <input type="text"/>	\$ <input type="text"/>	
<b>Net Income (Loss)</b>	<b>\$ <input type="text"/></b>	<b>\$ <input type="text"/></b>	
PLUS the following paid to you:		PLUS the following paid to you:	
Wages/Salary/Drawings/Director's Fees	\$ <input type="text"/>	\$ <input type="text"/>	
Superannuation Costs	\$ <input type="text"/>	\$ <input type="text"/>	
<b>Total</b>	<b>\$ <input type="text"/></b>	<b>\$ <input type="text"/></b>	

Please note: Any amounts received as wages/salary/drawings/director's fees must not be paid from past profits, capital or loans.

## Section F. Habits, activities and residence

Please tick **Yes** or **No** for each of the following.

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

**2. 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?** *If 'Yes', please state form and daily quantity:* ☐ Yes ☐ No

**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?** *If 'Yes', please give full details:* ☐ Yes ☐ No

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

*If 'No', please give full details:*

**5. Do you intend travelling overseas in the immediate future (i.e. next 2 years)?** ☐ Yes ☐ No

*If 'Yes', please give full details (where, when, duration and reason):*

## Section G. Medical statement

Doctor's name

Telephone

Doctor's address

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

Date

Health professional

Address

Reason

Outcome/Result

My measurements:

Height (cm)

Weight (kg)

Please tick **Yes** or **No** for each of the following.

1. Other than advised above, within the LAST THREE YEARS have you:

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?

☐ Yes ☐ No

b. Either occasionally or regularly taken any drugs, stimulants, sedatives, tranquillisers, medications by mouth, by inhalation or by injection?

☐ Yes ☐ No

2. Have you EVER had an ECG, x-ray, transfusion, mammogram, surgery or any other investigation?

☐ Yes ☐ No

3. Have you EVER had any blood tests which revealed an abnormality, eg raised blood sugar, liver function or renal function results, or anaemia, etc?

☐ Yes ☐ No

4. Do you contemplate seeking any medical examination, advice, treatment or surgery in the future?

☐ Yes ☐ No

Please provide full details for all 'Yes' answers above. (If more space is required, please go to [Section K.](#))

Date from

Date to

Name and address of doctor or hospital, clinic, etc.

Conditions, medications, treatment and time off work

Recovery %

Date from

Date to

Name and address of doctor or hospital, clinic, etc.

Conditions, medications, treatment and time off work

Recovery %

5. Have you EVER received any advice or treatment for:

a. High blood pressure, raised cholesterol, stroke or circulatory disorder?

☐ Yes ☐ No

b. Chest pain, shortness of breath, palpitations, any heart complaint or rheumatic fever?

☐ Yes ☐ No

c. Asthma, bronchitis or other lung complaint?

☐ Yes ☐ No

d. Diabetes?

☐ Yes ☐ No

e. Indigestion, hernia, gastric or duodenal ulcer, colitis or any other intestinal disorder?

☐ Yes ☐ No

f. Hepatitis or other liver or gall bladder disease?

☐ Yes ☐ No

g. Back, neck or knee complaint or any disorder of the joints, bones or muscles (e.g. gout, arthritis)?

☐ Yes ☐ No

h. Kidney or bladder disease, renal colic, stones or blood in the urine?

☐ Yes ☐ No

i. Depression, anxiety, stress, mental or nervous condition, or chronic fatigue?

☐ Yes ☐ No

j. Cancer, tumour, melanoma, sunspots or growth of any kind?

☐ Yes ☐ No

k. Eczema, dermatitis, psoriasis or any other skin condition?

☐ Yes ☐ No

l. Tinnitus, hearing loss or any defect in hearing, sight or speech?

☐ Yes ☐ No

m. Anaemia, leukaemia, haemophilia or other blood disorder?

☐ Yes ☐ No

n. Thyroid or prostate disorder, any disorder of the reproductive organs, or sexually transmitted disease?

☐ Yes ☐ No

o. Persistent diarrhoea, unexplained weight loss, enlarged lymph glands, recurrent fever or night sweats?

☐ Yes ☐ No

p. Multiple sclerosis, epilepsy, fits of any kind, recurrent headaches, dizziness, fainting or any other neurological disorder?

☐ Yes ☐ No

q. An autoimmune disease, immunodeficiency, immunosuppression from medical therapies or any other disorder of the immune system?

☐ Yes ☐ No

r. Any other physical impairment, congenital abnormality, deformity or symptoms of ill health, illness or injury?

☐ Yes ☐ No

**Females only:**

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

Please provide full details for all 'Yes' answers above. (If more space is required, please go to [Section K.](#))

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

## Section H. Family history

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?

☐ Yes ☐ No

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

  

## Section I. Sexual Health

Please tick **Yes** or **No** for each of the following.

1. In the last 5 years, have you had sexual intercourse without a condom with the following persons?
- a. Someone who might have exposed you to the Human Immunodeficiency Virus (HIV) infection  
(This may include unprotected sexual intercourse with someone other than your regular partner whose HIV status is unknown to you.) ☐ Yes ☐ No
- b. Someone who injects non-prescribed drugs ☐ Yes ☐ No
- c. Someone who is a sex worker ☐ Yes ☐ No
- d. Someone who is infected with Human Immunodeficiency Virus (HIV) infection ☐ Yes ☐ No
- e. Someone who is infected with Hepatitis B  
(You may answer 'No' if you are vaccinated and have immunity for Hepatitis B.) ☐ Yes ☐ No
- f. Someone who is infected with Hepatitis C ☐ Yes ☐ No
2. 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



## Section J. Questions in relation to COVID-19

Please tick **Yes** or **No** for each of the following.

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| 1. Have you returned from overseas in the last 2 weeks?  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 2. Have you had close contact with a person confirmed or suspected to have COVID-19 in the last 14 days?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. Have you been diagnosed with COVID-19 or is it likely that you have this disease?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 4. Have you suffered from one of the following symptoms in the last 14 days: sore throat, runny nose, fever of 38° celsius or above, cough, shortness of breath, difficulty breathing, chest pain or unexplained fatigue, aches and pains? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 5. Have you been advised to undergo a test for COVID-19 or do you currently await the result from a test for COVID-19?   | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

If 'Yes' to any of the above, please provide further details:

## Section K. Additional information

**Please ensure you have read and signed the last page.**

## Section L. Consent for accessing health information

### Notes on releasing information about your health:

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, AIA Australia Limited, collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your *Duty to take reasonable care* under the *Insurance Contracts Act 1984 (Cth)*.

### Please read each Authority carefully and the explanatory notes below.

#### Authority 1 explanatory notes

Through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for.

This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

#### Authority 2 explanatory notes

Through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements.

General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.



### Authority 1 To release any of my health information except the consultation notes held by my General Practitioner/Practice.

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to AIA Australia Limited ("AIA"), or to third parties they engage.

I agree to all the following:

- My health information can be released in the form AIA asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- AIA can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Applicant's name

Applicant's signature (If submitting this form via email, please type your name below.)

Date

### Authority 2 To release a copy of the full record, including consultation notes, held by my General Practitioner/Practice in specified circumstances.

I authorise any General Practitioner/Practice I have attended to release a copy of my full record, including consultation notes, to AIA Australia Limited ("AIA"), or to third parties they engage, only if AIA has asked them for a report on my health and either:

- the General Practitioner/Practice will be unable to, or did not, provide the report within four weeks; or
- the report is incomplete, or contains inconsistencies or inaccuracies.

I agree to all the following:

- AIA can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while AIA is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally.

Applicant's name

Applicant's signature (If submitting this form via email, please type your name below.)

Date

## Section M. Consent, declaration & authority to provide information

By continuing with your application (and, any variation, extension or reinstatement of your application) or application for different insurance cover you agree that:

- You have read, understand and agree to the terms of our *Duty to take reasonable care* and all your answers are correct. In particular, you give us a general authority to obtain information we reasonably believe is relevant to your application unless you tell us otherwise (e.g. where you request we only obtain particular information from particular sources or you have not consented for your health provider to release your health information to us) which may delay or invalidate your application and, if you fail to comply with your *Duty to take reasonable care*, we may avoid your cover or reduce the amount of cover if it is within a 3 year period.
- You have read, understand and agree to the terms of our Privacy Collection Notice. In particular, you consent to us collecting and where required disclosing certain personal information and sensitive information (including medical and health information) from or to third parties (the details of which can be found in our Privacy Collection Notice <https://www.aia.com.au/en/individual/index/privacy-policy> who may contact you and provide information to you about our or their services.
- As at the date of this application you are not absent from work for reason of illness or injury and you are performing all duties you would ordinarily perform in your occupation.

Applicant's name

Date of birth

Applicant's signature (If submitting this form via email, please type your name below.)

Date