

NON-SMOKER DECLARATION



How to complete and return this form

This form is writable, so you can save a copy to your computer, type in your responses and email the completed form to **customerservice@neoslife.com.au**

Important: The form must be emailed to NEOS from the insured person's email address or be signed by the insured person.

If the form is being sent by a financial adviser, the insured person and plan owner must sign the declarations and a scanned copy should be emailed to **customerservice@neoslife.com.au**

Questions?

We're here to help. If you have any questions in relation to this form, please contact us on 1300 090 188 or email us at **customerservice@neoslife.com.au**. Alternatively, please contact your financial adviser.

Your duty to take reasonable care

When applying for insurance, you are agreeing that you will take reasonable care not to make a misrepresentation to us before we issue your contract of insurance. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This obligation applies when you make new applications for insurance, when extending or amending existing insurance and when reinstating insurance, up until your application, amendment or reinstatement is accepted by us and the cover is issued.

If someone assists you to make this application, you are responsible for the information they give to us.

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.

If you do not meet your duty to take reasonable care

If you do not take reasonable care not to make a misrepresentation, this can have serious impacts on your insurance. Your plan and/or cover could be cancelled and/ or avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Guidance for answering our questions

When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure about the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it, or check with us.
- 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 have answered 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.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, we may exercise our rights to put us in the position we would have been if that obligation had been met.

Failure to take reasonable care may result in the following:

- we may avoid your cover within three years of entering into it
- we may reduce your cover in accordance with a formula that takes into account the premium that would have been payable, if your duty had been met, or the misrepresentation hadn't been made. Any reduction in
- respect of the death of an insured person can only occur within three years of the cover commencement date
- we may vary your cover (except for Life Cover) in such a way as to place us in the position we would have been if your duty had been met

- if the misrepresentation is fraudulent, we may refuse to pay your claim at any time and we may treat your cover as having never existed; and/or
- in exercising the above rights, we may apply these rights separately to each type of cover.

Whether we can exercise any of these rights depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation, depending on all the relevant circumstances
- whether the misrepresentation was fraudulent
- what we would have done if the duty had been met; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these rights, we will explain our reasons, how you can respond or provide further information, and also what you can do if you disagree.

Privacy statement

By completing this form, you consent to any personal information we may collect about you in the normal course of our business being used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the Privacy Act, can be found on our website at www.neoslife.com.au

Plan details

Plan number/s:

Insured person:

1. Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine-containing product in the last 12 months?

 Yes No

2. Up to the time that you stopped smoking, how many years had you been a smoker?

 Years

3. How many cigarettes did you smoke per day before you stopped?

 Per Day

4. Have you been advised to stop smoking for health reasons?

 Yes No

5. Do you plan to seek or are you awaiting medical advice, investigation or treatment for any current health condition?

 Yes No

6. Since the commencement of your plan with NEOS, have you had or received medical advice or treatment (including surgery) for any of the following conditions?

a) Chronic asthma, bronchitis, obstructive airways disease or any other lung or respiratory disorder.

 Yes No

b) Heart attack, chest pain, stroke, diabetes, or any other heart disorder.

 Yes No

c) Cancer or tumour of any kind.

 Yes No

If you have answered **YES** to any of the above questions, please provide full details below.

Declaration

Declaration for the insured person

You must carefully read the following declarations.

Note: By selecting "Yes, I agree as insured person" you have indicated your consent to the Declaration.

You declare that you have read the following statements and agree and acknowledge that you:

- I have read and understood the section in the PDS headed "Your Privacy". I consent to the collection, use and disclosure of my personal information in accordance with that section.
- I/we have read and understood the duty to take reasonable care and understand the consequences of misrepresentation.
- I understand that the email address(es) provided is for the purpose of receiving communication from NEOS. I acknowledge my personal and sensitive information may be sent to that email address.
- I have provided NEOS with true, accurate and complete answers in this form.
- I understand that my financial adviser is my agent and is not the agent of the insurer.

I declare that the answers to the preceding questions are true and complete and I have not withheld any material information from this declaration.

Yes, I agree as the insured person

Insured person

Signature Date / /

Please return your completed form to customerservice@neoslife.com.au