

APPLICATION FOR REINSTATEMENT



About this form

Please use this form to apply for reinstatement of a lapsed NEOS Protection plan due to non-payment, where:

- Your plan lapsed six months ago or less, and
- Your last application is dated more than six months ago.

If your last application was dated six months ago or less, please contact NEOS to discuss faster ways of assessing your reinstatement.

When we won't reinstate cover

We won't reinstate cover where:

- Your NEOS Protection plan lapsed more than six months ago, or
- Your NEOS Protection plan was cancelled due to a request from you and/or your representative to cancel the plan.

Where the above applies, a new application will need to be submitted.

Things to consider

- Reinstatement is subject to our approval process, and you may need to provide updated medical evidence or information about your pastimes and occupation to us. As a result of this process, we may apply new exclusions or loadings to your plan/s.
- Upon approval, all outstanding premiums will need to be paid.
- Your cover will re-commence on the reinstatement date.

How to complete 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 must sign the declarations and a scanned copy should be emailed to **customerservice@neoslife.com.au**

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.neosprotect.com.au**

Questions?

If you have any questions in relation to this form, please don't hesitate to contact us on **1300 090 188** or email us at **customerservice@neoslife.com.au**. Alternatively, please contact your financial adviser.

TO BE COMPLETED BY THE INSURED PERSON

Before answering the below questions, you should review the NEOS Protection Application Summary that was sent to you when you initially applied for cover. Please contact us if you would like a copy of your application summary.

1. Plan details

Plan number/s:

Insured person:

2. Personal details

2.1 What is your current height and weight?

Height: cm Weight: kg

2.2 Have you smoked tobacco or any other substance or used e-cigarettes or vape pens or any nicotine replacement products within the last year?

☐ Yes ☐ No

If **YES**, provide type, quantity per day and date last smoked.

2.3 How many standard drinks do you consume in a typical week?

1 standard drink = 375ml mid-strength beer, 100ml serve of wine, 1 nip of a spirit.

1 schooner of full strength beer = 1.5 standard drinks.

3. Occupation and income

TO BE COMPLETED FOR TPD, INCOME PROTECTION AND INCOME SUPPORT ONLY



Complete only if you're self-employed

3.1 How much did you personally earn in the last full financial year?

For **self-employed** individuals. This is your share of the gross annual income generated by the business, or professional practice, as a result of your personal exertion less your share of the allowable business expenses necessarily incurred in generating that income.



Complete only if you're an employee

3.2 What is your current annual income before tax?

For **employed** individuals (those who have no direct or indirect ownership in the business they're employed in) – this is your gross annual income earned from personal exertion by way of total remuneration package including salary, regular overtime, salary sacrifice amounts, bonuses, commissions, share of profits and other fringe benefits. Bonuses, commissions, share of profits and other similar payments should only be included if they are reliably recurrent. Compulsory superannuation payments should not be included here (salary sacrificed superannuation can be included).

TO BE COMPLETED FOR ALL COVER TYPES

Since the date of your last application:

3.3 Has there been or do you anticipate any change in your occupation or financial situation?

☐ Yes ☐ No

3.4 Are you currently not working, working reduced hours or have you altered your work duties due to illness or injury?

☐ Yes ☐ No

If **YES**, please provide full details below:

4. Insurance and claims history

Since the date of your last application:

4.1 Have you taken up or applied for Life, Total and Permanent Disability (TPD), Critical Illness/Trauma, or Income Protection insurance with another insurance company or via a superannuation arrangement?

☐ Yes ☐ No

4.2 Has an application for Life, TPD, Critical Illness/Trauma, or Income Protection been declined, postponed, or accepted on modified/revised terms? (for example a higher premium, exclusion(s) or other form of modified terms)

☐ Yes ☐ No

4.3 Have you made a claim for any type of accident, illness, or injury?

☐ Yes ☐ No

If **YES**, please provide full details below:

5. Medical history

- You don't need to provide details, or results, of any genetic test you've had, or plan to have.
- You still need to answer all other questions, including about any medical conditions you may have or have had. Please answer our questions based on your diagnosis or symptoms only, and don't include any genetic test results.

Since the date of your last application:

5.1 Have you had any illness or injury (other than a cold or flu) or consulted any doctor or health professional?

☐ Yes ☐ No

5.2 Have you undergone or are you intending to have any medical tests such as a blood test, x-ray, ECG, or biopsy?

☐ Yes ☐ No

5.3 Have you commenced medication or treatment, been advised, or do you intend to undergo any medical treatment or surgery?

☐ Yes ☐ No

5.4 Have you had any symptoms for which you intend to seek medical advice, or are you waiting for medical treatment or consultation or the results from medical tests or investigations?

☐ Yes ☐ No

If **YES**, please provide full details below including the name of the condition, symptoms, dates, and results of tests:

6. Family medical history

Since the date of your last application:

6.1 Have your biological parents, brothers or sisters had any of the following conditions before the age of 65?

- ☐ Heart attack, angina or stroke
- ☐ Diabetes
- ☐ Bowel cancer or familial bowel polyps
- ☐ Cancer of the breast or ovaries
- ☐ Other cancer
- ☐ Muscular dystrophy, Huntington's disease or motor neurone disease
- ☐ Polycystic kidney disease
- ☐ Cardiomyopathy
- ☐ Parkinson's disease, Alzheimer's disease or multiple sclerosis
- ☐ None of the above

If **YES**, please confirm the medical condition diagnosed, relationship, age of the family member, and whether you've been advised to have tests/investigations as a result:

7. Lifestyle

Since the date of your last application:

7.1 Have you made any definite plans to travel outside of Australia within the next 12 months, or do you intend to live outside Australia at any time?

☐ Yes ☐ No

7.2 Has there been a change in your participation, have you commenced participation, or do you intend to participate in any hazardous activities including (but not limited to):

- ☐ Australian defence force reserve
- ☐ Scuba diving
- ☐ Private flying, gliding, parachuting, or ballooning
- ☐ Emergency aviation/flying services, e.g. evacuation, rescue, medical/Care flight, fire-fighting, etc
- ☐ Motor car or motorcycle sport
- ☐ Sailing at sea, or powerboat racing
- ☐ Martial arts, combat sports
- ☐ Competitive horse riding
- ☐ Football (any code)
- ☐ Professional or semi-professional sport
- ☐ Extreme sports such as base jumping, rock climbing or mountaineering etc.
- ☐ None of the above

7.3 Have you used recreational drugs?

☐ Yes ☐ No

7.4 Have you been advised by a medical professional to reduce, stop, or seek support for any drug or alcohol consumption?

☐ Yes ☐ No

If **YES**, please provide full details below:

8. General practitioner details

If your general practitioner details have changed since your last application, please provide contact details below:

Name of general practitioner:

--

Street address:

--

Suburb:	State:	Postcode:
---------	--------	-----------

Telephone number:

--

9. Plan declaration

Declaration and Authority for the plan owner (where they are an individual) and the insured person (if they are not the plan owner)

You must carefully read the following declarations.

Note: By selecting "I/we Agree" to each declaration, you have indicated your consent to the Declaration and Authority. By selecting "Yes, I/we Agree" you have indicated your acceptance to all the terms and conditions as set out in the PDS.

I/we declare that I/we have read the following statements and I/we agree and acknowledge that:

- I/we have been provided with a copy of the NEOS Protection Product Disclosure Statement (PDS) by my adviser and I/we have read and understood the important information about the product contained in the PDS, including the privacy information, and situations when the insurer won't pay claims. My/our decision to reinstate my/our plan is based on the information in the PDS. I/we understand that subject to specific terms and conditions, changes to my/our plan will not commence until my/our reinstatement application is accepted, and a Plan Schedule is issued.
- I/we have read and understood the duty to take reasonable care and understand the consequences of misrepresentation.
- I/we have read and understood the section in the PDS headed "Your Privacy". I/we consent to the collection, use and disclosure of my/our personal information in accordance with that section.
- I/we understand that the email address(es) provided is for the purpose of receiving communication from NEOS. I/we acknowledge my/our personal and sensitive information may be sent to that email address.
- In relation to any tax returns submitted in support of this application, I/we confirm that these tax returns were submitted to the Australian Taxation Office and no subsequent adjustments have been made or are expected.

Additional Declaration and Authority for the Plan Owner

- I understand that my financial adviser is my agent and is not the agent of the insurer.
- I understand that NEOS, on behalf of the insurer, may accept information from my financial adviser, or their representative, and that NEOS will rely on any such information in deciding whether or not to accept my reinstatement application and in relation to all matters of administration.
- I consent to NEOS, on behalf of the insurer, disclosing or discussing with my financial adviser any matter relevant to the assessment of my application for reinstatement including financial, medical and other matters, whether disclosed in this application, obtained from third parties such as doctors and accountants, or otherwise discovered as part of the assessment process. NEOS will not provide copies of medical reports to my financial adviser, or their business, without first obtaining my consent (and the insured person's consent if they are different to the plan owner).
- In the event my reinstatement application is not accepted on standard terms:
 - I authorise NEOS to inform my financial adviser, or their representative, of the reasons for that decision.
 - I understand that NEOS will not provide copies of medical or other reports to my financial adviser, or their business, without first obtaining my consent (and the insured person's consent if they are different to the plan owner); and
 - I authorise my financial adviser, or their representative, to communicate to NEOS my acceptance of any revised terms on my behalf.

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

☐ Yes, I agree as insured person

Insured person

Signature

Date / /

☐ Yes, I agree as plan owner

Plan owner

Signature

Date / /



neosprotect.com.au

GPO Box 239, Sydney NSW 2001

e: customerservice@neoslife.com.au **t:** 1300 090 188

NEOS Life (NEOS) is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS Protection is issued by NobleOak Life Limited (NobleOak) ABN 85 087 648 708 AFSL 247302. NEOS Life provides administration services in relation to NEOS Protection on behalf of NobleOak.