

Suncorp Easy Super Short Form Personal Health Statement



Personal details

Dr Mr Mrs Miss Ms Other (please specify)

Surname: _____ First Name(s): _____

Address: _____

State: _____ Postcode: _____

Contact Details – Business Hours: () _____ After Hours: () _____

Adviser (if applicable): _____ Contact Details: _____

Adviser Number: _____

Occupational details

Please tick the appropriate employer type: Employee Self-Employed/Partnership Employed by Own Entity

Are you actively at work?: Yes No

Work Status: Permanent Full-time Permanent Part-time Casual Hours worked per week?: _____

Occupation: _____ Salary: _____

Do you intend to travel overseas, live or work in another country?: Yes No

If yes, please give details of country, purpose and duration: _____

Type of cover required

Death: _____ Death & TPD: _____

Salary Continuance Insurance: _____ Waiting Period: 30 Days 60 Days 90 Days

Health Statement (Please tick Yes or No to each of the following. If you answer yes please provide details in question 9)

Sex: Male Female Date of Birth: / /

Height: cm ft, in Weight: kg stone, lb

1. Do you consume alcohol? Yes No
If 'YES', how many standard drinks per week on average (socially is not acceptable): _____

2. Do you smoke or have you smoked in the past 12 months? Yes No
If 'YES', in what form and weekly quantity: _____

3. Do you have a condition affecting eyesight, hearing, speech or physical movement? Yes No

4. To your knowledge, have you ever suffered from:

(a) diabetes, epilepsy, multiple sclerosis or hepatitis? Yes No

(b) anaemia, leukaemia, haemophilia or any other blood disorder? Yes No

(c) cancer or tumour of any type (including skin lesions)? (include grading/copy of histology report) Yes No

(d) chest pain, high blood pressure, high cholesterol, heart or vascular complaint paralysis or stroke? Yes No

(e) disease of complaint related to kidney, bladder, lung, bowel, liver, or stomach including gastric or duodenal ulcer? Yes No

(f) mental or nervous disorder including stress anxiety or depression? Yes No

(g) arthritis, rheumatism, sciatica, any neck, back, shoulder or knee problems, broken bones, a repetitive strain injury, gout, muscle or joint pains? Yes No

(h) Chronic Fatigue Syndrome or other immune disorders? Yes No

(i) asthma or any lung disorders? Yes No

Please complete this section if applying for Total & Permanent Disability and/or Salary Continuance Insurance

Please give details of your current and previous occupations or jobs over the last three years, including any periods of unemployment, travelling studying etc.

	From	To	Occupation	Industry	Employed by own company/trust	Self-employed	Employed	Partnership	Salary
Current occupation									
Previous occupation									

Do you work from home?: Yes No If, "Yes" what percentage of time?: %

How many hours do you work per week in your main occupation?: How many weeks do you work per year?:

What are the principal duties of your occupation and where do you perform these duties?:

Duties (eg. Office work, site inspection, selling etc.)	Percentage of Time	Location (eg. Office, on site, driving etc)	Percentage of Time
	%		%
	%		%
	%		%
	%		%
	%		%

IMPORTANT - Please read the sections below before signing below.

Privacy

Suncorp is an Allfinanz group offering many different categories of financial products and services in banking, insurance, investments, and advice on financial services. We need to collect personal information from our customers so we can:

- Set up and administer a product for the customer;
- Determine a customer’s requirements and provide the appropriate product or service,
- Assess a claim made by a customer under one or more of our products,
- Assess our customers and their needs,
- Improve our financial products and services.

Without this information, we cannot provide the product or service. **Protecting the privacy of our customers is a key part of our normal operations.** We may also be required by taxation or superannuation law to collect your personal information.

As one of a number of companies that form the Suncorp Group, we provide personal information about a customer to all the related companies within this group. We do not disclose personal information to any outside third party organisation, unless we are required to do so by law or it is contracted to the Suncorp Group to provide administrative services or activities on our behalf. In this case, we make sure that the third party is bound by the same privacy rules we follow.

Sometimes, Suncorp might use personal information to make product related material on a range of financial products and services available to our customers.

A customer may elect not to receive product related material by indicating below.

A customer may:

- change their mind at any time about receiving product-related material;
- access the personal information that we hold about them;
- get more information about Suncorp; or
- obtain a copy of our Privacy Policy

by calling 13 11 55 (ask for life and super), or contacting us at suncorp.com.au or by visiting any of our branches.

Duty of Disclosure

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

You have the same duty to disclose those matters to the insurer before you renew, 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 the insurer, that is of common knowledge, that the insurer knows or in the ordinary course of its business ought to know, or where the insurer waives your duty of disclosure.

Non-Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may void the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may void the contract at any time.

An insurer who is entitled to void a contract of life insurance may, within three years of entering into it, elect not to void it but reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Declaration

I acknowledge and agree:

- that the information I have given in this application and any separate statements I have given with it is true. I have told the insurer, Suncorp Life and Superannuation Limited, everything about me and my health that it needs to know when deciding whether to insure me. I will notify Suncorp of any changes to my health before cover is granted;
- to Suncorp Life and Superannuation Limited and the Trustee of Suncorp Easy Super collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Privacy Policy;
- that any medical practitioner, hospital or clinic be authorised to provide Suncorp with any information about my hospital and medical history. For this authority, a photocopy of this page is as valid as the original; and
- that I have read the above Duty of Disclosure.

Please do not send any product related material on Suncorp's financial product and services.

Member's Signature: **X**

Date: / /

Witness' Name:

Witness' Signature: **X**

Date: / /