

# Suncorp Superannuation

## Application to update smoking status



Issued 8 March 2017

Suncorp Portfolio Services Limited (Trustee)  
ABN 61 063 427 958 AFSL 237905 RSE L0002059

**Use this form to tell us that you have stopped smoking and need to update your smoking status**

### Tips to help you complete this form

- Use blue or black pen and CAPITAL letters
- Use a cross 'X' to mark answer boxes
- Read the 'Your duty of disclosure' section
- Complete all sections of the form and sign and date on the last page

### Have any questions?

If you'd like help completing this form, or if you have any questions, just call us between 8am and 6pm (Eastern Standard Time) Monday to Friday.

## Your duty of disclosure

**Please read this before completing the application.**

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

This duty of disclosure continues to apply until the contract is entered into. It also applies when the insurer extends, varies or reinstates a contract of life insurance.

This duty, however, doesn't require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer,
- that's of common knowledge,
- that the insurer knows, or in the ordinary course of their business, ought to know,
- as to which compliance with the duty is waived by the insurer.

As the Insured Person you have the same duty of disclosure and it is a condition of your membership to discharge that duty.

**Non-disclosure** – If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it.

If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

The insurer may elect not to avoid the contract but to vary it by:

- reducing the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had complied with your duty of disclosure; or
- placing the insurer in the position in which the insurer would have been in if you had complied with your duty of disclosure.

The options to vary the contract are available to the insurer while the contract remains in force.

Where the contract provides Life cover, the insurer may only apply (i) above and must do so within 3 years of entering into the contract.

As the contract is for insurance of your life as the Insured Person, any failure by you to provide information about a matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to give you insurance and, if so, on what terms, may be treated as a failure by us, as the policy owner, to comply with our duty of disclosure.

Note: Completion of this form doesn't mean that non-smoker rates will automatically apply.

## 1. Personal details

Account number	<input type="text"/>	
Title	<input type="text"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Last name	<input type="text"/>	
Given name(s)	<input type="text"/>	
Date of birth	<input type="text"/>	
Daytime phone number	<input type="text"/>	Mobile phone number <input type="text"/>
Email address	<input type="text"/>	

## 2. Change to smoking status

1. In the last 12 months, have you smoked tobacco or any other substance, inhaled any substance using any type of electronic cigarette, or used any type of smokeless tobacco product? .....  Yes  No

If 'Yes', what and how much?

2. When did you cease all smoking, all use of electronic cigarettes and all use of smokeless tobacco products?

Month  Year

3. What motivated you to give up smoking or using electronic cigarettes or using smokeless tobacco products?

  

4. Do you intend to resume smoking or using any type of electric cigarette or any smokeless tobacco products? .....  Yes  No

If 'Yes' when and why?

  

5. When did you cease use of all types of Nicotine Replacement Therapy (including weaning off period)?

Month  Year

6. Do you have, or has a medical practitioner or other health professional advised you that you have any smoking, nicotine or tobacco related medical condition eg. emphysema or other breathing problems, heart disease, vascular disease, stroke or cancer? .....  Yes  No

If 'Yes', please provide full details, including the name and address of the medical practitioner or health professional.

  
  

7. Have you been advised by a medical practitioner or other health professional to give up smoking or electronic cigarettes or smokeless tobacco products on medical grounds? .....  Yes  No

If 'Yes', please provide full details, and include the name and address of the medical practitioner or other health professional.

  
  

8. If we need to get more information from you, may one of our underwriters phone you? (This can save time and ensure that the underwriter fully understands your circumstances.) .....  Yes  No

If 'Yes', when is the most convenient time and place:

At home  At work Days

Convenient times: from  to

