

DECLARATION OF HEALTH

This Contract of Insurance will be effected through Certain Underwriting Members of Lloyds of London (“the Underwriters”), whose Syndicate numbers and proportion of liability will be shown within the policy.

IMPORTANT INFORMATION

HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist the Underwriters in evaluating your declaration and if they are unable to read the information you have given us, we will not be able to consider covering any pre-existing conditions.

Your duty to take reasonable care not to misrepresent

Before you enter into an insurance contract with us, the Insurance Contracts Act 1984 requires you to take reasonable care not to make a misrepresentation.

What this means is that you must take care to ensure the accuracy of any information you provide to us, as our decision whether to enter into a contract with you, and if so on what terms, will be based on the information you provide.

Your duty includes:

- Giving honest, accurate and complete answers to any questions we ask;
- Making reasonable enquiries to determine the accuracy of any information you give to us; and
- Taking care to ensure that any representation you make to us is accurate.

Every person who is insured under the policy must comply with this duty at the commencement of the policy and when you renew, vary, extend, reinstate or replace the policy. If you or any person who is insured under the policy do not comply with this duty and fail to take care to ensure the accuracy of any representation made to us, we may cancel the policy, reduce the amount we pay if you make a Claim, or decline a Claim. If you breach this duty fraudulently, we may avoid the policy altogether and treat it as if it never existed.

Privacy

Lloyd’s and its agents are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (the Act). This sets out basic standards relating to the collection, use, disclosure and handling of personal information. Our Privacy Policy, available by calling your broker, sets out how:

- we protect your personal information;
- you may access your personal information;
- you may correct your personal information held by us;
- you may complain about a breach of the Privacy Principles or Registered Privacy Code and how we will deal with such a complaint.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties who assist us in providing the above services. These parties (which include our related entities, distributors, agents, insurers (including reinsurers) and service providers) will only use the personal information for the purposes we provided it to them for (unless otherwise required by law). It is likely that the information will be disclosed overseas to the United Kingdom.

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- you have the authority from them to do so and it is as if they provided it to us;
- you have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information if you wish and request correction if required. You may also opt out of receiving materials sent by us by contacting your broker.

NAME:	DATE OF BIRTH:
ADDRESS:	
UNION:	PIT/LODGE:
EMPLOYERS NAME:	
CONTACT PH:	MOBILE:

Insured Person's Acknowledgement

	NO/ YES	Give details to "yes" answers here. Refer to question number and include name and address of doctors and/or hospitals. If insufficient space please attach pages as appropriate and refer to the question number accordingly.
a. Are you currently free of injury, disease or discomfort?		
b. Have you been diagnosed as having a terminal condition?		
c. Have you been diagnosed as having a serious or chronic condition (i.e. including but not limited to any ongoing back disorder, cancer, circulatory or respiratory condition, major organ disease, diabetes, neurological condition, HIV/AIDS), or any other condition that will require periodic medical reviews during the next 12 months?		
d. Have you any reason to think that you may need to undergo medical supervision or a surgical operation in the future		
e. Have you during the past 12 months had an accident, been ill, under medical supervision or taken medication (other than for minor illnesses such as colds, flu etc.)?		
f. Has a previous insurer imposed special acceptance terms in their cover?		
g. Have you been off work for more than 10 consecutive days or 15 days in total during the last 12 months due to injury and/or sickness?		
h. Are you fit to work on the effective date of individual insurance?		

DECLARATION: I Hereby declare and warrant that the answers given above are in every respect true and correct, and that I have not withheld any information within my knowledge likely to affect the decision of the insurer as to my eligibility for insurance for pre-existing conditions. The declaration shall be the basis of the contract in consideration of giving disclosed pre-existing conditions between the insurer and myself, and I agree to accept the insurer's policy subject to the terms and conditions to be contained therein.

I further authorise the insurer to consult my doctor regarding any condition declared on this declaration and authorise my doctor to release any information relevant to same.

DATE

SIGNATURE