

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 OF DISCLOSURE

Before You enter into an insurance contract with Us, the Insurance Contracts Act 1984 requires You to provide Us with the information We need to enable Us to decide whether and on what terms Your proposal for insurance is acceptable and to calculate how much premium is required for Your insurance.

The Act imposes a different duty the first time You enter into the policy with Us to that which applies when You vary, renew, extend, reinstate or replace Your policy. We set these duties out below.

Your duty of disclosure when you enter this policy with us for the first time.

You will be asked various questions when You first apply for this policy. When You answer these questions, You must:

- a) Give Us honest and complete answers.
- b) Tell Us everything You know concerning the proposed insurance; and
- c) Tell Us everything that a reasonable person in the circumstances could be expected to tell Us.

Your duty of disclosure when you **renew, vary, extend, reinstate or replace your policy.**

If You renew, vary, extend, reinstate or replace the policy Your duty is to tell Us before the renewal, variation, extension, reinstatement or replacement is made, every matter which:

- a) You know; or
- b) A reasonable person in the circumstance could be expected to know;
- c) Is relevant to Our decision whether to insure You and whether any special conditions need to apply to Your policy.

What you do not need to tell us for either duty

You do not need to tell Us about any matter:

- a) That diminishes Our risk;
- b) That is of common knowledge;
- c) That We know or should know as an Insurer; or
- d) That We tell You We do not need to know.

What happens if you don't comply with the relevant duty?

If you do not comply with the relevant duty, We may cancel the policy or reduce the amount We pay if You make a claim. If fraud is involved We may treat the policy as if it never existed and pay nothing.

Privacy

Lloyd's and its agents are bound by the obligations of the Privacy Act 1988 as amended by the Privacy Amendment (Private Sector) Act 2000 (the Act). These set basic standards relating to the collection, use, disclosure and handling of personal information.

"Personal information" is essentially information or an opinion about a living individual whose identity is apparent or can reasonably be ascertained from the information or opinion.

An individual who believes their privacy may have been prejudiced has a right to make a complaint about the matter. In the first instance, your complaint should be addressed to Underwriters. If you are dissatisfied with the response, you may refer the matter to Lloyd's Australia Ltd, who has the appropriate authority to investigate and address matters of this nature. Lloyd's Australia can be contacted at

Level 9

1 O'Connell Street
Sydney NSW 2000
Telephone: [02] 8298 0783
Fax: [02] 8298 0788
Email: ldraustralia@lloyds.com

Lloyd's Australia will respond in writing within 15 working days, and if you remain dissatisfied with their response you will be provided at that time with the details of any other avenues for resolution that may be available to you.

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