

# APPLICATION FOR ALTERATION TO NON-SMOKING PREMIUM RATES

## Policy Owner details

Your policy number

Name of insured person

## Your duty of disclosure

**To be read by the Policy Owner / Insured Person before completing the application.**

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

Your duty, however, does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know, or in the ordinary course of our business, ought to know; or
- as to which compliance with your duty is waived by us.

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

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

We may elect not to avoid your 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 us in the position in which we would have been in if you had complied with your duty of disclosure.

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

Where your contract provides death cover, we may only apply i. above and must do so within 3 years of you entering into the contract with us.

**Your duty of disclosure continues to apply until the contract is entered into. It also applies when you extend, vary or reinstate a contract of life insurance.**

1. Have you smoked tobacco or any other substance in the last 12 months? Yes  No

Have you given up smoking due to medical advice as a result of an illness or other health issues related to the use of tobacco and/or other substances? e.g. emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer? Yes  No

2. To help us process your application, we may need to contact you. Please let us know the most convenient time and place:

At home  At work  Days  Convenient times: From  to

## Declaration

I declare that the statements made in this statement are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by Asteron Life & Superannuation Limited (Asteron) in deciding whether to issue a policy including the premiums and terms to offer.

To the extent that if the answers are not in my own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.

I have read and acknowledge the Duty of Disclosure to Asteron and understand that this duty continues to apply until the insurance applied for has been accepted by Asteron. I also acknowledge that the Duty of Disclosure will also apply if I extend, vary or reinstate a contract of insurance.

Any statements I have made on or with an application to another insurer and which I have presented to Asteron are intended by me as declarations and representations to Asteron and I acknowledge that Asteron will use them in assessing this insurance application.

I have read and understood the Asteron privacy statement (available at [www.gio.com.au/privacy](http://www.gio.com.au/privacy)). I consent to Asteron using my personal information for the purposes outlined in that privacy statement and to Asteron disclosing my personal information to (and obtaining information from) other parties including the parties mentioned in that statement, for the disclosed purposes.

Signature of the Policy Owner/Person to be insured

Date

Please return this form to Life Customer Service:

- Fax to: 1300 850 397
- Email to: [giolife@gio.com.au](mailto:giolife@gio.com.au)
- Mail to: GPO Box 3950, Sydney NSW 2001

If you have any queries please call us on 1800 604 946.