

NON-SMOKER DECLARATION

How to complete and return this form

This form is writable, so you can save a copy to your computer, type in your responses and email the completed form to customer@encompassprotect.com.au

Important: The form must be emailed to the Administrator from the insured person's email address or be signed by the insured person. If the form is being sent by a financial adviser, the insured person must sign the declarations and a scanned copy should be emailed to customer@encompassprotect.com.au

Privacy statement

By completing this form, you consent to any personal information we may collect about you in the normal course of our business being used as outlined in our privacy policy. Our policy, which is designed to protect your interests and is consistent with the Privacy Act, can be found on our website at www.encompassprotect.com.au/privacy-policy

Your duty to take reasonable care not to make a misrepresentation

When applying for insurance, you agree to take reasonable care not to make a misrepresentation to us before we issue your contract of insurance. The duty to take reasonable care is set out in the Encompass Protection Product Disclosure Statement and Policy Document (PDS) available on our website www.encompassprotect.com.au/PDS

What is a misrepresentation?

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

If you do not meet your duty to take reasonable care

If you do not take reasonable care not to make a misrepresentation, this can have serious impacts on your insurance. Your policy and/or cover could be cancelled and/or avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Questions?

We're here to help. If you have any questions in relation to this form, please contact us on **1300 476 030** or email us at customer@encompassprotect.com.au. Alternatively, please contact your financial adviser.

Policy details

Policy number/s

Insured person

1 Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine-containing product in the last 12 months? Yes No

2 Up to the time that you stopped smoking, how many years had you been a smoker? Years

3 How many cigarettes did you smoke per day before you stopped? Per Day

4 Have you been advised to stop smoking for health reasons? Yes No

5 Do you plan to seek or are you awaiting medical advice, investigation or treatment for any current health condition? Yes No

6 Since the commencement of your Encompass Protection Policy, have you had or received medical advice or treatment (including surgery) for any of the following conditions?

a) Chronic asthma, bronchitis, obstructive airways disease or any other lung or respiratory disorder. Yes No

b) Heart attack, chest pain, stroke, diabetes, or any other heart disorder. Yes No

c) Cancer or tumour of any kind. Yes No

If you have answered **YES** to any of the above questions, please provide full details below.

Declaration

Declaration for the insured person

I must carefully read the following declarations.

Note: By selecting "Yes, I agree as insured person" you have indicated your consent to the Declaration.

I declare that I have read the following statements and agree and acknowledge that I:

- have read and understood the section in the PDS headed "Your Privacy". I consent to the collection, use and disclosure of my personal information in accordance with that section.
- have read and understood the duty to take reasonable care not to make a misrepresentation as set out in the PDS and am aware of the consequences of misrepresentation.
- understand that the email address(es) provided is for the purpose of receiving communication from the insurer and the administrator. I acknowledge my personal and sensitive information may be sent to that email address.
- have provided the insurer and the administrator with true, accurate and complete answers in this form.

I declare that the answers to the preceding questions are true and complete and I have not withheld any material from this declaration.

Yes, I agree as the insured person

Insured person

Signature

Date

 / / 

encompassprotect.com.au

GPO Box 239, Sydney NSW 2001

e: customer@encompassprotect.com.au **t:** 1300 476 030

Encompass Protection is issued by MLC Limited (MLC Life Insurance, the Insurer) ABN 90 000 000 402 AFSL 230694. NEOS Life (NEOS, the Administrator) is a registered business name of Australian Life Development Pty Ltd ABN 96 617 129 914 AFSL 502759. NEOS provides administration services (excluding the administration of claims) in relation to Encompass Protection on behalf of the Insurer.