

HEALTH DECLARATION FORM

About this form

Please use this form to provide us with the required health declarations for pending Encompass Protection applications that are more than three months old.

If your application is more than six months old, you will need to submit a new application for cover. To arrange a new application, speak with your financial adviser or contact us on **1300 476 030**.

How to complete 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 don't hesitate to 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

Declaration of ongoing health and circumstances

Before answering the below questions, you should review the Encompass Protection Application Summary that was sent to you when you initially applied for cover. Please contact us if you would like a copy of your application summary.

Since your initial application for cover, have there been any changes to your:

- a) occupation or income? Yes No
- b) family medical history? Yes No
- c) medical history, health or personal circumstances? Yes No
- d) overseas travel arrangements or residency status? Yes No
- e) participation in any hazardous activities or sports? Yes No

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

Declaration

Declaration for the insured person

You must carefully read the following declarations.

Note: By selecting "Yes, I agree as the 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.
- am aware of the consequences of misrepresentation. I understand that the duty to take reasonable care also applies to Interim Accident Cover and Interim Rollover Cover.
- understand that before the cover starts, I may be asked about any changes to medical or financial circumstances since completing the application and that these changes might require further assessment or investigation.
- have provided the Insurer and Administrator with true, accurate and complete answers in this declaration.
- understand that the email address(es) provided is for the purpose of receiving communication from the Administrator. I acknowledge my personal and sensitive information may be sent to that email address.

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
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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.