

APPLICATION FOR REINSTATEMENT

About this form

Please use this form to apply for reinstatement of a lapsed Encompass Protection policy due to non-payment, where your policy lapsed six months ago or less.

When we won't reinstate cover

We won't reinstate cover where:

- Your Encompass Protection policy lapsed more than six months ago, or
- Your Encompass Protection policy was cancelled due to a request from you and/or your representative to cancel the policy.

Where the above applies, a new application will need to be submitted.

Things to consider

- Reinstatement is subject to our approval process, and you may need to provide updated medical evidence or information about your pastimes and occupation to us. As a result of this process, we may apply new exclusions or loadings to your policy/ies.
- Upon approval, all outstanding premiums will need to be paid.
- Your cover will re-commence on the reinstatement date.

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 us 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 and the policy owner 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

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.

Information about genetic tests

If you have had a genetic test, you only need to disclose this to us if your total combined insurance cover (including cover under superannuation or held with other life insurers as well as cover applied for) will be more than any one of the following:

- \$500,000 Life Cover, or
- \$500,000 Total and Permanent Disability cover (TPD), or
- \$200,000 Critical Illness (trauma) cover, or
- \$4,000 a month Income Protection cover, Salary Continuance cover or Business Expenses cover.

If you have had a favourable (negative) genetic test result, you can provide this information regardless of the amount of cover applied for.

TO BE COMPLETED BY THE INSURED PERSON

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.

1. Policy details

Policy number/s:

Insured person:

2. Personal details

2.1 What is your current height and weight?

Height: cm Weight: kg

2.2 Have you smoked tobacco or any other substance or used e-cigarettes or vape pens or any nicotine replacement products within the last year?

Yes No

If **YES**, provide type, quantity per day and date last smoked.

2.3 How many standard drinks do you consume in a typical week?

1 standard drink = 375ml mid-strength beer, 100ml serve of wine, 1 nip of a spirit.

1 schooner of full strength beer = 1.5 standard drinks.

3. Occupation and income

TO BE COMPLETED FOR TPD AND INCOME PROTECTION COVER ONLY



Complete only if you're self-employed

3.1 How much did you personally earn in the last full financial year?

For self-employed individuals: This is your share of the gross annual income generated by the business, or professional practice, as a result of your personal exertion less your share of the allowable business expenses necessarily incurred in generating that income.



Complete only if you're an employee

3.2 What is your current annual income before tax?

For employed individuals (those who have no direct or indirect ownership in the business they're employed in) – this is your gross annual income earned from personal exertion by way of total remuneration package including salary, regular overtime, salary sacrifice amounts, bonuses, commissions, share of profits and other fringe benefits. Bonuses, commissions, share of profits and other similar payments should only be included if they are reliably recurrent. Compulsory superannuation payments should not be included here (salary sacrificed superannuation can be included).

TO BE COMPLETED FOR ALL COVER TYPES

Since the date of your last application:

3.3 Has there been or do you anticipate any change in your occupation or financial situation?

Yes No

3.4 Are you currently not working, working reduced hours or have you altered your work duties due to illness or injury?

Yes No

If **YES**, please provide full details below:

4. Insurance and claims history

Since the date of your last application:

4.1 Have you taken up or applied for Life, Total and Permanent Disability (TPD), Critical Illness/Trauma, or Income Protection insurance with another insurance company or via a superannuation arrangement?

Yes No

4.2 Has an application for Life, TPD, Critical Illness/Trauma, or Income Protection been declined, postponed, or accepted on modified/revised terms? (for example a higher premium, exclusion(s) or other form of modified terms)

Yes No

4.3 Have you made a claim for any type of accident, illness, or injury?

Yes No

If **YES**, please provide full details below:

5. Medical history

**Before answering these questions, please refer to page 2 which outlines further information about genetic testing.*

Since the date of your last application:

5.1 Have you had any illness or injury (other than a cold or flu) or consulted any doctor or health professional?

Yes No

5.2 Have you undergone or are you intending to have any medical tests such as a blood test, x-ray, ECG, or biopsy?

Yes No

5.3 Have you commenced medication or treatment, been advised, or do you intend to undergo any medical treatment or surgery?

Yes No

5.4 Have you had any symptoms for which you intend to seek medical advice, or are you waiting for medical treatment or consultation or the results from medical tests or investigations?

Yes No

If **YES**, please provide full details below including the name of the condition, symptoms, dates, and results of tests:

6. Family medical history

**Before answering these questions, please refer to page 2 which outlines further information about genetic testing.*

Since the date of your last application:

6.1 Have your biological parents, brothers or sisters had any of the following conditions before the age of 65?

- Heart attack, angina or stroke
- Diabetes
- Bowel cancer or familial bowel polyps
- Cancer of the breast or ovaries
- Other cancer
- Muscular dystrophy, Huntington's disease or motor neurone disease
- Polycystic kidney disease
- Cardiomyopathy
- Parkinson's disease, Alzheimer's disease or multiple sclerosis
- None of the above

If **YES**, please confirm the medical condition diagnosed, relationship, age of the family member, and whether you've been advised to have tests/investigations as a result:

7. Lifestyle

Since the date of your last application:

7.1 Have you made any definite plans to travel outside of Australia within the next 12 months, or do you intend to live outside Australia at any time?

- Yes No

7.2 Has there been a change in your participation, have you commenced participation, or do you intend to participate in any hazardous activities including (but not limited to):

- Australian defence force reserve
- Scuba diving
- Private flying, gliding, parachuting, or ballooning
- Emergency aviation/flying services, e.g. evacuation, rescue, medical/Care flight, fire-fighting, etc
- Motor car or motorcycle sport
- Sailing at sea, or powerboat racing
- Martial arts, combat sports
- Competitive horse riding
- Football (any code)
- Professional or semi-professional sport
- Extreme sports such as base jumping, rock climbing or mountaineering etc.
- None of the above

7.3 Have you used recreational drugs?

Yes No

7.4 Have you been advised by a medical professional to reduce, stop, or seek support for any drug or alcohol consumption?

Yes No

If **YES**, please provide full details below:

8. General practitioner details

If your general practitioner details have changed since your last application, please provide contact details below:

Name of general practitioner:

Street address:

Suburb:	State:	Postcode:
---------	--------	-----------

Telephone number:

9. Policy declaration

Declaration and Authority for the policy owner (where they are an individual) and the insured person (if they are not the policy owner)

You must carefully read the following declarations.

Note: By selecting "I/we Agree" to each declaration, you have indicated your consent to the Declaration and Authority.

By selecting "Yes, I/we Agree" you have indicated your acceptance to all the terms and conditions as set out in the PDS.

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

- I/we consent to receive the PDS and all notices electronically.
- I/we have read and understood the PDS, which I/we received in Australia.
- I/we have read and understood the notification of 'Your duty to take reasonable care not to make a misrepresentation'.
- I/we have provided the Insurer and/or the Administrator with true, accurate and complete answers in this application (including all other forms, questionnaires and other information I/we have provided to the Administrator), whether answered by me/us personally or by my adviser.
- My/our decision to reinstate my/our policy is based on the information in the PDS. I/we understand that subject to specific terms and conditions, changes to my/our policy will not commence until my/our reinstatement application is accepted and a Policy Schedule is issued.
- I/we have read and understood the section in the PDS headed "Your Privacy". I/we consent to the collection, use and disclosure of my/our personal information in accordance with that section.
- I/we authorise the Insurer to forward any information obtained by it to any health practitioner or service, reinsurer, service provider or third party as is reasonably required for the purpose of assessing the application, administration of the insurance policy, assessment of a claim made under the policy and as otherwise may be required to comply with legal obligations.
- I/we consent to the Insurer and Administrator sending notices or communications regarding my application or insurance to an email address or mobile number provided by me/us and agree that any communications received by the Insurer or Administrator from this email or mobile number will constitute valid communications or instructions from me/us. I/we acknowledge my/our personal and sensitive information may be sent to that email address.
- In relation to any tax returns submitted in support of this application, I/we confirm that these tax returns were submitted to the Australian Taxation Office and no subsequent adjustments have been made or are expected.

Additional Declaration and Authority for the Policy Owner

- I understand that my financial adviser is my agent and is not the agent of the insurer.
- I understand and agree that the insurer and/or the Administrator may accept information from me or from my financial adviser (or their representative), by any means acceptable to the Insurer (including electronically) and that they will rely on any such information in deciding whether or not to accept my reinstatement application and in relation to all matters of administration.
- I consent to the Insurer and/or Administrator disclosing or discussing with my financial adviser any matter relevant to the assessment of my reinstatement application including financial, medical and other matters, whether disclosed in this application, obtained from third parties (e.g. doctors, accountants) or otherwise discovered as part of the assessment process.
- In the event my reinstatement application is not accepted on standard terms:
 - I authorise the Insurer and/or Administrator to inform my financial adviser, or their representative, of the reasons for that decision.
 - I understand that the Insurer and/or Administrator will not provide copies of medical or other reports to my financial adviser, or their business, without first obtaining my consent (and the insured person's consent if they are different to the policy owner); and
 - I authorise my financial adviser, or their representative, to communicate to the Insurer and/or the Administrator my acceptance of any revised terms on my behalf.

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

I declare that the responses in the original insurance application(s) were true and correct.

Yes, I agree as the insured person

Insured person

Signature

Date / /

Yes, I agree as the policy owner

Policy owner 1 full name (please print)

Signature

Date / /

Policy owner 2 full name (please print)

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. Protect Super Plan is a division of OneSuper ABN 43 905 581 638 RSE R1001341, issued by Diversa Trustees Limited (Diversa, the Trustee) ABN 49 006 421 638 AFSL 235153 RSE L0000635. 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 superannuation administration services in relation to the Protect Super Plan on behalf of the Trustee and insurance administration services (excluding the administration of claims) in relation to Encompass Protection on behalf of the Insurer.