APPLICATION FOR REINSTATEMENT

Encompass PROTECTION

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**

Your duty to take reasonable care not to make a misrepresentation

Your policy or the policy you are applying for is a consumer insurance contract and the duty below applies to you.

About your insurance application and your duty

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth. The duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be 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.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure about any question, we are here to help and you can contact us.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.
- You must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Changes before your cover starts

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. The duty applies when you answer questions in your application and whenever we obtain more information from you.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you need help understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example, we may:

- avoid the cover (treat it as if it never existed)
- vary the amount of the cover; or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.

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.

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

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

- You don't need to provide details, or results, of any genetic test you have had, or plan to have.
- You still need to answer all other questions, including about any medical conditions you may have or have had. Please answer our questions based on your diagnosis or symptoms only, and don't include any genetic test results.

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

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 of 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 ☐☐ / ☐☐ / ☐☐☐☐

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