QUESTIONNAIRE

let's INSURE

Change of occupation

Please answer all questions and sign and date this questionnaire. If you fail to do so we will be unable to assess and process your change.

Part A: Life Insured's details

First name:	Date of birth: / /
Surname:	Policy number:

Part B: Questionnaire

Duty of Disclosure

Before you enter into a contract of life insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contact of life insurance.

Your duty, however, does not require disclosure of a matter that diminishes the risk to be undertaken by the insurer; that is of common knowledge; that your insurer knows, or, in the ordinary course of its business, ought to know; as to which compliance with your duty is waived by the insurer.

Non Disclosure

If you fail to comply with your duty of disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing. Please ensure all applicable questions are fully answered.

1. What is your new occupation?

Title:

Duties:

% manual work:	Hours per week:

Hazardous duties involved e.g. working at heights, offshore, working with explosives: Yes ☐ No ☐

If 'yes' provide details:

Part B: Questionnaire (continued)

2. **What was your previous occupation?**

3. **How long have you been in your new occupation?**

4. **Was your change of occupation due to injury and/or illness?** Yes ☐ No ☐

If 'yes' provide details:

5. **Additional information/comments:**

Part C: Declaration

I declare that I have read and understood my duty of disclosure and the answers given are true and correct and shall form part of my application for life insurance.

Life Insured's signature: Date: / /

Please return the completed form to Let's Insure. You can either:

1. Scan and email to customerservice@letsinsure.com.au (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
2. Mail to The Claims Manager, Let's Insure, PO Box 1192, Chatswood NSW 2057 (please mark the envelope as CONFIDENTIAL); or
3. Fax to 1300 361 097 (please address the cover page to The Claims Manager).