HEALTH DECLARATION FORM

About this form

Please use this form to provide us with the required health declarations for pending NEOS 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 090 188**.

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 **customerservice@neoslife.com.au**

Important: The form must be emailed to NEOS 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 **customerservice@neoslife.com.au**

Your duty to take reasonable care

When applying for insurance, you are agreeing that you will take reasonable care not to make a misrepresentation to us before we issue your contract of insurance. A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This obligation applies when you make new applications for insurance, when extending or amending existing insurance and when reinstating insurance, up until your application, amendment or reinstatement is accepted by us and the cover is issued.

If someone assists you to make this application, you are responsible for the information they give to us.

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.

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 plan 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.

Guidance for answering our questions

When answering our questions, please:
- Think carefully about each question before you answer. If you are unsure about the meaning of any question, please ask us before you respond.
- Answer every question that we ask you.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it, or check with us.
- 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.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would have answered our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

What can we do if the duty is not met?

If you do not take reasonable care not to make a misrepresentation, we may exercise our rights to put us in the position we would have been if that obligation had been met.

Failure to take reasonable care may result in the following:
- we may avoid your cover within three years of entering into it
- we may reduce your cover in accordance with a formula that takes into account the premium that would have been payable, if your duty had been met, or the misrepresentation hadn't been made. Any reduction in
- respect of the death of an insured person can only occur within three years of the cover commencement date

- we may vary your cover (except for Life Cover) in such a way as to place us in the position we would have been if your duty had been met
- if the misrepresentation is fraudulent, we may refuse to pay your claim at any time and we may treat your cover as having never existed; and/or
- in exercising the above rights, we may apply these rights separately to each type of cover.

Whether we can exercise any of these rights depends on a number of factors, including:
- whether the person who answered our questions took reasonable care not to make a misrepresentation, depending on all the relevant circumstances
- whether the misrepresentation was fraudulent
- what we would have done if the duty had been met; and
- in some cases, how long it has been since the cover started.

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

Privacy policy

Our privacy policy contains information about how you may access personal information held by us and how you can seek correction of such information. It also contains information about how you may complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You may obtain a copy of our privacy policy from **www.neosprotect.com.au/privacy-policy**

Questions?

If you have any questions in relation to this form, please don't hesitate to contact us on **1300 090 188** or email us at **customerservice@neoslife.com.au**. Alternatively, please contact your financial adviser.

1. Plan details

Plan number/s:

Insured person:

2. Declaration of ongoing health and circumstances

Before answering the below questions, you should review the NEOS 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, has there been any changes to your:

a) occupation, work duties, working hours, employment status 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.

3. Plan declaration

Declaration and authority 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 and Authority.
By selecting "Yes, I agree as the insured person" you have indicated your acceptance to all the terms and conditions as set out in the PDS.

You declare that you have read the following statements and agree and acknowledge that you:

• have read and understood the section in the PDS headed "Your Privacy". You consent to the collection, use and disclosure of your personal information in accordance with that section.
• I/we have read and understood the duty to take reasonable care and understand the consequences of misrepresentation.
• are aware of the consequences of misrepresentation. You understand that the duty to take reasonable care also applies to Interim Accident Cover and Interim Rollover Cover.
• understand that before the cover starts, you 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 NEOS with true, accurate and complete answers in this declaration.
• understand that the email address(es) provided is for the purpose of receiving communication from NEOS. You acknowledge your personal and sensitive information may be sent to that email address.

4. Additional Declaration and Authority for the insured person

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

☐ Yes, I agree as the insured person

Insured person

Signature   Date ☐☐ / ☐☐ / ☐☐☐☐

Please return your completed form to customerservice@neoslife.com.au

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