

APPLICATION FOR BUPA TERM LIFE INSURANCE

This application relates to the Combined Product Disclosure Statement and Financial Services Guide dated 28 October 2011. Please do not complete this application if you have not received a copy of the Product Disclosure Statement and had an opportunity to read it.

How to Apply

1. Make sure you fully complete this application form, and sign and date it, using blue or black ink. Some questions can only be completed by the life to be insured - these are clearly marked.
2. If you intend to pay:
 - annually by cheque - you need to make your cheque payable to ClearView Life Assurance Limited, for the entire annual premium;
 - annually or monthly by credit card - you need to complete the credit card section of the Payment Authority;
 - annually or monthly from your bank account - you need to complete the Direct Debit Request section of the Payment Authority.
3. Return completed forms to:

ClearView Life Assurance Limited
Reply Paid 4232
Sydney NSW 2001

Start of Cover

Cover under the policy does not begin until ClearView Life Assurance Limited has accepted your application as proposed or has received your signed acceptance of any alternate terms that may be offered and the first premium and/or a completed Payment Authority has been received.

Your 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 the 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 contract of life insurance. Your duty does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business ought to know; or
- as to which compliance with your duty is waived by the insurer.

Your Duty of Disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation in writing has been issued.

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 three years of entering into it. If your non disclosure is fraudulent, the insurer may avoid the contract at any time.

Any Insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but

to reduce the sum 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.

1. Details of proposed amount of cover

Death \$ _____ (minimum \$100,000)
 TPD* \$ _____ (minimum \$50,000)
 Trauma* \$ _____ (minimum \$50,000)
 Trauma Plus* \$ _____ (minimum \$50,000)

* Note you can add only one of the TPD, Trauma, Trauma Plus options to your Death cover. Cover for TPD, Trauma or Trauma Plus cannot exceed the Death cover.

Premium \$ _____ per month / year

2. Details of life to be insured

Surname

Previous name (maiden)

First name

Title

Initial

Date of birth

Sex (M/F)

Home address

Unit number

Street number

Street name

Suburb

Postcode

Home phone number

Mobile phone number

Email address

How long have you lived in Australia?

Are you a permanent resident of Australia?

Yes. No.

Do you plan to travel overseas or live or work in another country?

Yes. No.

If yes, When?

For how long?

Where?

For what reason?

3. Payment details

- Annually by cheque (make payable to ClearView Life Assurance Limited)
- Annually or monthly by credit card (complete Payment Authority)
- Annually or monthly by direct debit to your bank account (complete Payment Authority)

4. Details of Policy Owner(s)

Is the policy owner to be the same as the life insured?

Yes - go to section 4d No - complete section 4a and 4b if individual owners or 4c if other

4a. Details of Policy Owner 1

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth

Male Female

Relationship to life to be insured

Home phone number

Work phone number

Fax number

Mobile phone number

4b. Details of Policy Owner 2

Mr Mrs Miss Ms Other

Given name(s)

Surname

Date of birth

Male

Female

Relationship to life to be insured

Home phone number

Work phone number

Fax number

Mobile phone number

4c. Other owner details

(Where policy is to be owned by a company, trust or partnership)

Is owner a Company Trust Partnership

Name of entity

ABN number (if applicable)

4d. Address to which notices and correspondence are to be sent

(leave blank if same as life insured address)

Unit number

Street number

Street name

Suburb

Postcode

5. Nomination of beneficiaries

Policy owner to complete - complete this section if you wish the Death benefit to be paid to someone other than yourself.

I/We nominate the following beneficiaries to receive the specified proportion of the amount payable on the death of the life insured. The payment is subject to the Policy conditions and any limitations imposed by law at the time of payment. I/We understand that this nomination will be void if the Policy is transferred to a new owner.

5a. Details of beneficiary 1

Name

Address

Relationship to Policy Owner

Date of Birth

Proportion of death benefit
% 100% if only one beneficiary nominated

5b. Details of beneficiary 2

Name

Address

Relationship to Policy Owner Date of Birth

D D M M Y Y

Proportion of death benefit
% 100% if only one beneficiary nominated

The proportions for all nominated beneficiaries must total 100%.

6. Occupation and income details of the life to be insured

(Life insured to complete)

6a. Basic occupation and income details (complete in all cases)

What is your usual occupation?

Industry Years in industry

When did your present employment situation commence?

What is your current annual income (before tax) less any business expenses for your usual occupation?

\$

6b. Additional details about your occupation Only complete if TPD or Trauma Plus are being applied for (Tick any of the following that apply to you)

- Self employed
- Employee
- Contractor
- Casual

Employer's name or name of business or practice

Business address

Unit number Street number

Street name

Suburb

Postcode

Describe all present duties, including the percentage of time spent doing or supervising manual work

Are any of your duties hazardous? (e.g. underground, at heights, etc)

- Yes.
- No.

If yes, provide details

Do you possess any trade or tertiary qualifications?

- Yes.
- No.

If yes, provide details - qualifications, degree, license no, etc

Hours worked per week in your principal occupation?

Do you have a second occupation?

- Yes.
- No.

If yes, provide details - Occupation

Duties

Hours worked per week in second occupation

What was your previous occupation?

Industry Years in industry

D D M M Y Y

Do you contemplate any change in occupation or extended leave?

- Yes.
- No.

If yes, provide details

7. Details of other insurance

7a. Have you ever had an application for life disability or trauma insurance declined, deferred or accepted on terms other than standard terms?

- Yes.
- No.

If yes, provide details - Company

Type of cover Insured amount

\$

Comments

7b. Have you ever made a claim for or received sickness, accident, disability, Veterans Affairs benefits, workers' compensation, unemployment benefits or any compensation payments?

- Yes.
- No.

If yes, provide details – Paying institution/company

Grid for paying institution/company details

Type of benefit Amount claimed
\$

Date benefit finalised

Grid for date benefit finalised (D D M M Y Y)

Reason for claim/benefit

Grid for reason for claim/benefit

7c. Do you have, or are you applying for, any other life, disability or trauma insurance (including any cover through your employer or superannuation funds)?

X Yes. X No.

If yes, provide details – Company

Grid for company details

Type of cover Insured amount
\$

Comments (e.g. benefit period)

Grid for comments

7d. Will this application replace any of the above policies?

X Yes. X No.

If yes, provide details

Grid for details if yes

8. Personal details of the life to be insured

8a. Height Weight

Grid for height and weight

8b. Do you drink alcohol?

X Yes. X No.

If yes, provide details – e.g. beer Daily quantity

8c. Have you smoked tobacco or any other substance in the last 12 months?

X Yes. X No.

If yes, provide details – e.g. cigar Daily quantity

9. AIDS statement

9a. Have you been infected with or tested positive for HIV or suffering from Acquired Immune Deficiency Syndrome?

X Yes. X No.

9b. Have you had injections of any drug, not prescribed by a registered medical practitioner?

X Yes. X No.

9c. Have you ever engaged in unprotected male to male anal sexual activity or worked as or engaged the services of a prostitute?

X Yes. X No.

If yes to any of these questions, please provide details

Grid for details if yes to any questions

10. Details of general health

10a. Have you ever had, or consulted anyone, for any of the following:

Item code

a. Any heart complaint, raised or high blood pressure, raised or high cholesterol, chest pain or rheumatic fever X Yes X No

b. Epilepsy, multiple sclerosis, tremor, any neurological disorder, stroke or vascular disorder X Yes X No

c. Stomach or digestive disorders, ulcers, polyps or hernias X Yes X No

d. Asthma, bronchitis, tuberculosis, persistent shortness of breath or any lung complaint X Yes X No

e. Diabetes, thyroid or glandular disorder, hepatitis, or any bowel, kidney, liver, bladder disorder or prostate disorder X Yes X No

f. Any mental illness, depression, stress or anxiety state or chronic fatigue type of disorder X Yes X No

g. Any sexually transmitted disease X Yes X No

h. Alcoholism, drug dependence or chemical/substance abuse X Yes X No

i. Strained back, sciatica, whiplash, spondylitis or any other form of back, neck or spinal trouble X Yes X No

j. Arthritis, rheumatism, gout or any disorder of the joints, ligaments or muscles, repetitive strain injury, amputation or loss of use in any limbs X Yes X No

k. Cancer, cysts, moles or skin lesions, leukaemia, haemophilia, blood disorder or blood transfusion X Yes X No

l. Allergies, migraines, any skin disorder or any disorder affecting the eyes, ears, nose or throat X Yes X No

m. Have you occasionally or regularly taken any medication, drugs, stimulants, sedatives or tranquilisers (other than for colds, flu or the contraceptive pill) X Yes X No

n. Do you have any physical impairment or departure from good health (not already mentioned above) X Yes X No

o. During the last five years, have you had any other illness or injury, operation or medical investigation (blood tests, ECG, x-rays, genetic test etc) X Yes X No

p. Do you contemplate seeking any examination, advice or treatment (including medical or surgical) in the near future X Yes X No

10b. Females only

q. Have you ever had an abnormal mammogram or breast ultrasound? X Yes X No

r. Have you ever had an abnormal pap smear test? X Yes X No

s. Are you currently pregnant? X Yes X No

Date due D D M M Y Y

t. Have you ever had any complications of pregnancy or childbirth? X Yes X No

10c. Did you answer yes to any item in question 10a or 10b?

Yes. No.
complete table below (if additional space is needed, attach and sign a separate sheet) go to Question 11

Condition 1	
Item code	
Illness, injury, condition or test	
Date of first symptoms	
Date of last symptoms	
Number of episodes	
Time off work	
Details of past treatment	
Current treatment	
Have you fully recovered?	
Name and address of attending doctor	

Condition 2	
Item code	
Illness, injury, condition or test	
Date of first symptoms	
Date of last symptoms	
Number of episodes	
Time off work	
Details of past treatment	
Current treatment	
Have you fully recovered?	
Name and address of attending doctor	

11. Doctor's details

11a. Name of usual doctor

Business address

Unit number _____ Street number _____

Street name _____

Suburb _____

Postcode _____

Business phone number _____

Business fax number _____

11b. How long have you been his/her patient?

_____ months _____ years

Date of last consultation with usual doctor
 D D M M Y Y

Result of last consultation and degree of recovery (medication prescribed, referral given or tests ordered)

Who was your previous usual doctor?

When did you last consult any medical provider?

D D M M Y Y

Reason?

12. Family medical history

To the best of your knowledge, have any of your blood relatives, parents, brothers or sisters suffered from or been diagnosed with any of the following:

Heart disease, stroke, high blood pressure, cholesterol or diabetes?

Yes. No.

Depression or any other mental illness?

Yes. No.

Cancer of any type (please specify site and type)?

Yes. No.

Huntingtons disease, muscular dystrophy, polycystic kidney disease, familial polyposis, multiple sclerosis, motor neurone disease or any other hereditary disease?

Yes. No.

If yes, provide details:

Family member

Condition

Current status

Age of diagnosis _____ Age at death (if applicable) _____

Family member

Condition

Current status

Age of diagnosis _____ Age at death (if applicable) _____

13. Details of pastimes

13a. Do you currently engage or intend to engage in:

Aviation (other than as a fare paying passenger in a commercial airline)? Yes No

Motor car, motor cycle or motor boat racing? Yes No

Underwater diving? Yes No

Mountain climbing or mountain biking? Yes No

Hang gliding? Yes No

Parachuting? Yes No

Football (any code)? Yes No

Any other hazardous pursuit or sporting activity? Yes No

13b. Did you answer yes to any item in question 13a?

Yes No
complete the separate Sports and Pastimes Questionnaire (call 134 135 if you don't have a copy of this form) go to Part 14.

14. Medical Authority

(to be signed by the life to be insured)
I authorise any medical practitioner, hospital or clinic to provide ClearView Life Assurance Limited ABN 12 000 021 581 with any information about my hospital and medical history. A photocopy of this authority will be as valid as the original.

Life to be insured

Signature of life to be insured

D D / M M / Y Y

OFFICE USE ONLY
Doctor's name

15. Policy owner and life insured declaration

- 1. I/We have read the Product Disclosure Statement to which this application form relates.
- 2. I/We apply for BUPA Term Life Insurance and agree to abide by the terms of the policy.
- 3. The answers I/we have given in the application, the personal statement made within it, and any attachments to the application are true and correct.
- 4. I/We have disclosed all relevant information so that ClearView Life Assurance Limited can properly consider this application.
- 5. I/We authorise ClearView Life Assurance Limited to disclose any information in relation to my application to any person, for the purposes of assisting ClearView Life Assurance Limited make a decision in relation to my/our application of insurance.
- 6. I/We understand that the insurance does not begin until ClearView Life Assurance Limited accepts my application and I have paid my first premium (or signed a Payment Authority).
- 7. I/We have read the Duty of Disclosure. If answers are not in my/our own handwriting, I have checked them and certify that they are true and correct.
- 8. I/We have read and consent to the collection, use and disclosure of my personal information as set out in the Privacy and Personal Information section of the Product Disclosure Statement.

Signed by life to be insured

Full name

Signature of life to be insured

D D / M M / Y Y

Signed by Policy Owner 1 (if other than life to be insured)

Full name (individual, company, partnership or trust)

Position within company (if applicable)

Signature of Policy Owner 1

D D / M M / Y Y

Signed by Policy Owner 2 (if other than life to be insured)

Full name (individual, company, partnership or trust)

Position within company (if applicable)

Signature of Policy Owner 2

D D / M M / Y Y

Next steps

- Answered all questions?
- Ensured the life to be insured has signed on page 6?
- Filled in your preferred payment method?
- Ensured the Policy Owner(s) have signed above?
- Written a cheque for the appropriate amount of premium or signed the appropriate Payment Authority?

Post your completed application and payment to:
ClearView Life Assurance Limited
Reply Paid 4232
Sydney NSW 2001