

Smoker habit statement



Need any help completing this form? Call us on 1300 420 233.

Please read the Product Disclosure Statement (PDS) before completing this form. It will help you understand the product including definitions, exclusions and conditions. The Target Market Determination (TMD), where applicable, for the product is available on our website at aami.com.au/policy-documents.

Part A – About this application

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 for what premium.

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.

If your application to vary your policy is accepted, the policy will be treated as a consumer insurance contract to the extent of the variation.

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.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If the duty is not met

If the duty is not met, this can have serious impacts on your policy. Your policy could be avoided, which means it is 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 applying for insurance. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- 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, please check every answer (and if necessary, make any corrections) before the application is submitted.

If you need help

It's important that you understand this information and the questions we ask. Ask us for help if you have difficulty understanding the process of applying for life insurance or answering our questions.

If you're having difficulty due to a disability, language, or for any other reason, please let us know - we're here to help and can provide additional support.

Part B – Policy details

Life Insured's full name	<input type="text"/>
Application/Policy Number	<input type="text"/>
Date of birth	<input type="text" value="dd / mm / yy"/>

Part C – Smoker habits

1. Have you smoked tobacco or any other substance or used e-cigarettes or any nicotine-containing product in the last 12 months? Yes No

If yes, in what form and daily quantity?

2. Up to the time that you stopped smoking, how many years had you been a smoker?

3. How many cigarettes did you smoke per day before you stopped?

4. Have you been advised to stop smoking for health reasons?

 Yes No

5. Do you plan to seek or are you awaiting medical advice, investigation or treatment for any current health condition?

 Yes No

6. Since the commencement of your policy with TAL, have you had or received medical advice or treatment (including surgery) for any of the following conditions?

- (a) Chronic asthma, bronchitis, obstructive airways disease or any other lung or respiratory disorder.

 Yes No

If yes, please provide details.

- (b) Heart attack, chest pain, stroke, diabetes, or any other heart disorder.

 Yes No

If yes, please provide details.

- (c) Cancer or tumour of any kind.

 Yes No

If yes, please provide details.

Please note: If you have stopped smoking due to medical reasons associated with events such as a heart attack, emphysema, lung cancer or stroke a change to non-smoker rates will not be available and smoker rates will be maintained for the duration of the policy.

Part D – Privacy

The ways in which your personal information is collected, used, secured and disclosed, are set out in the respective privacy policies of TAL and AAMI which are available at tal.com.au/privacy and aami.com.au/lifeprivacy, and are free of charge on request.

By signing this form you consent to TAL and AAMI collecting your information in accordance with our Privacy Policies to provide our products and services to you. Additional information about your privacy rights and our privacy obligations under current privacy legislation can be accessed on the website of the Office of the Australian Information Commissioner at www.oaic.gov.au.

Part E – Declaration

I understand and acknowledge that I am bound by the duty to take reasonable care not to make a misrepresentation. I hereby declare that the answers to the questions contained in this Questionnaire are true.

Signature (Life Insured)

Sign here	Date dd / mm / yy
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How to return your documents:

Mail: Reply Paid GPO Box 5380, Sydney NSW 2001

Phone: 1300 420 233 to complete your policy over the phone