

Mental Health Disorders Questionnaire

Information sheet

When to use this form

Use this form to provide Resolution Life with specific information about your history of a mental health disorder to help us assess your application for insurance.

What you need to tell us

When you apply for insurance

When you apply for insurance, the insurer conducts 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 Not to Make a Misrepresentation

! Read this if you are applying for insurance as the policy owner, if you will be an insured person under a policy owned by someone else, or if you will be an insured person under a superannuation plan.

Your legal duty

When you apply for insurance and up until your application is accepted by the insurer, there is a legal Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

You have the same duty if anything changes, or you remember more information, while we're processing your application.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same Duty to Take Reasonable Care Not to Make a Misrepresentation to the insurer at that time.

You are responsible for all answers given, even if someone assists you with your application.

We may later investigate the answers given in your application, including at the time of a claim.

Where a **policy** owned by one person covers the life of another person, it's important that the other person does not make a misrepresentation when providing information to the insurer. If the other person does make a misrepresentation, then it may be treated as a failure by the owner of the **policy** in their Duty to Take Reasonable Care Not to Make a Misrepresentation. Therefore, you must take reasonable care not to make a misrepresentation when giving us information whether you're the owner of the **policy** or an **insured person** under it.

If you do not meet your legal duty

If you do not meet your Duty to Take Reasonable Care Not to Make a Misrepresentation, 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.

If there is a failure to comply with the Duty to Take Reasonable Care Not to Make a Misrepresentation, there are different remedies that may be available to the insurer. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put the insurer in the position it would have been in if the duty had been met. Therefore, if the person who answers our questions does not take reasonable care not to make a misrepresentation, it can have serious consequences for your insurance, such as those explained below:

- we may **treat the contract (or your cover) as if it never existed**.
- we may **reduce the amount you've been insured for** – to reflect the premium you've been paying. There is a link between the premium you pay and your level of cover. If you fail to tell us something, your premiums may have been too low. The insurer may reduce the amount you've been insured for, taking into account the premium you would have had to pay if you'd told us everything you should have. For Death cover the insurer can only reduce the amount you've been insured for within three years of your cover starting.

- we may **vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean, for example, that waiting periods, exclusions or premiums may be different. The insurer can't make variations to Death cover.

Your total insurance cover forms one insurance contract. If you don't meet your legal duty, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

Whether the insurer 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. This includes how clear and specific our questions were and how clear the information we provided on the duty was;
- what the insurer would have done if the duty had been met – for example, whether the insurer 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 let you know our reasons and the information we rely on and give you an opportunity to provide an explanation.

If we decide to exercise one of these remedies, we will advise you of our decision and the process to have this reviewed or make a complaint if you disagree with our decision.

Guidance for answering our questions

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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- 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. If someone else helped prepare your application (for example, your adviser), please check every answer (and make corrections if needed) before the application is submitted.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer 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.

After your cover starts

If, after the cover starts, you think you may not have met your duty, please contact us immediately.

Your privacy

Personal information

We may collect personal information directly from you or from your financial adviser.

We may also collect personal information if it is required or authorised by law, including the *Superannuation Industry (Supervision) Act 1993*, the *Corporations Act 2001* and the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*.

Our main purpose in collecting personal information from you is so we can establish and manage your plan. If you choose not to provide the information necessary to process your application, then we may not be able to process it.

We may also collect and use any of your personal information, including sensitive information, collected and held by the Resolution Life Group if you authorise us to do so.

We may also use this information for related purposes—for example, enhancing customer service, product options and providing you with ongoing information about opportunities that may be useful for your financial needs through direct marketing. These may include investment, retirement, financial planning, banking, credit, life and general insurance products and enhanced customer services that may be made available by us, other members of the Resolution Life Group, or by your financial adviser. Please contact us if you do not want your personal information used for direct marketing purposes.

We usually disclose information of this kind to:

- other members of the Resolution Life Group
- your financial adviser or broker (if any)
- the owner of the plan (if applicable)
- external service suppliers who may be located in Australia or overseas, who supply administrative, financial or other services to assist the Resolution Life Group in providing Resolution Life Financial Services. A list of countries where these providers are likely to be located can be accessed via our Privacy Policy
- the Australian Transaction Reports and Analysis Centre (AUSTRAC) where required by our anti-money laundering compliance plan
- the Australian Taxation Office (ATO) to conduct searches on the ATO's Lost Member Register for lost superannuation
- anyone you have authorised or if required by law.

Sensitive information

If sensitive information, such as health information, is collected in relation to this financial product, then additional restrictions apply. Resolution Life may collect health information using a third party provider. The primary purpose for obtaining this health information is for the insurer, Resolution Life, to assess your application for new or additional insurance. Resolution Life may also use this information for directly related purposes—for example, deciding whether more information is needed, arranging reinsurance, assessing further applications and processing claims.

Resolution Life may disclose this type of health information to:

- your financial adviser or broker (if any)
- the Trustee or other members of the Resolution Life Group
- the owner of the plan (if applicable)
- Resolution Life's reinsurers
- 'doctors'
- any person Resolution Life considers necessary to help either assess claims or resolve complaints
- anyone you have authorised or if required by law.

If you are an 'insured person', aspects of your health information may be provided to the owner of your plan in resolving terms of acceptance or if the standard plan rates are varied.

If you are an 'insured person', Resolution Life and/or their health screening provider may also speak to a third party for the sole purpose of arranging a health screening appointment. This third party may include a spouse, family member, personal assistant, financial adviser or other relevant party.

Under the current Resolution Life Privacy Policy, you may access personal information about you held by the Resolution Life Group. The Resolution Life Privacy Policy sets out the Resolution Life Group's policies on management of personal information, including information about how you can access your personal information, seek to have any corrections made on inaccurate, incomplete or out-of-date information, how you can make a complaint about privacy, and information about how Resolution Life deals with such complaints. The Resolution Life Privacy Policy can be obtained online at **resolutionlife.com.au** or by calling our Customer Service Centre on 133 731.

Please keep this information sheet for your records — don't return it with your completed form(s).

Mental Health Disorders Questionnaire

Use this form to provide Resolution Life with specific information about your history of a mental health disorder to help us assess your application for insurance. You are requested to supply answers to the below questions truthfully, accurately and completely.

Please print in CAPITAL LETTERS and place a cross in any applicable boxes.

1. Insured person's details

Account/Plan number	Request ID (if applicable)								
<input type="text"/>	<input type="text"/>								
Title	Date of birth								
<input type="text"/>	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Surname									
<input type="text"/>									
Given name(s)									
<input type="text"/>									
Residential address									
<input type="text"/>									
Suburb	State	Postcode							
<input type="text"/>	<input type="text"/>	<input type="text"/>							

1. Insured person's details (continued)

Contact phone number	Mobile number	
<input type="text"/>	<input type="text"/>	
Email address		
<input type="text"/>		
By providing your email address, you consent to receiving all future communications, including information about products and services offered by Resolution Life, to the above email address.*		
Address for communications		
<input type="checkbox"/> Please cross <input checked="" type="checkbox"/> if same as residential address.		
Residential address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Questionnaire

! This section is to be completed by the person to be insured.

a. Which of the following mental health disorder(s) do you have, or have you had, or received treatment or advice for? (please select all that apply):

- Anxiety, generalised anxiety or panic disorder
- Adjustment disorder or post traumatic stress disorder
- Obsessive compulsive disorder or attention deficit disorder
- Anorexia, bulimia or any other eating disorder
- Postnatal depression
- Depression including major depression, mood or any other depressive disorder
- Manic depression or bipolar disorder
- Schizophrenia or any other psychotic or personality disorder
- Alcohol or substance abuse disorder
- Other, please provide details:

b. Please describe your symptoms:

c. What do you think caused your symptoms?

* We may use or disclose your personal information to contact you for purposes relating to the administration, operation and management of your policies with us. We may also send you information about products and services offered by Resolution Life. You may opt out of receiving direct electronic marketing communications from us at any time.

2. Questionnaire (continued)

d. When did you first experience symptoms and how long did they last?

e. Has this condition(s) ever required you to take time off work or does/did it impact your ability to perform your normal duties at work? No Yes

For example: Did you need to reduce the number of hours you worked, or were your responsibilities or duties changed in any way?

If 'Yes', please provide details, including time away from work and any change to your duties:

f. Has this condition(s) ever affected your relationships, your ability to socialise with friends or family, your ability to sleep, eat, exercise or play sport? No Yes

If 'Yes', please provide details:

g. How many episodes of this condition have you experienced? For example, if you were depressed and recovered twice in three years we would say you had two episodes of depression.

h. When was the last time you experienced symptoms?

i. Have you ever received any treatment for this condition? No Yes

If 'Yes', please provide the details in the table below:

Type of treatment (eg counselling, medication etc.)	Name of medication (if applicable)	Dosage/frequency of treatment	Date started	Date ceased

j. Have you or are you being treated for this condition by a general practitioner, psychologist, psychiatrist, counsellor or any other therapist? No Yes

If 'Yes', please provide details in the table below:

Field of practice (eg psychologist, therapist etc.)	Name	Address	Date of last consultation

k. Are you still receiving treatment for this condition(s)? No Yes

If 'No', please advise when you stopped treatment and was it at the direction of your treating health professional?

2. Questionnaire (continued)

- l. Have you ever not followed the advice of your treating health professional in relation to prescribed medication or other recommended treatment for this condition(s)? No Yes

If 'Yes', please provide details:

- m. Have you ever been hospitalised or admitted as an in-patient at a hospital or clinic for this condition(s)? No Yes

If 'Yes', please provide details in the table below:

Name of hospital/clinic	Dates of hospitalisation	Treatment received

- n. Have you ever thought about or tried to harm yourself or take your own life? No Yes

If 'Yes', please provide the name and address of your doctor that would have the details:

- o. Has any first degree blood related family member (father, mother, brother, sister) had a mental health disorder? No Yes

Note: You're only required to disclose family information relating to first degree blood related family members — living or deceased (father, mother, brother, sister).

If 'Yes', please provide details:

3. Declaration and signature

I acknowledge and declare that I have:

- read and understood the section entitled “The Duty to Take Reasonable Care Not to Make a Misrepresentation” in the **Information sheet**, and understand that any cover issued by the insurer will be based on the answers I provide to questions in this form and any other questions that are asked before the insurer advises me in writing that it has issued a policy. I understand that if the questions are not answered truthfully, accurately and completely the insurance I have applied for may be avoided (treated as if it never existed) or altered and if I have made a claim under the insurance it may not be payable or be reduced. If someone has assisted me to complete this form (such as my financial adviser) I have checked every answer (and if necessary made corrections) before this form is submitted, and
- read the privacy information in the **Information sheet** and I agree to the various uses and exchanges of my personal information as set out in that section.

Name

--

Signature

X

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Where to send this form

Mail or email the completed form to:

Resolution Life Customer Service
GPO Box 5441
Sydney NSW 2001
askus@resolutionlife.com.au

Any questions?
133 731