

Change of weight

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:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname:	Policy number:								

Part B: Questionnaire

Your duty to take reasonable care not to make a misrepresentation

When applying for insurance, you have a legal duty under the Insurance Contracts Act 1984 to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into (**your duty**). To meet this duty, each person whose life is to be insured must also take reasonable care not to make such a misrepresentation.

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

Your duty also applies before you extend or vary an existing contract of insurance or reinstate a contract of insurance.

Before you enter into a contract of insurance or do any of these things, we will ask you questions and will use the answers in deciding whether to insure you and on what terms and for what premium. To ensure you meet your duty, you must answer our questions truthfully, accurately and completely. (Further guidance on answering our questions is set out below.)

If your duty is not met

In exercising our rights, we may consider whether your cover is constituted by separate contracts of life insurance and apply our rights separately to each type of cover.

If you fail to meet your duty, and we would not have insured you if you had answered our questions truthfully, accurately and completely, we may avoid the contract within 3 years of entering into it. If we choose not to avoid the contract, we may, at any time, reduce the amount you have been insured for by using a formula that takes into account the premium that would have been payable if you had met your duty. If the contract provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount you have been insured for, we may, at any time, vary the contract which may reduce our liability under the contract in respect of a claim. This right does not apply if the contract provides cover on death.

If you fail to comply with your duty and the failure was fraudulent, we may refuse to pay a claim and treat your policy as never having existed.

Guidance for answering our questions

You are responsible for the information provided to us. 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: Questionnaire (continued)

1.	What is your current height and weight?	cm	kg
2.	Has your weight varied by more than 5 kgs over the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	How much weight have you lost over the last 12 months?		kg
4.	Was it an unexplained weight loss?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'yes' have you seen your doctor about this?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If 'no' please advise method of weight loss used e.g. details of diet and exercise:		
6.	Since the date of your application/personal statement, have you: (tick 'No' or 'Yes')	Yes	No
a.	Had any change in occupation?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Had any change in participation in hazardous pastimes?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Had any change in health or suffered from any illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Had any reason to receive, or do you intend to seek medical examination or advice, or consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or other health care worker?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Additional information/comments:		

Part C: Declaration

I declare that I have read and understood my duty to take reasonable care 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 FlexiSure. You can either:

1. Scan & email to customercare@flexisure.com.au (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
2. Mail to Customer Service PO Box 7395, Cloisters Square WA 6850 (please mark the envelope as CONFIDENTIAL).

This insurance policy is issued by Hallmark Life Insurance Company Ltd ABN 98 119 557 995 "AFSL 354570" Hallmark Insurance is a wholly owned subsidiary of St Andrew's Australia Services Pty Ltd ABN 86 108 575 727 "At the time of purchase" this policy was distributed and promoted by FlexiSure which was a trading name of Select AFSL Pty Limited "In liquidation" Receiver and manager appointed "ACN 262 042 729" This communication provides general product information only "Terms" conditions & exclusions apply Please consider the relevant Product Disclosure Statement that was current at the acceptance date & available by calling us on 2411 466 466 before deciding whether to continue to hold this product"