

## Application to add Child cover

**Please complete this application form if you wish to apply for Child Cover. If there are more than three children insured, please complete an additional application form.**

### Your duty to take reasonable care not to make a misrepresentation

This duty applies to the person who applies for the policy and the person whose life will be covered.

#### Your Duty

In applying for life insurance and answering our questions, you are under a duty to take reasonable care not to make a misrepresentation. This means that, when responding to our questions, your answers must be based on your actual belief that the information you are providing is accurate.

You should therefore think carefully about the answers you provide to our questions because if they are untrue, inaccurate or dishonest then this could be regarded as a misrepresentation.

Your duty to take reasonable care not to make a misrepresentation continues up until the time your policy commences. For example, when we contact you to confirm the answers you gave, or ask further questions prior to your policy commencing, the same duty applies.

Should your insurance contract be extended, varied or reinstated your duty will also apply to any of our questions or where we have asked you to confirm the answers you previously gave remain accurate.

#### What can we do if the duty is not met?

If, when answering our questions, you have not met your duty to take reasonable care not to make a misrepresentation, we may seek remedies that are available to us, which can have serious consequences for you

For example, we may:

- avoid the cover. This means that the policy is treated as though it never existed and you will not be able to make a claim under the policy. However, we will return your premiums;
- reduce the amount of the cover using a set formula which takes into account the premium that we would have charged if we had received the correct information. This means that we may reduce the insurance benefit under the policy; or
- vary the terms of the cover to put us in the position we would have been in if we had received the correct information. For example, we may apply an exclusion to your cover under the policy.

Whether we can exercise these remedies depends on a number of factors, including:

- what we would have done if the duty had been met, for example, whether we would have offered cover and, if so, on what terms;
- whether the misrepresentation was fraudulent, including whether any misrepresentation was made deliberately or recklessly; and
- whether the misrepresentation was innocent, including whether any misrepresentation made was not done so deliberately or recklessly.
- In some cases how long it has been since the cover started

The consequences will apply to each type of cover that could have been issued as a separate policy.

In the event we identify a possible misrepresentation before making a decision about your policy, we will explain our reasons, how to provide further information, and what you can do if you disagree.

### Determining whether reasonable care has been taken

We will take into account all relevant circumstances in determining whether there has been a failure to take reasonable care not to make a misrepresentation, including your particular circumstances and whether you had a financial adviser. If someone helps you to answer the questions, including for example a financial adviser, you should check every answer as you are still responsible for ensuring that the answers are accurate.

If you need help answering any of our questions, please speak to your financial adviser or contact us on **132 979**. You can ask us to send you a copy of your answers we used to assess your application for your insurance policy.

#### Policy details

Policy number	<input type="text"/>
Person insured	<input type="text"/>

#### 1. Children to be insured

Given name and surname	Male/female	Date of birth	Sum insured
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 2. Do any of the children have any existing insurance with ClearView or another insurer? No Yes

If yes, please provide details

Name of child	Policy number	Insurer	Sum insured	Date commenced	Amount to be replaced
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- |   | <b>Child 1</b>  | <b>Child 2</b>  | <b>Child 3</b>  |
|---|---|---|---|
| <b>3.</b>   |   |   |   |
| <b>a)</b> Other than minor ailments, (e.g. colds, tonsils, chicken pox), has the child suffered from, been treated for or been diagnosed with any medical conditions or disability?                                 | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>b)</b> Is the child currently undergoing medical tests or been advised to have tests, treatment or surgery?  | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |
| <b>c)</b> Has the child's biological mother, father, brother or sister suffered or been diagnosed with any hereditary disease. Examples include multiple sclerosis, motor or neurone disease or muscular dystrophy? | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> Yes | <input type="checkbox"/> No<br><input type="checkbox"/> Yes |

If yes, please provide details

**Child 1**

**Child 2**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide details for 'Child 2'.

**Child 3**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for providing details or notes for Child 3.

## Declaration of the policy owner(s)

- I have received and read the PDS and Policy Document including any relevant Supplementary PDS (**SPDS**) for the product I am applying for and agree to abide by the terms of the policy.
- In answering these questions, I have read and understand my duty to take reasonable care not to make a misrepresentation as set out on page 1 of this application.
- I confirm the answers I have given are true, correct and complete and confirm the answers are my own. I understand that this is important as ClearView relies on these answers for accepting cover (including on what terms) and that my failure to do so may have serious consequences including changes to terms, reduction of cover or treating the cover as if it never existed.
- I acknowledge that I am responsible for the answers even if they have been completed by someone else and that I have provided all the answers to that person and that I have checked the answers to ensure they are true, correct and complete.
- I understand that if this application is to replace another life insurance policy, that I must cancel existing policy(ies) when I receive written notification of acceptance of this application. If I do not cancel the other policy(ies), the benefits paid under this policy will be reduced by the amount of the benefit paid or payable under the other policy(ies).
- As the parent or guardian of the person insured, I agree that ClearView may collect and use personal information in relation to the person insured and expressly consent to this collection and use.
- I have read and consent to the collection, use and disclosure of personal information as set out in ClearView's Privacy Policy. The Privacy Policy is available at **clearview.com.au** or by contacting ClearView on **1800 265 744**.

Signature of policy owner 1/Trustee 1/Director 1	Date
<input type="text" value="X"/>	<input type="text"/>
Full name and position with company (if applicable)	
<input type="text"/>	
Signature of policy owner 2/Trustee 2/Director 2	Date
<input type="text" value="X"/>	<input type="text"/>
Full name and position with company (if applicable)	
<input type="text"/>	

### Sending your form:

Mail	Email	Enquiries
ClearView GPO Box 4232 Sydney NSW 2001	clearviewlifefewbusiness@clearview.com.au	132 979

ClearView ClearChoice and LifeSolutions are issued by ClearView Life Assurance Limited ABN 12 000 021 581 AFSL No. 227682 (ClearView). ClearView ClearChoice Super and LifeSolutions Super are issued by HTFS Nominees Pty Limited: ABN 78 000 880 553, AFSL 232500, RSE Licence No L0003216 as trustee of the HUB24 Super Fund, ABN 60 910 190 523, RSE R1074659.

**clearview.com.au**

All other life insurance products are issued by ClearView.