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.

Policy details

Policy number

Person insured

Your duty to take reasonable care not to make a misrepresentation

Both the person applying and the person whose life will be insured have a legal duty to take reasonable care not to make a misrepresentation when applying:

- for new cover;
- to change existing cover; or
- to reinstate cover.

What your duty means

When giving us information as part of your application, you must do so based on your honest belief the information you are providing is true, correct and a complete answer to the question asked. You should not leave out important information we ask or give answers that are misleading, even if unintentionally.

This duty continues up until we issue your policy certificate (when the cover or change you have applied for officially starts) and includes:

- when you answer questions in an application form
- if we ask you follow-up questions, including over the phone
- if we ask you to confirm that previous answers are still accurate

If you need to change your answers during the application process, including if you become aware that your previous answers are no longer accurate, you must notify us. Updated or corrected answers may require further assessment or investigation, or result in cover being offered on different terms.

Getting help with the application

If you need help answering any of our questions, please speak to your financial adviser or contact us on **132 979**.

If a financial adviser or someone else helps you to answer the questions, you should check every answer as you are still responsible for ensuring that the answers provided are accurate.

What happens if this duty isn't met?

If you do not take reasonable care when giving us information, there can be serious consequences depending on the situation. For example, we may:

- cancel the policy from the beginning and treat it as if it never existed (we'll refund your premiums, but you won't be able to claim),

- reduce the amount of cover, using a set formula and the premium we would have charged you had we received the correct information (which could mean a claim benefit payable under your policy may be reduced), or
- change the terms of your cover in line with how it would have been offered had we received the correct information (for example, we might add exclusions).

Our rights to apply the above actions depend on a number of factors, such as:

- whether we would have offered you cover at all, or on different terms, if the correct information had been given,
- how long ago the cover started or when the change or reinstatement of your cover came into effect,
- whether your actions were fraudulent.

If your policy includes multiple types of cover, we may apply different actions to each type.

If we find a potential issue with the information you gave, we'll contact you. We'll explain what we've found, how you can respond or give us more information. Once we make a decision, we will inform you what to do if you disagree with our decision.

Information about 'genetic testing'

In answering the questions, you do not need to include or mention any 'protected genetic information' as defined under relevant laws and regulations. This includes information such as whether the child (or any of their genetic relatives) has undergone genetic testing, intends or has been recommended by any person to undergo genetic testing, or any results of such test. Subject to certain conditions, including specific written consent, we are not permitted to use such information.

1. Children to be insured

Given name and surname	Male/female	Date of birth	Sum insured

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

Important note:

You must not provide any protected genetic information in response to question 3.

Protected genetic information means information about:

- Whether the child or any of the child's relatives have taken or intend to take genetic tests;
- Whether the child or any of the child's relatives have been recommended to take genetic tests;
- Genetic tests the child or any of the child's relatives have taken, including the results of the tests.

Regardless of how the diagnosis was made, if we ask about it, you must still tell us about any disease or medical condition that the child or their relatives have been diagnosed with and which has shown:

- any symptoms,
- abnormal findings on medical examination or investigations, or
- other signs identified by a health practitioner.

Examples of signs include blood or other pathology results outside normal range, and abnormalities detected on scans such as MRI, ultrasound or CT scan.

3.	**Child 1**	**Child 2**	**Child 3**
a) 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?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
b) Is the child currently undergoing medical tests or been advised to have tests (other than genetic tests), treatment or surgery?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes
c) Has the child's biological mother, father, brother or sister suffered from or been diagnosed with any hereditary disease. Examples include multiple sclerosis, motor or neurone disease or muscular dystrophy?	☐ No ☐ Yes	☐ No ☐ Yes	☐ No ☐ Yes

If yes, please provide details

Child 1

Child 2

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.
- I have read and understand my duty to take reasonable care not to make a misrepresentation as set out at the beginning of this application form and understand that this duty applies to me and continues up until the policy certificate is issued (when the cover or change applied for officially starts). For example, the same duty will apply to any additional questions from ClearView, as well as when I am asked to confirm any answers that I provided.
- 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).
- I confirm that neither I, the policy holder nor any beneficiary I have nominated is sanctioned under Australian or international law. I understand that if I, the life insured or any beneficiary I have nominated become subject to Australian or international sanctions, ClearView will not be able to pay a benefit or accept premium under this policy. I understand that ClearView will rely on my representation when deciding whether or not to accept my application for cover.
- 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 in the 'Privacy and your personal information' section of the PDS and Policy Document and the Privacy Policies available at **clearview.com.au/privacy** and **eqt.com.au/global/privacystatement** (including disclosing any personal information to my financial adviser).

Signature of policy owner 1/Trustee 1/Director 1 ✘

Date

Full name and position with company (if applicable)

Signature of policy owner 2/Trustee 2/Director 2 ✘

Date

Full name and position with company (if applicable)

Sending your form:

Mail

ClearView
GPO Box 4232
Sydney NSW 2001

Email

clearviewlifenewbusiness@clearview.com.au

Enquiries

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.

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All other life insurance products are issued by ClearView.

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