

Pathology request for insurance

We respect your privacy and handle your information in accordance with our Privacy Policy, please refer to the Privacy link on our homepage acenda.com.au

Application number

Policy number

Policy number

Policy number

Name of Life to be Insured/Life Insured

Your policy or the policy you are applying for is a consumer insurance contract and the duty below applies to you.

Your duty to take reasonable care not to make a misrepresentation

About this application and your duty

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 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

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.

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

If you do not meet your duty

If you do not meet your legal duty, 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.

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 about any question, we are here to help and you can contact us,
- 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 (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted, and
- you must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. The duty applies when you answer questions in your application and whenever we obtain more information from you.



Insurance is issued by Nippon Life Insurance Australia and New Zealand Limited ABN 90 000 000 402 AFSL 230694 (the Insurer). The Insurer is part of the Nippon Life Group. Any reference to 'Acenda', 'we', 'us' and 'our' means the Insurer.

If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you need help understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed);

- vary the amount of the cover; or
- vary the terms of the cover.

Whether we 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;
- 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; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.

Life to be Insured's details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Gender

Male ☐

Female ☐

Life to be Insured's consent (not to be signed prior to attendance)

I give my consent to the tests nominated. Where one is for the presence of antibodies to the AIDS virus (HIV), I acknowledge that I have read the information about the HIV Antibody Blood Test (see over) on the implication of the test and understand its significance. I authorise a copy of the test results (other than the HIV Antibodies test results) be sent to my usual doctor or medical centre nominated below.

Yes ☐ No ☐

I authorise that a copy of any HIV Antibodies test be sent to:

☐ my usual doctor or medical centre as shown in the Application Form, or

☐ an alternative doctor (please specify below).

Alternative doctor

Name of doctor

Unit number

Street number

Street name

Suburb

State

Postcode

Country

Declaration

I understand and agree that:

- I have read the notification in this form about how Acenda collects, uses, stores, and discloses my personal information and I consent to Acenda and/or its appointed medical service partners collecting any health information provided in this form.

Life to be Insured's signature

	Date (DD/MM/YY)			

Tests required

- ☐ Multiple Biochemical Analysis (Chol. (HDL & LDL), Trigs., Glucose, Creat., Uric acid, LFTs, Electrolytes) and Hepatitis B & C serology
- ☐ HIV Antibodies
- ☐ Other (specify)

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Please mail or email the report and account to:

Chief Medical Officer,
Acenda
PO Box 23455
Docklands VIC 3008

E-mail:

enquiries.retail@acenda.com.au

Collection date and time:

Date of appointment (DD/MM/YYYY)

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Time of appointment

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Financial adviser's details

Name of financial adviser

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Acenda financial adviser number

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Business number

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Fax number

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HIV Antibody Blood Test

In accessing this application for insurance, we may ask you to have a blood test to check your overall health, and to test for HIV.

This is because we need to understand your state of health when taking out a life insurance policy.

The test can be done by your own doctor, by appointment with a doctor or paramedical nurse arranged by us, or directly with the pathology laboratory.

This test is voluntary, however, if you choose not to have the test, it could affect our decision to accept this application based on the other information you have provided us.

AIDS/HIV

- Acquired Immune Deficiency Syndrome (AIDS) is a viral disease caused by the Human Immunodeficiency Virus (HIV).
- HIV weakens and destroys some of the white blood cells in our bodies - these cells help protect our bodies against infection and cancer.
- Evidence suggests that the virus will be in the body indefinitely but there are now effective treatment options available called antiretroviral therapy (ART).

A negative result

A negative result means you have not been infected or you have been infected recently but your body is not yet displaying the infection.

A positive result

A positive result means you have been Infected by HIV.

Knowing you are HIV positive has legal consequences which vary across all States and Territories. Because the long-term outlook for HIV and developing AIDS is unknown, most insurance is unlikely.

What happens to the results

- You'll be asked to nominate your family doctor – or an alternative – to be sent the result by us and provide you with counselling.
- This will be in the consent declaration contained in this form.
- If the test is arranged by us, the result is sent to us confidentially to protect your privacy.
- If it's positive, you will receive appropriate counselling from a doctor.

Your choice

There may be several reasons you choose not to have this test including the impact of a potentially positive result on the HIV test.

If you need more information before deciding, you are advised to seek advice from your own doctor, or a specialist HIV counsellor. Government and community organisations provide counselling services.

To: The Director, Pathology Clinic

To assist in the assessment of the Person to be Insured for insurance with us, we require that they undergo the tests as detailed in the 'Tests required' section on page 3 of this form.

Please note the following:

- In the event of a positive HIV test or a positive Hepatitis B or C test, the result should be conveyed to the Life to be Insured in accordance with their instruction in the consent section of this form.
- In the event of a negative HIV test or a negative Hepatitis B or C test, copies of the result(s) and this **Pathology request for insurance form** are to be sent to the Chief Medical Officer at the address shown below.

The cost of processing these tests will be covered by Acenda.

A notification about your privacy

Acenda is bound by the *Privacy Act 1988* (Cth). Before providing us with any personal information, you should read the below information about your privacy.

We collect, use, store and disclose personal information, including sensitive information (such as health information) when required, about you in order to comply with our legal obligations and in order to provide you with insurance (eg changing your insurance cover or paying a claim).

For the purpose of providing you with insurance, we will disclose this information to your adviser if you have one (and the licensed dealer or broker he or she represents), affiliates of Acenda, to other insurers and reinsurers, to our agents, contractors, service providers and administrators, medical service partners (eg medical practitioners, health practitioners), legal representatives and other consultants, and where we are required or permitted to by law. By signing this form, you will be consenting to us, and those other organisations and professionals acting on our behalf, to collecting, and disclosing as required, the sensitive information for this purpose.

Acenda may obtain information from government offices and third parties for the purposes of providing you with insurance.

For further information about Acenda's Privacy Policy, which includes more details about how we collect, use, store and disclose your personal information, a list of countries in which recipients of your information are likely to be located, details of how you can access or correct the information we hold about you or make a complaint, please refer to the Privacy link on our homepage – **acenda.com.au** contact us by telephone on **13 65 25** or email us at **enquiries.retail@acenda.com.au**

Send us your form

Please return your completed, signed and dated form to:

Acenda - Operations
PO Box 23455
Docklands VIC 3008
Email: enquiries.retail@acenda.com.au

If you have any questions, please contact your financial adviser or call us on **13 65 25** from 8am to 6pm AEST/AEDT, Monday to Friday.