

# Declaration of Good Health



Policy/application number \_\_\_\_\_

Life Insured's name \_\_\_\_\_

## Purpose of declaration

Reinstatement (policies lapsed for more than 90 days are not eligible for reinstatement)

Pending application

Policy alteration (available within 12 months of original application and where the alteration is to increase existing covers. Addition of new covers requires a full application)

**1. Within the last 12 months, have you used or smoked any products containing tobacco or any other substance?**

Yes

No

*If yes, please provide details (i.e. cigarettes, cigars, pipes, marijuana, vapes or nicotine replacement patches/tablets/inhalers):*

---

**2. Since the commencement of the policy (if this declaration is for a reinstatement or policy alteration), or application date in the case of a pending application with us – have you had any reason to receive medical attention or advice, or to consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care worker?**

Yes

No

*If yes, please advise reason for consultation, date and contact details of the healthcare provider:*

---

3. Since the commencement of the policy listed above (if this declaration is for a reinstatement or policy alteration), or application date in the case of a pending application with us – have you had any changes in health or suffered from any sickness or injury?

Yes

No

*If yes, please provide details:*

---

4. Since the commencement of the policy listed above (if this declaration is for a reinstatement or policy alteration), or application date in the case of a pending application with us – have you been diagnosed with, or received or considered seeking any advice, tests, treatment or an operation from a health professional for:

- Skin cancer, lesion, lump or suspicious mole
- An abnormal pap smear (female only)
- A breast lump
- Any other cancer, tumour, growth or lump (whether malignant, pre-malignant or benign)

Yes

No

*If yes, please provide details:*

---

5. Since the commencement of the policy listed above (if this declaration is for a reinstatement or policy alteration), or application date in the case of a pending application with us – has there been any change in:

**Your occupation or occupational circumstances?**

Yes

No

**Your financial circumstances, such as bankruptcy, redundancy, business insolvency or the possibility of one of these or any similar event occurring?**

Yes

No

*If yes, please provide details:*

---

**Your participation in any hazardous activity, e.g. motor or water sports, aviation, diving, parachuting?**

Yes

No

*If yes, please provide details:*

---

- 6. Since the commencement of the policy listed above (if this declaration is for a reinstatement or policy alteration), or application date in the case of a pending application with us – has any application for insurance on your life been submitted to any other company?**

Yes

No

*If yes, please advise details including the terms whether accepted (with loading or exclusions), deferred, declined or withdrawn:*

Name of company	Type of cover	Sum assured	Terms	Status

- 7. Have you submitted a claim, or are you in the process of submitting or preparing to submit a claim against any life, terminal illness, trauma, disability, income protection or medical insurance benefit with any insurer?**

Yes

No

*If yes, please provide details:*

---

## Your duty of disclosure

### To be completed in all cases – please read carefully.

When you apply to commence, vary or reinstate your insurance (**Application**), you have a duty to take reasonable care to ensure that you do not make misrepresentations to PPS Mutual.

This is a continuous duty that extends until your insurance policy (**Policy**) is issued, varied or reinstated. If something happens before then which affects the accuracy of information provided to PPS Mutual, you must notify PPS Mutual.

If you fail to comply with your duty of disclosure, PPS Mutual may have the right to:

- avoid your Policy from commencement (and, in some cases, retain any premiums paid); or
- amend the terms of your insurance from commencement – this may include removing or reducing benefits or adding special conditions, special exclusions and premium loadings.

This will depend on whether or not you acted deliberately or recklessly, and how PPS Mutual would have assessed your Application if you had met your duty of disclosure. This could also mean that a claim is not paid or that the amount paid is less than the cover amount.

For more information about the potential consequences of breaching your duty of disclosure, please refer to the General Terms and Conditions in PPS Mutual's standard policy wordings.

If in doubt – please disclose.

I declare that I have read and understood the information above regarding my duty of disclosure and all the statements contained in this form are true and complete to the best of my knowledge.

**Signature of the Life Insured:**

---

**Signature of the Policy Owner(s):**

---

**Date:**

---