

# Insurance Transfers Underwriting Questionnaire

## Information sheet

### When to use this form

**Use this questionnaire to transfer your existing insurance to Elevate Insurance. You can also use this questionnaire to transfer existing insurance to increase your existing Firstcare – Lifetime Protection policy.**

Subject to meeting eligibility criteria, you can only use this questionnaire for transfers of:

- Life, total and permanent disability (TPD) and trauma insurance policies that have been in force for between five and 10 years.
- Income insurance policies that have been in force for less than 10 years.

### Eligibility criteria

If the following eligibility criteria are not met, then full underwriting applies and you will need to complete a full personal statement.

- full underwriting must have been completed on the policy being transferred
- you must not currently be on claim, eligible to claim, or previously been paid a claim on any Resolution Life insurance policy
- Current policy cannot have any of the following revised terms scenarios:
  - a loading exceeding 100%
  - a loading exceeding \$2.50 per mille
  - more than two exclusions
  - loading of 50% and two or more exclusions
  - loading exceeding 50% and one or more exclusions
  - a per mille loading of \$2.50 or less and one or more exclusions
  - a per mille loading of \$2.50 or less and a percentage loading.

### Your privacy

Protecting your personal and sensitive information (your information) is important to us. Your information will be handled in compliance with our Privacy Policy and relevant laws.

We collect information to provide our products and services, including managing your insurance. We only collect information from you, authorised individuals, or as required by law.

In some cases, we may need sensitive information, like health details, to assess insurance applications. This information is used or disclosed for its primary purpose or related purposes, such as processing claims, with your express consent.

We may also disclose your information to third parties involved in these processes, including:

- financial advisers
- brokers
- parent or guardians (if under 18)
- insurers and reinsurers
- claims handlers and investigators
- legal and professional advisers, regulators and related companies.

Some of these third parties may be located in the EU, UK, India, New Zealand, Bermuda or USA.

Our Privacy Policy explains how we handle your information and how you can access, correct and complain about your information. You can only access or correct other people's information if authorised.

By providing your information, you consent to our collecting, using, storing, and disclosing it in compliance with our Privacy Policy. Without the requested information we may not be able to offer our services or process your insurance application. For more details, visit [resolutionlife.com.au/privacy](https://resolutionlife.com.au/privacy).

## What you need to tell us

Before issuing insurance, we need to understand the risk and likelihood of a claim. This includes underwriting, where we determine if we can cover you, and on what terms and cost. We will ask about your personal circumstances, including health and medical history, occupation, income, lifestyle, pastimes, and insurance history. Your responses are crucial to our decision.

## Your Duty to Take Reasonable Care Not to Make a Misrepresentation

When applying for insurance, you must ensure all information provided is true, accurate and complete. This duty continues until your application is accepted. A misrepresentation is a false, partially true or misleading answer.

If your information changes or you recall additional details during the application process, you must update us. This duty also applies when changing, extending or reinstating your insurance.

You are responsible for all answers, even if assisted. If a policy covers another person, their misrepresentation is treated as your failure to meet this duty. Therefore, you must ensure all information is accurate, whether you are the policy owner or the insured.

### If you do not meet your legal duty

If you make a misrepresentation it can seriously impact your insurance. We may investigate the truthfulness of information provided, especially when a claim is made.

The *Insurance Contracts Act 1984* (Cth) includes remedies where a misrepresentation is made or you fail to comply with your legal duty, aiming to restore our position as if the duty had been met. Consequences include:

- treating the contract (or cover) as if it never existed
- reducing the insured amount to reflect the correct premium. For Death cover this reduction only applies within three years of your cover starting
- varying your cover to account for undisclosed information, affecting waiting periods, exclusions or premiums (excluding Death cover).

These remedies depend on various factors, including:

- whether reasonable care was taken not to misrepresent, considering the clarity of our questions and information provided
- what actions we would have taken if the duty had been met
- whether the misrepresentation was fraudulent, and
- the time elapsed since the cover started.

Before we apply any remedies, we will inform you of our reasons and the supporting information, giving you an opportunity to explain or dispute our decision.

## Changes before your cover starts

Before your insurance starts, we may ask you about any changes in your health or other circumstances that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

## After your cover starts

If, after the insurance starts, you think you may not have met your duty, please contact us immediately.

## Guidance for answering our questions

### 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 that we ask you.
- Do not assume that we will contact your doctor for any medical information.
- Answer truthfully, accurately, and completely. If you are unsure about whether you should include information, please include it, or check with us.
- Review your application carefully. If someone else helped prepare your application (for example, your financial adviser), please check every answer and make corrections if needed before the application is submitted.

### It may also be helpful for you to:

- have access to information about your medical history
- have a copy of the previous two years' tax returns for income reporting purposes.

## How to submit your application

**If you have a financial adviser:** If you have been working with your adviser please send this directly to them.

**Email:** [insurance@resolutionlife.com.au](mailto:insurance@resolutionlife.com.au)

## We're here to help

It's important that you understand your obligations and the questions that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know 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.

With My Resolution Life, you have easy digital access to your policy. Manage your policy online, anytime, and keep your payment and contact details updated through My Resolution Life. Login or register today at **[resolutionlife.com.au](https://resolutionlife.com.au)**.

If you need help or more information, please speak to your financial adviser or contact us via our live chat at **[resolutionlife.com.au](https://resolutionlife.com.au)** from 9:00am to 5:00pm (Sydney time) Monday to Friday. You can also call us on 133 731.

Please keep this information sheet for your records — don't return it with your completed form(s).

### What you need to know

Any insurance cover for this product is issued by Resolution Life Australasia Limited ABN 84 079 300 379, AFSL No. 233671 (Resolution Life). This product is issued by either Resolution Life, Equity Trustees Superannuation Limited ABN 50 055 641 757, AFSL No. 229757, RSE Licence No. L0001458 (a Trustee) as trustee of either the National Mutual Retirement Fund ABN 76 746 741 299, RSE 1056310 or the Super Retirement Fund ABN 40 328 908 469, RSE 1067361 (each a 'Fund') or N.M. Superannuation Proprietary Limited ABN 31 008 428 322, AFSL No. 234654, RSE Licence No. L0002523 (a Trustee) as trustee of either the AMP Super Fund ABN 78 421 957 449, RSE 1056433 or the Wealth Personal Superannuation and Pension Fund ABN 92 381 911 598, RSE 1071481 (each a 'Fund'). If Resolution Life is the issuer of life insurance policies to a Trustee for this product, the Trustee will receive any benefit from Resolution Life, and provides the benefit to eligible Fund members.

If the information in this document is factual information only, it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Any advice is provided by Resolution Life, is general advice and does not take into account your objectives, financial situation or needs. Before acting on this advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs, as well as the product disclosure statement (if available) and policy document for this product. Any guarantee offered in this product is only provided by Resolution Life. Any Target Market Determinations for this product can be found at [resolutionlife.com.au/target-market-determinations](https://resolutionlife.com.au/target-market-determinations).

Resolution Life can be contacted at [resolutionlife.com.au/contact-us](https://resolutionlife.com.au/contact-us) or by calling 133 731.

# Insurance Transfers Underwriting Questionnaire

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Subject to meeting eligibility criteria, you can only use this questionnaire for transfers of:

- Life, total and permanent disability (TPD) and trauma insurance policies that have been in force for between five and 10 years.
- Income insurance policies that have been in force for less than 10 years.

**!** Once you complete this questionnaire you need to complete the relevant application form, and submit both forms together. Any premium loadings and/or exclusions that applied to the existing insurance (outside the standard terms and conditions of the policy) will apply to the new insurance.

If the exclusion wording for the new insurance has been updated and is different to the exclusion wording in your existing insurance, in the event of a claim, you will be assessed under the exclusion wording that benefits you most.

You are requested to supply answers to the below questions truthfully, accurately and completely.

## How to complete the questionnaire:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Life and/or trauma insurance                   | > | Complete sections <b>1, 2, 3, 4, 5</b> and <b>8</b>       |
| <input type="checkbox"/> Total and Permanent Disability (TPD) insurance | > | Complete sections <b>1, 2, 3, 4, 5, 6</b> and <b>8</b>    |
| <input type="checkbox"/> Income insurance                               | > | Complete sections <b>1, 2, 3, 4, 5, 6, 7</b> and <b>8</b> |

## 1. Personal details of the insured person

Existing policy number(s)

Title

Surname

Given name(s)

Residential address

Suburb

State

Postcode

Contact phone number

Date of birth

Email address

## 2. Insurance details and claims history

1. Do you have or are you applying for Life, Total & Permanent Disablement, Income Protection/Salary Continuance or Trauma insurance with any insurer? This includes any Resolution Life cover or insurance within a superannuation fund or through your employer.

☐ Yes, complete the table below ☐ No

Insurer	Type of insurance (e.g. Life cover)	Date started	Insurance amount (\$)	Waiting/ benefit period (if applicable)	Policy number	To be replaced?
		/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
		/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No

## 2. Insurance details and claims history (continued)

- !** If this application is a conversion or replacement of insurance listed in the table on the previous page:
- When you are notified that your application for insurance has been accepted, you must cancel the benefits being transferred. If you do not cancel the existing insurance listed, any claim you make to Resolution Life for the insurance applied for and accepted may not be considered.
  - If the existing insurance is held with Resolution Life, by completing question 1, you authorise us to cancel that insurance effective the date that the new insurance commences.

2. Have you ever claimed or received benefits, or do you intend to claim, for any illness, injury or medical condition? This includes claims for Income Protection, Total and Permanent Disablement, Trauma or Critical Illness Insurance, Salary Continuance Cover, Workers' Compensation, NDIS, Pensions and/or Veterans' Affairs.

☐ Yes, complete the table below ☐ No

Company/ benefit type	Reason	Insurance amount	Date claim finalised/closed	Time off work
			/ /	

3. Has any life insurer ever indicated they would not issue you with insurance, or would apply a loading, modify, restrict, or exclude your insurance in any way?

☐ Yes, provide details below ☐ No

## 3. Health details

4. What is your: Height  Weight

5. In the last 12 months have you smoked or used any sort of tobacco products (including including vapes, e-cigarettes or nicotine replacement products)?

☐ No ☐ Yes

- ☐ Cigarettes Quantity per:  day  week  month
- ☐ Tobacco pipes Quantity per:  day  week  month
- ☐ Cigars Quantity per:  day  week  month
- ☐ Nicotine replacement products (if so please complete **5i** and **5ii**)
- ☐ Vapes or e-cigarettes (if so please complete **5i** and **5ii**)

- ☐ Other Please specify:

- i. How often are or were these nicotine patches, e-cigarettes or other nicotine products used, replaced or refilled?

- ii. What strength  mgs

6. Have you ever had any medical advice, investigation or treatment for any of the following:

- a. Chest pain or disorder or disease of the heart? ☐ No ☐ Yes
- b. Stroke or disorder or disease of the brain? ☐ No ☐ Yes
- c. Multiple sclerosis, peripheral neuropathy or neurological or nervous system disease or disorder? ☐ No ☐ Yes
- d. Cancer, melanoma or malignant tumour? ☐ No ☐ Yes
- e. HIV or AIDs or hepatitis? ☐ No ☐ Yes
- f. Diabetes or disease or disorder of the kidney, bowel or liver? ☐ No ☐ Yes
- g. **Back or neck** disorder, injury or pain, arthritis, chronic fatigue syndrome or any other **disease or disorder of the muscles or joints**? ☐ No ☐ Yes
- h. Chronic pain or tiredness? ☐ No ☐ Yes
- i. **Panic attacks, anxiety, depression** or any other **mental health disorder**? ☐ No ☐ Yes

7. Do you have any other disease or disorder that has lasted more than four weeks or is of an ongoing nature?

☐ No ☐ Yes

### 3. Health details (continued)

8. Other than for the disorders mentioned above, have you been prescribed or advised to take medication on a regular or ongoing basis (excluding contraception) or been told to undergo regular screening? ☐ No ☐ Yes
9. Other than what you have already told us in this application:
- a. Have you ever been admitted to hospital for any reason? ☐ No ☐ Yes
- b. Are you experiencing any symptoms or complaints for which you have not consulted a doctor? ☐ No ☐ Yes
- c. Have you contemplated, been advised to seek or are you awaiting any medical advice, investigation or treatment including surgery either in Australia or overseas? ☐ No ☐ Yes

**!** If you answered 'yes' to questions 6–9, please provide details in the following table, **except** for any conditions in bold text for which you should complete the relevant health questionnaire(s) that your adviser can provide you with or contact us on 133 731

Item no eg '6f'	Dates	Details of condition, advice or symptom including nature of treatment	Time off work	Degree of recovery (%)
	/ / to / /			
Name and address of doctor, hospital or health professional consulted other than your usual GP listed in section 4				
	/ / to / /			
Name and address of doctor, hospital or health professional consulted other than your usual GP listed in section 4				
	/ / to / /			
Name and address of doctor, hospital or health professional consulted other than your usual GP listed in section 4				
	/ / to / /			
Name and address of doctor, hospital or health professional consulted other than your usual GP listed in section 4				

### 4. Doctor's details

10. Please provide the name and contact details of your usual doctor (if you do not have a usual doctor, then the last doctor that you saw). If you have seen more than one GP in the last two years, please provide details of your previous doctor(s).

Doctor/Medical Centre	Address and phone number	Dates of attendance
		/ /
		/ /
		/ /

## 5. Sports and pastimes details

11. Have you in the last 12 months, do you currently, or do you intend to take part in any of the following activities? Aviation (other than a fare paying passenger on a licensed public service), underwater diving, football, rock climbing, hang gliding, ocean racing, martial arts, horse riding, motor racing (including car, bike and boat), motor bike riding, including quad bike riding, trail bike riding and commuting, or any other motor sports ☐ No ☐ Yes

**!** If you answered 'yes' to question 11, please provide details of each activity in the table below.

Activity/sport and location	Other details (including remuneration received)	No. events/ hours per year	Amateur/ Professional?	Competitive/ Non-competitive
			<input type="checkbox"/> Amateur <input type="checkbox"/> Professional	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive
			<input type="checkbox"/> Amateur <input type="checkbox"/> Professional	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive
			<input type="checkbox"/> Amateur <input type="checkbox"/> Professional	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive
			<input type="checkbox"/> Amateur <input type="checkbox"/> Professional	<input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive

## 6. Occupation details

12. Because of illness or injury (select **one** only):
- a. are you currently off work, or ☐ No ☐ Yes
- b. are your duties restricted or modified, or ☐ No ☐ Yes
- c. are your hours restricted or modified? ☐ No ☐ Yes

If **yes**, please provide details:

13. In the last two years have you had an illness or injury that prevented you from working for more than four consecutive weeks? ☐ No ☐ Yes

If **yes**, please provide details:

14. What is your current principal occupation?

From	To	Employer
<input type="text"/>	<input type="text" value="Present"/>	<input type="text"/>

Occupation

15. What is your current employment status?

☐ Employed by own company ☐ Self-employed ☐ Partnership ☐ Employee ☐ Contractor

## 6. Occupation details (continued)

16. What percentage of time do you spend performing the following types of duties:

	Describe details of specific duties performed (%)	(%)
Sedentary/Administrative		
Supervising manual work		
Light manual		
Heavy manual		
Home duties (include details of dependants including ages)		
Other (including hazardous duties eg handling dangerous substances, working at heights/underground/offshore, refinery)		
	<b>Total duties</b>	<b>100%</b>

17. Do you work in the mining, or oil and gas industry?

☐ No ☐ Yes

18. Do you have any other occupations or jobs?

☐ No ☐ Yes

If **yes**, please provide details:

Duties performed

Number of hours worked in this job per week

Annual income

\$

## 7. Income details

### Insurable income

**What is Insurable income?** This is income earned by your personal exertion (less expenses incurred in earning that income) before tax, which will stop if you are unable to work. It does not include investment or interest income.

Please disclose your insurable income to accurately reflect your financial position for the periods indicated below. In the event of a claim, we may call for evidence of your income and business expenses.

### For self-employed (sole trader, partnership, employer of own company or trust)

19. Provide your company's business income details in the table below for the last two financial years for which tax returns, assessment notices and accounts are available. **Do not include any amounts paid to you from past profits, capital or loans.**

Tax year ending	Gross income	Less all expenses	Equals net business income before tax	Wages/Salary	Drawings/ Director's fees paid to you	Your total income
30 / 06 /	\$	\$	\$	\$	\$	\$
30 / 06 /	\$	\$	\$	\$	\$	\$



## 7. Income details (continued)

20. Did your company contribute to a complying superannuation fund on your behalf?

☐ No ☐ Yes

If **yes**, how much in the last financial year or what percentage?

### For employees i.e. you do not have any ownership in your employer's business

21. Please give details of your total remuneration package from all sources currently and for the last two financial years.

	Current (\$)	Last financial year (\$)	Year immediately prior to last (\$)
Salary			
Bonuses			
Commissions			
Regular overtime			
Superannuation			
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

22. What rate of superannuation guarantee is your employer paying on your behalf?

 %

## 8. Declaration

**!** **Important:** This declaration must be signed after you have read and understood "Your Duty to Take Reasonable Care Not to Make a Misrepresentation" and "Your privacy" sections in the information sheet. Only sign this agreement and declaration if you agree to make the declaration.

- I confirm that I have answered all questions truthfully and to the best of my knowledge. I understand that providing accurate information helps Resolution Life offer appropriate insurance coverage and ensures a smooth claims process.
- I acknowledge that deliberately providing false information may result in the denial of future claims.
- I understand that any premium loadings and/or exclusions that applied to the existing insurance (outside the standard terms and conditions of the policy) will apply to the new insurance. If the exclusion wording for the new insurance has been updated and is different to the exclusion wording in my existing insurance, in the event of a claim, I will be assessed under the exclusion wording that benefits me most.

Full name of insured person

Signature

## Where to send this form

Email this **questionnaire** and relevant insurance transfer **application** to:

insurance@resolutionlife.com.au

**Any questions?**  
133 731

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If the information in this document is factual information only, it does not contain any financial product advice or make any recommendations about a financial product or service being right for you. Any advice is provided by Resolution Life, is general advice and does not take into account your objectives, financial situation or needs. Before acting on this advice, you should consider the appropriateness of the advice having regard to your objectives, financial situation and needs, as well as the product disclosure statement (if available) and policy document for this product. Any guarantee offered in this product is only provided by Resolution Life. Any Target Market Determinations for this product can be found at resolutionlife.com.au/target-market-determinations.

Resolution Life can be contacted at resolutionlife.com.au/contact-us or by calling 133 731.