

# Insurance Disclosure Warning

## 1 What is your duty of disclosure?

You need to be careful to answer all questions on the application truthfully and ensure that you tell the insurer everything that is relevant to the insurer's decision whether to insure you and, if so, on what terms. For example, any visits to doctors for treatment in relation to an illness or accident. Even if you believe the issue has been resolved and you have recovered, you must disclose this information, as it may be relevant in the event you make a claim on the policy.

Remember you should also disclose any consultations you have (or will have) with doctors after you have signed an application form for insurance, but before the policy has been issued by the insurer.

## 2 What happens if you do not meet your duty of disclosure?

There are circumstances in which the insurer can void the policy, vary the sum insured or vary the contract terms for any non-disclosure or misrepresentation by you prior to the date the policy is issued (this includes the duration of the assessment of your application) This also relates to situations where you may have omitted or misrepresented something by accident. Insurers will have access to your previous Medicare history and if you have failed to disclose something then the insurer may choose to void the policy.

It is important to note that insurance policies entered into prior 1 July 2014 are subject to a 3-year non-disclosure period. After 3 years the insurer can only void these contracts as a result of fraudulent non-disclosure. If these policies are replaced the disclosure requirements will recommence. From 1 July 2014 life insurance contracts that pay a death benefit or surrender value continue to be subject to a 3-year non-disclosure period. However, for other insurance policies the insurer can void the policy, vary the sum insured or vary the contract terms for non-disclosure at any time.

Please do not cancel any existing policies if you have experienced any changes to your health, occupation, or pastimes that you have not disclosed to the insurer prior to the acceptance of the policy.

**I have read and understand my duty of disclosure and agree to advise the insurer of any other relevant information prior to the issue of insurance.**

**I fully indemnify the Financial Adviser and the licensee for any information that may be false or inaccurate contained in the insurance forms that I have signed. I agree that I am entirely responsible for the completeness and accuracy of this information and I confirm that I have checked my application to be complete and correct to the best of my knowledge or that a reasonable person would be expected to know.**

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<b>· Client 1 name</b>	<b>· Signature</b>	<b>· Date signed</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>· Client 2 name</b>	<b>· Signature</b>	<b>· Date signed</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>