Apply

partnersLIFE

Application for Reinstatement

Policy number:

Your duty of disclosure

Before you enter this contract of insurance you have a duty to disclose to Partners Life Limited every matter that you know (or could reasonably be expected to know) is relevant to Partners Life Limited's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Partners Life Limited when you apply to vary or reinstate the insurance.

If you fail to comply with your duty of disclosure to Partners Life Limited, Partners Life Limited will enact the remedies available to it under the terms and conditions contained within the policy document.

This duty continues to apply until Partners Life Limited notifies you that the risk has been accepted. It also applies when you extend, vary or reinstate a contract of life insurance.

1.0 Life to be assured

Life assured

Title First name(s)

Surname

Date of Birth

2.0 General details

a) 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 within the last twelve months?
If **yes** please give reason for consultation, name, address and date of practitioner consulted. Y | N

b) Have you consulted a doctor or been admitted to hospital since the policy was issued?
If **yes** please give details.

c) Have you changed your occupation since the policy was issued or do you intend to change your occupation?
If **yes** please give details Y | N

d) Are you aware of any pending liquidation of your current employer or have you been made aware of any potential for you to be made redundant from your current workplace? If you are self employed, are there any intended changes to the structure of your business?
If **yes** please give details Y | N

e) Do you intend to travel or work, or are you currently residing or working overseas?
If **yes** please give details of countries, occupational duties and duration. Y | N

f) Do you engage in, or intend to engage in Abseiling, Aviation (other than as a fare paying passenger), Competitive Boxing, Equestrian, Hang Gliding, Scuba Diving (over 30m or solo), Motor Racing, Parachuting, Skydiving, Powerboat Racing, Mountaineering, Hunting (using aircraft), Competition Martial Arts, Voluntary fire-fighting, any other hazardous pursuit or sport?
If **yes** please give details Y | N

g) Have you applied for any other insurance on your life since the policy was issued? If yes please advise details including the terms whether accepted (with loading or exclusions), deferred, declined or with-drawn.

If **yes** please give details Y | N

h) Have you applied for, or are you in the process of applying for a claim against any life, trauma, disability, or medical insurance benefit?

If **yes** please give details Y | N

3.0 Declaration and Consent

Duty of disclosure

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If you fail to comply with your duty of disclosure to Partners Life Limited, Partners Life Limited will enact the remedies available to it under the terms and conditions contained within the policy document.

The below named lives to be assured and policy owner(s) declare and agree that:

1. The information provided in this application whether in my/our handwriting or not is true and complete and I/we have not withheld or misstated any material fact; and
2. I/we understand that the insurance proposed in this application shall not commence until this application has been accepted by Partners Life Limited and the increased has been received by Partners Life Limited and
3. I/we understand that Partners Life Limited will draw money from our chosen payment method where applicable (bank account, credit card or debit card) on the date specified by you in your original application, or on the nearest corresponding date thereafter (and ongoing in accordance with our specified payment frequency). I/we understand that, and give consent to, the first billing may be within 10 days of sending you confirmation that your chosen account will be debited.
4. I/we will be bound by the standard conditions applicable to the proposed insurance upon Partners Life Limited's acceptance of this application; and
5. I/we authorise Partners Life Limited, its related companies, reinsurers or its appointed financial advisers to use information contained herein and any other information (including but not limited to full medical history) obtained from any of the organisations listed in clause 6 below to enable Partners Life Limited, its related companies, reinsurers or appointed financial advisers to manage the proposed offer of insurance or to enforce, maintain and manage any resulting insurance contract or to market other products and services or in such manner as is required to meet legal and regulatory obligations, and
6. I/we consent and give authority to Partners Life Limited to seek from the following, including their officers and employees information (including full medical history) Partners Life Limited requires for the purposes of assessing the application or any claim arising from this application. I/we consent for the following to disclose full information to Partners Life Limited for this purpose:
   - Any and all health treatment providers; and
   - Any and all medical information providers; and
   - Insurers; and
   - Accident Compensation Corporation; and
   - Employers (whether current or not); and
   - Government organisations and enterprises; and
   - Accountants and other financial advisers; and
   - Banks and financial institutions; and
   - Any credit rating agencies.
7. I/we acknowledge that the illustration attached to this application (or any subsequently signed illustrations which are to amend the original illustration) forms part of the application and sets out the insured benefits I/we are applying for; and
8. I/we accept that any exclusions or loadings listed on the policy schedule will be applied to the increased benefits included under this policy, and
9. I/we agree that a photocopy, scan or fax copy of this application form, declaration and consent will be a valid as the original.
10. I/we agree that I am not eligible to make, or have already made, a terminal illness, disability, medical, or trauma claim under my policy.

Signature of life to be assured

Date / /

Signature of policy owner(s)

Date / /

Signature of policy owner(s)

Date / /

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