



Standard medical examination form

Application number

Policy number

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Take this form to your doctor**To be completed by the Medical Examiner*****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 MLC Limited ABN 90 000 000 402 AFSL 230694. MLC Limited uses the MLC brand under licence from the Insignia Financial Group. MLC Limited is part of the Nippon Life Insurance Group and is not a part of the Insignia Financial Group.

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.

Financial adviser details and instructions

Name of financial adviser authorising examination

Division

Financial adviser number

Business telephone

Special instructions for the medical examiner (to be completed by the financial adviser)

Please have client take a copy of their completed personal statement to their appointment.

Resting ECG required Exercise ECG required

Please make particular comment on

Life to be Insured details

Personal statement made in connection with a proposal for insurance on the life of:

Mr Mrs Miss Ms Other

First name

Middle name

Last name

Date of birth (DD/MM/YYYY)

Email

Home telephone

Business telephone

Mobile

Residential address (your residential address can't be a PO Box)

Unit number	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Postal address

Same as residential

PO Box	Unit number	Street number	Street name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Suburb	State	Postcode	Country		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Occupation and Industry

Occupational duties

Declaration

Read this section carefully before signing

I understand and agree that:

- we are authorised to obtain any information from any medical practitioner that they possess in relation to the insurance, and
- I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information may be sent to that email address.

Signature of Life to be Insured

<input type="text"/>	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>

I declare that the signature of the Life to be Insured was signed in my presence and that I have discussed the personal statements made by the Life to be Insured where appropriate.

Signature of the medical examiner

<input type="text"/>	Date (DD/MM/YY)
<input type="text"/>	<input type="text"/>

Confidential medical report to MLC Life Insurance for insurance cover

On the medical condition of

Note: Information regarding your findings should NOT be given to any other person. An exception may be made, subject to the examinee's consent, if in your opinion there is medical information which should be conveyed to his/her medical attendant. The company's decision concerning the proposal for insurance will be based on a careful consideration of the medical evidence and other factors including the type of insurance sought. The examiner is therefore requested not to express to the examinee any opinion concerning the examinee's insurability.

Introduction

1. Are you acquainted with the examinee:

A. Professionally?

Yes For how long?:

No

B. Personally?

Yes For how long?:

No

2. Is there anything unfavourable in appearance, development or behaviour?

Yes Please give details

No

3. Is there any indication of past or present abuse of alcohol or the misuse of drugs?

Yes Please give details

No

Measurements

4. Give the following measurements:

A. Height (without shoes)

 cm

B. Weight (clothed)

 kg

C. BMI

D. Chest and abdomen at umbilicus (next to skin):

Chest expiration

 cm

Chest inspiration

 cm

Abdomen

 cm

12. Is there any murmur present?

Yes

Describe fully, including site, timing, intensity and transmission. Also indicate any effect of posture or respiration on the murmur.

No

13. What is the blood pressure (auscultatory method)?

The diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or the diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position should be used where possible.

Systolic (mm Hg)	Diastolic (mm Hg)	Systolic (mm Hg)	Diastolic (mm Hg)	Systolic (mm Hg)	Diastolic (mm Hg)
<input type="text"/>					

14. Is there any abnormality of the peripheral arterial or venous circulation?

Yes Please give details

No

15. Do you consider the heart and the vascular system to be abnormal?

Yes Please give details

No

16. Is the examinee now on treatment for hypertension or hypercholesterolaemia?

Yes If known, please advise

a. Pre-treatment level, including dates

b. Duration of treatment

c. Nature of treatment

No

Digestive and lymphatic system

17. Is there any abnormality of tongue, mouth or throat?

Yes Please give details

No

18. Is there any abnormality or evidence of disease of any abdominal organ, including liver or spleen?

Yes Please give details

No

19. Is there any abnormality of the lymph nodes in the neck, axillae or inguinal regions?

Yes Please give details

No

20. Is a hernia present?

Yes Please describe fully

No

Genito-urinary system

21. Examination of the urine by dipstick test:

The urine should be passed at the time of the examination. If not, please state the circumstances. If albumin is found, an early morning specimen should be examined and findings recorded before completing the report.

A. Albumin

B. Glucose

C. Blood

22. Is there any evidence of abnormality of the genito-urinary system?

Yes Please describe fully

No

Females only

23. Is the examinee pregnant?

Yes

Expected date of confinement (DD/MM/YYYY)

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No

Nervous system

24. Is there any defect of vision or abnormality of the eyes?

Yes Please give details

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No

25. Is there any defect in hearing or speech?

Yes

No

In case of present or past ear discharge or deafness, state result of auroscopic examination

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26. Is there any evidence of mental disorder?

Yes Please give details

--

No

27. Is there any evidence of any disorder of the central or peripheral nervous system?

Yes Please give details

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No

Musculoskeletal system and skin

28. Is there any abnormality in the form or function of the joints, muscles or connective tissue?

Yes Please give details

No

29. Is there any abnormality in the form or function of the back or neck including the cervical and lumbar spine?

Yes Please give details

No

30. Is there any evidence of any disorder of the skin?

Yes Please give details

No

Summary

31. Do you consider any medical attendant's report or any special tests are required? (No special tests are to be carried out in connection with the proposal for insurance without the company's authority)

Yes Please give details

No

32. Do you consider the person examined to be likely to require any surgical operation?

Yes Please give details

No

33. Comment fully on any unfavourable features (either physical or mental) which could either reduce life expectancy or cause temporary or permanent disablement:

A. in the personal medical history

B. disclosed by your medical examination

Name of medical examiner

Qualifications

PO Box	Unit number	Street number	Street name
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Suburb	State	Postcode	Country
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Business telephone

Signature of Medical Examiner

<input style="width: 100%; height: 30px;" type="text"/>	Date (DD/MM/YY)
<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>

Please include a GST invoice with your report to allow payment

A notification about your privacy

MLC Life Insurance 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 MLC Life Insurance, to other insurers and reinsurers, to our agents, contractors, service providers and administrators, medical service partners (eg medical practitioners and 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.

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

For further information about MLC Life Insurance'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 – mlcinsurance.com.au contact us by telephone on **13 65 25** or email us at enquiries.retail@mlcinsurance.com.au

au

Send us your form

Important

This Medical Examination is a matter of importance to the person you have just examined and it would be appreciated if you would forward the report without delay to:

MLC Life Insurance - Operations
PO Box 23455
Docklands VIC 3008

Email: enquiries.retail@mlcinsurance.com.au

If you have any questions, please contact your financial adviser or call us on **13 65 25** Monday to Friday.

Office use only											
Amount:	\$		Date(DD/MM/YYYY):							Authorised:	