



# Non-smoker declaration

Use this form to change your smoker status.

Please print in CAPITAL LETTERS and place a cross  in any applicable boxes.

**1. Plan details**

Plan number  Product name

Title  Date of birth

Surname

Given name(s)

Contact phone number

## 2. Your duty of disclosure

### What you need to tell us

When you apply for insurance, and up until the insurer accepts your application, you have a duty to tell us anything you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and the terms of your insurance. This means answering all the questions in the application honestly, making sure you include all the information we ask for.

If anything changes or you remember more information while we're processing your application, you'll need to let us know.

If you want to change your insurance cover at any time, extend it or reinstate it, you'll also have the same duty at that time to tell us anything that may affect the decision to insure you.

Where your policy covers the life of another person, it's important you make sure that person also gives us all the information we require.

### If you don't tell us something

If you don't, or another person covered by your policy doesn't, give all the required information, and the missing information would've affected the decision to insure you or the terms of your insurance, the insurer may:

- **Cancel your cover from the date it commenced** – within three years of your cover starting if you wouldn't have been given insurance cover if the insurer had had that information.

## 2. Your duty of disclosure (continued)

- **Reduce your cover** – to reflect the premium you've been paying. The premium you pay is directly linked to your level of cover. If you fail to tell us something, your premiums may have been too low. For Death cover we can only reduce cover within three years of your cover starting.
- **Vary your cover** – to take into account the information you didn't tell us and put the insurer in the same position as it would've been if you'd told us. Variations could mean that waiting periods and exclusions may be different. We don't make variations to Death cover.

Your total insurance cover forms one insurance contract with the insurer. If you don't give us all the required information, the insurer may treat your different types of cover as separate contracts when it takes action to address this.

It's fraudulent to deliberately leave out required information or give us incorrect information. In these situations the insurer may refuse to pay a claim and cancel your insurance cover from the date it started.

You don't need to tell us anything:

- that reduces the insurer's risk
- that is common knowledge
- we or the insurer know or should know as an insurer, or
- the insurer or we've told you that you don't need to tell us.

## 3. Smoking questionnaire

The life insured is requested to supply full and complete answers to the following questions:

- Have you ever smoked tobacco or any other substance, used e-cigarettes, nicotine patches or nicotine replacement products?
  - No—go to **Agreement and declaration** section.
  - Yes—proceed to question **b**.
- When did you last smoke or use nicotine replacement products (this includes e-cigarettes and nicotine patches)?

Date

### 3. Smoking questionnaire (continued)

c. Please advise which of the following applied and quantity consumed in the 12 months prior to quitting?

- Cigarettes  
Quantity per:  day  week  month
- Tobacco pipes  
Quantity per:  day  week  month
- Cigars  
Quantity per:  day  week  month
- Nicotine replacement products
- E-cigarettes
- Other, please specify:

**If you have indicated above that you use nicotine replacement products, e-cigarettes or any other substance, please answer questions i and ii.**

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

ii. What strength are they?  mgs

d. Have you given up smoking due to a medical condition or on advice from a medical practitioner?

- No  
 Yes

If 'Yes', please provide details including doctor's details:

e. Have you ever suffered from any condition or ailment which may have been associated with or aggravated by your smoking?

- No  
 Yes

If 'Yes', please provide full details:

### 4. Agreement and declaration

- I declare that the above statements are true.
- I have read the duty of disclosure as set out above and understand the consequences should I not comply with the duty of disclosure.
- I therefore request that the premium rates for the above plan number be reduced to non-smoker rates from the next renewal date.
- I agree that this declaration will form part of the basis for this plan contract.

Name

Signature

Date

#### Where to send this form

Please mail or email the completed form to either:

AMP Customer Service  
PO Box 300  
PARRAMATTA NSW 2124  
askamp@amp.com.au

**Any questions?**  
131 267

OR

AMP Customer Service Centre  
PO Box 14330  
MELBOURNE VIC 8001  
askamp@amp.com.au

**Any questions?**  
137 292