



HEALTH DECLARATION

**Accident & Health
Group Personal
Accident & Sickness**

libertyinternational.com/au



Health Declaration



Important Notices

Trade Sanctions Notice

Due to current trade sanctions requirements Liberty will not provide any cover to any Insured or Insured Person that has any direct or indirect exposure to Afghanistan, Chechnya, Cuba, Iran, Iraq, Nigeria, North Korea, Myanmar, Pakistan, the Republic of Belarus, Somalia, Sudan, Syria, Russia, the Ukraine (including the territories of the Crimea, the Donetsk Region and the Luhansk Region), Venezuela and Yemen including any persons on temporary assignment in Australia from those countries, nor shall we make any claims payments to any person that has a claim in Australia requiring payment back to any of those named countries.

Duty to take reasonable care not to make a misrepresentation

Whenever you interact with us in relation to this policy, you have a duty to take reasonable care not to make a misrepresentation.

This means you have an obligation to take reasonable care to be honest, accurate and complete in the answers to the questions we ask you, including questions which may relate to anyone else to whom this insurance applies.

If you make a misrepresentation, we can exercise any available legal rights against you, including refusing or cancelling your policy, or reducing our liability in respect of any claims.

If you are unsure about any question(s) we ask you, please tell us or discuss these with your insurance broker.

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1. HOW TO FILL OUT THIS FORM

The insured person must answer all questions. Note that any unanswered or illegible questions will delay our decision as to whether we can offer insurance cover.

Insured organisation or company

Name of insured person

Nationality

Date of birth

Occupation

Address (please specify a street address only)

Street

City

State

Postcode

Country

Period of cover

from

to

Period of cover

from

to

2. HEALTH STATUS OF INSURED PERSON

a. Have you:

- | | | |
|---|-----|----|
| 1. ever had any disorders which affected your heart, lungs, bowels, bladder, liver, kidneys, blood circulation, digestive system, genitals, back, ears or eyes? | Yes | No |
| 2. ever had any nervous disorder, paralysis, rheumatism, tuberculosis, ulcer or cancer? | Yes | No |
| 3. lost all or part of a limb or have any other physical defect or infirmity? | Yes | No |
| 4. had any other illness, injury, operation or treatment in the last 5 years which required hospitalisation? | Yes | No |

b. Is there any foreseen recurrence of any illness or injury previously suffered or the possibility of you or an accompanying family member undergoing surgery or other treatment?

	Yes	No
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c. Are you:

- | | | |
|---|-----|----|
| 1. pregnant? | Yes | No |
| 2. on a waiting list for medical treatment? | Yes | No |

d. Do you or any family member take medication or drugs on a regular basis?

	Yes	No
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e. Do you or any family member wear glasses or have vision impairments?

	Yes	No
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f. Do you or any family member intend to go the dentist in the next 12 months?

	Yes	No
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If yes to any of the above, please provide details, including description of injury or illness, duration (dates), the cause, nature of treatment and results, current condition and names and addresses of doctors and hospitals consulted:

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g. Have you previously been insured for this type of insurance? Yes No
If yes, with whom?

h. Have you ever had any losses for this type of insurance, regardless of whether you were insured or not? Yes No
If yes, please provide details in the table below:

Date of loss	Details of the loss	Amount (\$)
		\$
		\$
		\$
		\$
		\$
		\$
		\$

If you have additional losses, please attach a full listing from your previous insurer(s).

3. DECLARATION OF INSURED PERSON

I, _____, the undersigned, declare and acknowledge:

- that all information supplied in this declaration is true and correct and I am aware that I am obliged to inform Liberty of any changes to any information supplied or of any new information that is relevant to the provision of coverage under this insurance;
- I understand Liberty relies on the accuracy of the information and documentation supplied by me or on my behalf to determine if it will provide cover under this insurance; and
- that I have read and understood the Important Notices which form part of this declaration.

Signature _____ Date _____
Name (please print) _____

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Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about other individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).