

# Pre-set exclusion facility



Pastimes

(e.g. football, underwater diving, aviation, trail bike riding etc)

## A – Life insured details

Full name of Life to be insured

Date of birth of Life to be insured

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Proposal/Application number (if known)

This form is for situations where exclusion(s) may apply. Where any of these exclusion(s) have been pre-signed, a full assessment of the application by an Underwriter will always be completed and final terms upon which CommInsure agrees to accept the application will be communicated in writing.

In all instances the following five steps are to be followed;

1. **Adviser** to tick the applicable benefit(s) applied for (e.g. TPD and/or Income Care)
2. **Adviser** to tick the applicable pastime or activity (e.g. football, trail bike riding etc)
3. **Client** to answer 'Yes' or 'No' to the declaration below
4. **Life Insured and Policy Owner** (if different to Life Insured) to sign and date declaration
5. **Adviser** to return the completed form with the application or via email to [LNBAAdmin@cba.com.au](mailto:LNBAAdmin@cba.com.au) or fax (02) 9947 5244

## B – Exclusion

**Total and Permanent Disability Benefit**     **Income Care/Income Care Plus**     **Trauma/Trauma Plus**     **Life**

I understand and agree that a benefit will not be payable under my policy where the claimed condition arises out of or in connection with practice or participation in;

Please specify the applicable pastime or activity

**Income Care/Income Care Plus Benefit**

I understand and agree that *no accident* or **Income Care Range benefit** will be payable **for the first 3 months**, where the claimed condition arises out of or in connection with practice or participation in:

Please specify the applicable pastime or activity

## C – Life Insured declaration (must be answered)

Since completing the application for insurance, have you sought or received any medical advice, attention or treatment that has changed your health, occupation, income, travel or pastime pursuits?

Please tick (✓) 'Yes' or 'No' below, if 'Yes' please provide details below;

Yes  No

I acknowledge that I am still under the duty of disclosure set out in my original application. I accept CommInsure's offer of revised terms set out above.

If 'Yes' to above declaration please provide details below;

  

Name of Life insured

Signature of life to be insured

Date

 /  / 

Name of Policy Owner (if different from Life Insured)

Signature of Policy Owner/Trustee

Date

 /  / 

Name of Policy Owner (if different from Life Insured)

Signature of Policy Owner/Trustee

Date

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