



# Life Insurance Fast-Check Report

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Please complete the questionnaire and return to TAL.

Reference number

Name of life  
to be insured

## 1. YOUR 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.

If the duty is not met, 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 the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

### Guidance for answering the questions in this form

When answering the questions in this form, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- 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.

### Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

### If you need help

It's important that you understand your obligations and the questions asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

## 2. PRIVACY

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at <http://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1800 666 136.

### Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

### 3. DECLARATION

I have read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance. I confirm that my answers to the questions are true, complete and correct. I agree that this Declaration shall be held to form part of my application for insurance made to TAL, as the Insurer.

Signature of  
life to be insured

Date

Witness

Date

### 4. POLICY DETAILS

Address

Suburb

State

Postcode

Date of birth

Occupation

### 5. IDENTIFICATION

If person is unknown to Examiner, please obtain photo identification and indicate method used:

Licence number

Passport number

Other (please state)

### 6. INFORMATION TO BE OBTAINED FROM APPLICANT

Name of usual doctor

How long have you been a patient of this doctor?

years

months

Address

Suburb

State

Postcode

Phone

Date last seen

Reason

Outcome

**6. INFORMATION TO BE OBTAINED FROM APPLICANT** (continued)

1. Do you plan to seek medical advice, investigation or treatment for any current health condition or symptoms?

No  Yes → Please provide details.

2. Do you take any prescribed medication?

No  Yes → Please provide details.

**7. INFORMATION TO BE COMPLETED BY EXAMINER**

1. What is the client's height (without shoes)?

cm

2. What is the client's weight?

kg

3. What is the client's waist circumference?

cm

4. What is the client's hip circumference?

cm

5. What is the rate and character of the pulse?

pulse rate per minute

6. 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 5-10 minute intervals are required. The recumbent position should be used where possible.

Systolic

Diastolic

mmHg     mmHg

mmHg     mmHg

mmHg     mmHg

7. Urine should be passed at the time of the examination. If not, please state the circumstances.

Please note the Reflex testing that may be required.

Result	Reflex testing required
Albumin	Positive specimen – Albumin and Creatinine ratio
Blood	Positive specimen must be sent for MSU
Glucose	Positive specimen must be sent for MSU

## 8. EXAMINER'S DETAILS

Name

(in block letters)

Address

Suburb

State

Postcode

Phone

Personal Qualifications

TAL is bound by obligations imposed by privacy legislation. Information received or requested from you is handled in accordance with these obligations.

Signature of  
examiner

Date

DD / MM / YYYY

Please attach your invoice including your ABN to the forms you send to TAL.

## SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited  
GPO Box 5380  
Sydney NSW 2001

## CONTACTING TAL

- @ groupriskadmin@tal.com.au
- ☎ 1800 666 136
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