

Cyst/Mole/Skin Lesion Statement

Life insured

Policy number

Site of cyst/mole/skin lesion

Date diagnosed

 / /

Type

Was the cyst/mole/skin lesion removed ?

No Yes When? / /

By what method? (eg surgically, freezing or otherwise)

Were any special tests, investigations or treatments required ?

No Yes Give details

Was the growth reported to be malignant or benign?

Malignant

Benign

Have you been or are you required to attend for any further treatment or follow up since the original removal?

No

Yes

Name and address of doctor consulted

Doctor's name

Doctor's address

Postcode

Privacy laws protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Statement. Please be aware that if you wish to provide information to us, the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application. Please phone the Privacy Officer on (02) 9448 9416 if you have any questions or would like to request a copy of our Privacy Policy.

DECLARATION AND SIGNATURE

I understand that this statement forms part of my application(s) for TOWER insurance cover and declare that its contents are true and correct.

Signature of the life to be insured

Date

 / /

Please return the completed form to:

TOWER Australia
GPO Box 5380
Sydney NSW 2001