

# Confidential Lifestyle Statement

Surname of the life to be insured

Given name(s)

Application number

Have you ever injected yourself, or been injected, with a drug which is not prescribed for you by a registered medical practitioner?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Give details	

Have you ever suffered a needle-stick injury?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Give details	

Since 1980, have you worked as OR have you been a client of a prostitute?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Give details and frequency	

How many sexual partners have you had:–

In the last 12 months	Male		Female	
In the last 3 years	Male		Female	

Since 1980, have you participated in male to male anal sexual activity?

No  Yes  Please answer the following questions

Do you or your partner(s) always use condoms which successfully stop the exchange of bodily fluids?

No  Yes

Do you and your partner(s) practice what you consider to be "safe sex"?

No  Yes  If either case, please give a reason for your answer


*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**