

Surname

Given name(s)

Date of birth

 / /

Application number

Type of insurance cover applied for

Death Trauma Disability

Adviser's name

Adviser's number

Telephone number

 ()

Fax number

 ()

Medical/Pathology Requirements

- Medical Exam
- Specialist Medical Exam
- Resting ECG
- Exercise ECG – Specialist
- 3 Blood Pressure Readings
- Spirometry
- MBA - 20 (include Lipids with LDL and HDL)
- Hepatitis B and C Serology
- Lipids (include LDL and HDL) – Fasting
- Glucose – Fasting
- Full Blood Count
- Glycosylated Haemoglobin (HbA1C)
- MicroUrinalysis
- MSU with Red Cell Morphology
- HIV Screening **▶ Please complete the HIV/AIDS Testing Authority on Page 2**
- Other

Privacy laws protect your privacy. The way in which we collect, use, disclose and handle your information is described in our Privacy Statement. Please contact our Privacy Officer on (02) 9448 9416 if you have any additional questions or would like to request a copy of our Privacy Policy.

Please return the completed form to:

TOWER Australia
GPO Box 5380
Sydney NSW 2001

IMPORTANT INFORMATION

Acquired Immune Deficiency Syndrome (AIDS) is a viral disease in which the white blood cells in the body, our natural defence against infection and disease, are destroyed.

AIDS is caused by the Human Immunodeficiency Virus (HIV) and is most commonly transmitted from person to person through sexual contact or contaminated blood products. Those most at risk are homosexual or bisexual men (having unprotected sex with a person already infected with HIV), injecting drug users who share needles, anyone receiving HIV infected blood or blood products, organ transplants, and babies of infected mothers.

Insurance Companies need to protect the interests of existing policyholders and ensure long term viability for both current and future policyholders. We therefore test for HIV on applicants, usually based on the amount of proposed cover.

There is currently no known cure for AIDS and although some people remain symptom free for many years, unfortunately insurance may not be available to those who are infected with HIV.

Any medical information received by an insurer is treated with the utmost confidentiality, but this applies especially in the case of HIV tests. We ask that only negative test results are forwarded to our Chief Medical Officer, but that any positive result is released to a doctor nominated by you or your local AIDS counselling clinic.

LIFE TO BE INSURED DETAILS

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NOTIFICATION OF RESULTS

We ask that only negative test results are forwarded to our Chief Medical Officer. In the event that this test for HIV is positive we ask that the result be released to a doctor nominated by you or your local AIDS counselling clinic.

In the event of a positive HIV test result, please indicate where you would like the test results to be sent.

- To my local AIDS counselling clinic.
 To my doctor ► Give details of your doctor below

Doctor's name

Doctor's address

Postcode

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DECLARATION AND SIGNATURE

I acknowledge that I have read and understood the Important Information shown above and that I agree to undertake a blood test, the result of which will be used to help determine my eligibility for the insurance for which I have applied. I understand the result will be sent to TOWER Australia's Chief Medical Officer and will only be communicated to those people directly involved in assessing my insurance application.

Signature of the life to be insured

Date

 / /

Please mark results "Confidential" and forward to:

**The Chief Medical Officer
TOWER Australia
GPO Box 5380
Sydney NSW 2001**