



General Medical Condition Questionnaire

Please complete the questionnaire and return to the address shown at the bottom of this form by post, fax or email.

Reference No.

Name of life to be insured

Date of birth / / (DD/MM/YYYY)

QUESTIONNAIRE

1. What was the condition and which part of the body was affected?
2. What was the date symptoms first started including a description of the symptoms?
3. What was the medical diagnosis including results of x-rays and investigations?
4. What was the frequency (daily, weekly, etc.) of attacks or symptoms?
5. What was the severity (mild/moderate/severe) and the duration of attacks or symptoms?
6. For how long were you unable to work or perform your normal duties/activities due to this condition?
7. Have you ever been admitted to hospital as either an inpatient or outpatient?
If yes, please provide full details of the hospital, when this occurred, how long you attended hospital and the treatment that you received.
8. Do you take any medication or use other treatment?
If yes, please provide details including the type of treatment and frequency, medication name and dosage and when this started.
9. Are you still receiving treatment? If so, please advise nature and frequency of treatment.

QUESTIONNAIRE CONTINUED

10. When did you last suffer from any symptoms?

11. What is your degree of recovery (%)?

12. Please supply the name and address of all Doctors or hospitals consulted for this specific condition.

13. Does your current GP have records for this condition?

14. Please provide any further information you think may assist in underwriting your application including the name and address of the Doctor who treats this condition.

YOUR DUTY OF DISCLOSURE

Before you enter into an insurance contract with us, you are required under the Insurance Contracts Act 1984 to provide us with the information we need to decide whether we'll accept your application for insurance, what terms will apply and what your premium will be.

You must comply with the Duty of Disclosure as described below.

Your Duty of Disclosure applies when applying for insurance cover and when varying or replacing any existing insurance cover. It applies from the moment you start completing the application questions and until we advise that we have accepted your application for cover, variation or replacement and issued confirmation.

You must answer all of our questions honestly and completely. You must tell us everything you know and everything that a reasonable person in the circumstances could be expected to know is relevant to our decision whether to insure you and whether any special conditions need to apply to the cover.

You do not need to tell us about any matter that diminishes our risk, is of common knowledge, that we know or should know as an insurer or that we tell you we do not need to know.

If you have not disclosed all relevant matters to us and we would not have entered into all or part of the cover on the same terms had we known about those matters, we may avoid all or part of the cover within three years of the commencement date. If your non-disclosure or misrepresentation is fraudulent and we would not have provided the cover on the same terms had we known about these matters, we may avoid all or part of the cover at any time. This means that we can treat the cover as if it never existed and we would not be liable to pay any claims.

Alternatively, instead of avoiding all or part of the cover we may decide:

- (a) to reduce the benefits for all or part of the cover in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to us, although any reduction to benefits payable in respect of your death can only occur within three years of the commencement date; or
- (b) for any benefits provided under the cover other than benefits payable in respect of your death, to vary the cover in such a way as to place you in the position you would have been in if you had disclosed all relevant matters to us.

If you have applied for cover via a financial adviser it is also your responsibility to ensure that the information provided to your adviser is accurate and complete and that the correct information is entered into the Application Form.

PRIVACY STATEMENT

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.

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following:

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

DECLARATION

I understand and acknowledge that I am bound by the Duty of Disclosure. I declare that the foregoing answers are true and complete and I agree that this Declaration shall be held to form part of the application for insurance on my life now made to the Company.

Signature of life
to be insured

X

Date

/ /

Please return the completed form to:

TAL Life Limited, GPO Box 5380, Sydney NSW 2001

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For enquiries please call 1800 666 136 **E** groupriskadmin@tal.com.au