



# Medical/Pathology Request

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## 1. PERSONAL DETAILS

Reference number

Surname

Given name

Date of birth

Life  TPD  Income Protection/Salary Continuance

Customer phone number

Customer email address

## 2. MEDICAL/PATHOLOGY REQUIREMENTS

Please tick relevant box

- |                                                                  |                                                                     |
|------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Resting ECG                             | <input type="checkbox"/> Exercise ECG – Specialist                  |
| <input type="checkbox"/> 3 Blood Pressure Readings               | <input type="checkbox"/> MBA – 20 (include Lipids with LDL and HDL) |
| <input type="checkbox"/> Hepatitis B and C Serology              | <input type="checkbox"/> Lipids (include LDL and HDL) – Fasting     |
| <input type="checkbox"/> Glucose – Fasting                       | <input type="checkbox"/> Full Blood Count                           |
| <input type="checkbox"/> Glycosylated Haemoglobin (HbA1C)        | <input type="checkbox"/> MicroUrinalysis                            |
| <input type="checkbox"/> MSU with Red Cell Morphology            | <input type="checkbox"/> HIV Screening                              |
| <input type="checkbox"/> Urine Albumin to Creatinine Ratio (ACR) |                                                                     |
| <input type="checkbox"/> Other → Please provide details          |                                                                     |

### 3. IMPORTANT INFORMATION ABOUT HIV SCREENING

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 policy holders and ensure long-term viability for both current and future policy holders. 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.

### 4. NOTIFICATION OF RESULTS OF HIV SCREENING

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	<input type="text"/>
Doctor's address	<input type="text"/>
Doctor's suburb	<input type="text"/>
Doctor's state	<input type="text"/>
Doctor's postcode	<input type="text"/>

### 5. 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.

### 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
- 📠 +61 (0)2 9465 2065
- 🌐 tal.com.au

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