

## Health Declaration

Reference No.

Name of life  
to be insured

Date of birth

 / 

(DD/MM/YYYY)

### QUESTIONNAIRE

1. Occupation

2. Employer

3. Full description of all duties (include % of time spent in manual work or supervision).

  
  

4. Has your occupation changed or is any change planned? If yes, please provide details.

Yes  No

  
  

5. Have you smoked tobacco or any other substances in the last 12 months? If yes, in what form and daily quantity?

Yes  No

  
  

6. Since the date of original application, have you had any symptoms of ill health, medical examination or tests, sought medical advice or been in hospital? If yes, please provide details, including date(s), name and address of Doctor.

Yes  No

## QUESTIONNAIRE CONTINUED

7. Do you intend to seek medical advice for any current medical concern? If yes, please provide details.

Yes  No

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8. Have you regularly participated, or do you intend to regularly participate in, any sports or recreational activities? If yes, please provide details.

Yes  No

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9. Has any insurance held or applied for by you ever been declined, withdrawn or modified in any way? If yes, please provide details.

Yes  No

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## YOUR DUTY OF DISCLOSURE

Before you enter into or become insured under a contract of insurance with TOWER Australia Limited (ABN 70 050 109 450) (TOWER), you and any life to be insured have a duty, under the Insurance Contracts Act 1984, to inform TOWER of every matter that you or any life to be insured know, or could reasonably be expected to know, is relevant to TOWER's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to TOWER before you extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of a matter that reduces TOWER's risk, is common knowledge, that TOWER knows or ought to know in the ordinary course of business, or as to which compliance with your duty is waived. Your duty of disclosure applies even after this Application is completed until TOWER advises acceptance of insurance. If you or any life to be insured fail to comply with your duty of disclosure and, if the failure had not occurred, TOWER would not have entered into the contract on any terms, TOWER may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, TOWER may avoid the contract at any time. Instead of avoiding the contract TOWER may, within three years of entering into it, reduce the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to TOWER.

## PRIVACY STATEMENT

Privacy laws are designed to protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Policy available at [www.toweraustralia.com.au](http://www.toweraustralia.com.au). If you have any questions regarding your privacy or would like to obtain a copy of our Privacy Policy please contact our Privacy Officer.

Please be aware that whenever you provide information to us, the duty of disclosure explained in the insurance documentation applies. If you fail to comply with the duty of disclosure TOWER may be entitled to cancel or avoid the insurance policy. Full details about the duty of disclosure are contained in the Product Disclosure Statement.

## DECLARATION

I/We acknowledge that I/we have read the notice explaining my/our duty of disclosure.

I/We have read and checked any answers not completed in my/our handwriting and to the best of my/our knowledge and belief the answers to the questions in this Declaration and those which relate to me/us are true and correct and no information material to the assessment of this insurance has been withheld.

I/We understand and agree that this Declaration shall form part of the original application on which the contract is based.

I, the proposed Life Insured, authorise and direct any medical or other practitioner to divulge at any time to TOWER Australia Limited ABN 70 050 109 450, or to any lawfully constituted tribunal any and all information concerning my state of health and medical history acquired in the course of any professional attendance or consultation. To this extent, all professional confidence and privilege is waived.

Signature of life to  
be insured

X

Date

/ /

*Please return the completed form to:*

**TOWER Australia Limited**, PO Box 142, Milsons Point NSW 1565, 80 Alfred Street, Milsons Point NSW 2061

**Telephone:** (02) 9448 9000 **Fax:** (02) 9465 2065 **Customer Service:** 1800 666 136

**Email:** [groupriskadmin@toweraustralia.com.au](mailto:groupriskadmin@toweraustralia.com.au) **www.toweraustralia.com.au**