



Epilepsy and Seizures

Please complete the questionnaire and return to TAL.

Reference Number

Name of life to be insured

Date of birth

QUESTIONNAIRE

1. What was the exact diagnosis? If epilepsy, please describe the particular type.

2. When was this diagnosis first made?

3. Please advise if any underlying cause or associated condition was diagnosed at the same time.

4. Please describe the symptoms you had at the time of diagnosis.

5. How often have you had episodes and what was the date of the last one?

6. How severe are the episodes (from mild, moderate to severe) and is their severity increasing or decreasing?

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 including treatment dates and symptoms experienced.

8. What investigations have you had for this condition and what were the dates and results e.g. EEG, CT or MRI scan?

9. 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.

10. Are you still on this treatment? If not, when did it cease, and were you advised to cease upon the instructions of your GP or Specialist?

11. Have you undergone surgery for this condition or is any planned?

12. Have you had any complications from this condition or any loss of consciousness?

13. Are your daily activities restricted in any way? Do you have a current driver's license?

14. Have you made a full recovery or is the condition under control on treatment?

15. Has this condition ever caused disablement and/or time off work? If so, please supply full details including dates, durations and details of any light or modified duties or hours worked (If applicable).

EPILEPSY AND SEIZURES (CONTINUED)

16. Do you still attend check-ups for the condition or have you been required to return for follow ups? If so, how often and when was the latest one you attended? Is this with your GP or a specialist? Please advise name and address of this doctor. Please confirm where medical records are held in relation to this condition.

17. Do you have any other information that you think will be helpful to us in assessing your application?

YOUR DUTY OF DISCLOSURE

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the insurer something

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they may, at any time, reduce the amount you have been insured for. This would be worked out using a formula that takes into account the premium that would have been payable if you had told them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time vary the contract in a way that places them in the same position they would have been in if you had told them everything you should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If your failure to tell the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

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.

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

DD / MM / YYYY

Please return the completed form to:

TAL Life Limited, GPO Box 5380, Sydney NSW 2001

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