



Medical Examiner's Confidential Report

Please take the enclosed form to your usual Doctor or Medical Provider for completion.

1. POLICY DETAILS

Please complete the questionnaire and return to TAL.

Reference Number

Name of life to be insured

Date of birth / /

Address

Occupation

2. IDENTIFICATION

If person is unknown to Examiner, please obtain photo identification and indicate method used:

License No Passport No

Other (please state)

3. INFORMATION TO BE OBTAINED FROM APPLICANT

Have you ever had or received medical advice or treatment for any of the following? If yes, please provide details at end of this section, naming conditions, dates, duration, date of recovery, name and address of the hospital or doctor.

- a) Any disorder of the heart, circulatory problem or chest pain including heart murmur, high blood pressure, stroke, brain haemorrhage, embolism, palpitations or raised cholesterol? Yes No
- b) Diabetes or raised blood sugar levels? Yes No
- c) Any disorder of the kidney, bladder or genitourinary system including prostate disorders, urinary tract infections, kidney stones, blood or protein in the urine? Yes No
- d) Any disorder of the digestive system, liver, oesophagus, stomach, gall bladder, pancreas or bowel including reflux, hernia, ulcers, haemochromatosis, colitis or Crohn's disease? Yes No
- e) Any benign or malignant cancer, tumour, lump, skin lesion, cyst or growth of which you are aware or for which you have sought medical advice or treatment? Yes No
- f) Asthma, bronchitis, sinusitis, snoring, sleep apnoea, respiratory or lung disorder? Yes No
- g) Head injury, epilepsy, fits, convulsions or headaches? Yes No
- h) Numbness, tingling, altered sensation, tremor, double vision, fainting attacks or problems with balance or co-ordination? Yes No
- i) Any form of paralysis or multiple sclerosis? Yes No

4. FAMILY HISTORY

Please answer the following questions as to whether your relatives have been diagnosed with these conditions. Please restrict your answer to your immediate family, being your parents, brothers and sisters only. If family history is unknown, please answer No.

- a) Heart disease (e.g. angina, heart attack, hypertension) or stroke before age 60? Yes No
- b) Cardiomyopathy? Yes No
- c) Breast and/or ovarian cancer before age 50? Yes No
- d) Bowel cancer or polyposis of the colon before age 50? Yes No
- e) Any other type of cancer before age 50? Yes No
- f) Diabetes? Yes No
(Please advise if Type 1 or Type 2) Type 1 Type 2
- g) Alzheimer's disease before age 60? Yes No
- h) Multiple sclerosis? Yes No
- i) Motor neurone disease, Parkinson's disease, Polycystic kidney disease and/or Huntington's disease, mental illness and/or any other hereditary disorder (not previously listed in this section)? Yes No

If yes, please advise relevant condition and advise number of relatives and age(s) affected. Please also include details and results of any investigations performed as a result of this history.

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

5. CONFIDENTIAL MEDICAL EXAMINATION (TO BE COMPLETED BY EXAMINER)

- a) Do you know the Applicant? N/A Yes No
- b) Have you ever attended the Applicant? N/A Yes No
- c) Is the Applicant's build, appearance or behaviour unusual? (including e.g. skin rashes, pigmentation). Yes No
- d) Are there any signs of past or present over-indulgence in tobacco, alcohol or of the misuse of drugs? Yes No

If you have answered yes to Questions 5C or 5D please provide details.

6. MEASUREMENTS (TO BE TAKEN BY EXAMINER)

Height	Weight	Chest
ft:	st:	Full inspiration: ins or cm
ins:	lbs:	Full expiration: ins or cm
or cms:	or kgs:	Waist circumference: ins or cm
		Hip circumference: ins or cm

- a) Has there been any recent variation in weight? If Yes, please try to ascertain the cause. Yes No

- b) If the chest expansion is less than 5 cms, please comment as to cause.

7. RESPIRATORY SYSTEM

- a) Is there any abnormality of the respiratory system to palpitation, percussion or auscultation? Yes No
If yes, please provide details.

- b) Is there any sign of past or present respiratory disease? If yes, please provide details. Yes No

8. CIRCULATORY SYSTEM

Questions B-E in this section to be completed by Doctors only (not paramedical examiners)

a) What is the rate and character of the pulse?

Pulse rate	per min	Character
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b) What is the position of the Apex beat of the heart?

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c) Is there any evidence of cardiac enlargement? If yes, please provide details.

Yes No

d) Is there any abnormality in the heart sounds or rhythm? If yes, please provide details.

Yes No

e) Is any murmur present?

Yes No

If yes, please describe fully, including site, timing, intensity and transmission. Also, please indicate any effect of posture or respiration on the murmur.

f) What is the blood pressure? (auscultatory method)

Systolic	Diastolic	mmHG
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Systolic	Diastolic	mmHG
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Systolic	Diastolic	mmHG
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The diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or the diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position should be used where possible.

g) Is there any abnormality of the peripheral arterial or venous circulation?

If yes, please provide details.

Yes No

h) Do you consider the heart and vascular system to be **abnormal**?

If yes, please provide details.

Yes No

i) Is the examinee now on treatment for hypertension?

If yes, and you have the required information, please state:

Yes No

1. Pre-treatment blood pressure level including date(s)

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8. CIRCULATORY SYSTEM (CONTINUED)

2. Duration of treatment

3. Nature of treatment

9. DIGESTIVE, ENDOCRINE AND LYMPH SYSTEMS

a) Is there any abnormality of tongue, mouth or throat?
If yes, please provide details.

Yes No

b) Is there any palpable abnormality of the liver, spleen or other abdominal organs?
If yes, please provide details.

Yes No

c) Is a hernia present? If yes, please provide details.

Yes No

10. GENITO-URINARY SYSTEM

a) Is there any genito-urinary abnormality (e.g. stricture, prostate)?
If yes, please provide details.

Yes No

b) Does the urine contain:

1. Protein (Albumin)?

Yes No

2. Sugar?

Yes No

3. Blood? If yes, please indicate if applicant is menstruating.

Yes No

4. Other abnormalities?
If yes, please indicate what these are.

Yes No

Positive specimen must be sent for MSU. In addition, if positive for Albumin please arrange an Albumin and Creatinine ratio.

Female applicants only

c) Is the applicant pregnant?

Yes No

If yes, please provide expected delivery date

DD / MM / YYYY

11. NERVOUS SYSTEM

- a) Is there any defect of vision or abnormality of the eyes? If yes, please provide details. Yes No

- b) Is there any defect in hearing or speech? If yes, please provide details. Yes No

- c) In cases of present or past ear discharge or deafness, state result of auriscopic examination.

- c) Is there any evidence of disorder of the central or peripheral nervous system? If yes, please provide details. Yes No

12. MUSCULOSKELETAL SYSTEM AND SKIN

- a) Is there any abnormality of the form or function of the joints? If yes, please provide details. Yes No

- b) Is there any abnormality of the form or function of the muscles or connective tissues? If yes, please provide details. Yes No

- c) Is there any abnormality of the form or function of the back or neck including the cervical and lumbar spine? If yes, please provide details. Yes No

- d) Is there any evidence of any disorder of the skin? If yes, please provide details. Yes No

13. SUMMARY

a) Do you consider any medical attendant's reports or any special tests are required? Yes No
If yes, please provide details.

(Note: No special tests are to be carried out in connection with the proposal for Insurance without the Company's authority)

b) Do you consider the person examined to be likely to require any surgical operation? Yes No
If yes, please provide details.

c) Please comment fully on any unfavourable features (either physical or mental) which could either reduce life expectancy or cause disablement:

1. In the personal or family medical history

2. Disclosed by your medical examination

14. EXAMINER'S DETAILS

(In block letters please)

Name	<input type="text"/>			
Address	<input type="text"/>			
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode <input type="text"/>
Phone number	<input type="text"/>			
Personal qualifications	<input type="text"/>			

TAL is bound by obligations imposed on current privacy legislation. Information received or requested from you is handled in accordance with these obligations. TAL requires that all entities adhere to relevant privacy obligations when dealing with personal and sensitive information about our customers.

Signature of Examiner

Date

Please attach your invoice including your ABN to the forms you send to TAL.