



Sleep Apnoea

Please complete the questionnaire and return to TAL.

Reference Number

Name of life to be insured

Date of birth DD / MM / YYYY

QUESTIONNAIRE

1. When were you diagnosed with sleep apnoea?

2. What is the nature of your symptoms?

- Daytime sleepiness Morning headaches Snoring Fatigue, tiredness Memory problems
- Other (please give details)

a) Do you have any symptoms at present?
If yes, please give details:

Yes No

b) When did you last have symptoms?

3. Have you ever had a sleep study done?

a) If yes, please give details of the date and the location at which the study was performed?

Yes No

b) What level of severity of sleep apnoea did/do you have?

- Mild Moderate Severe

c) Do you know your A.H.I. CPAP output score ?

Yes No

If yes, please supply.

d) Have you had follow-up sleep studies?

Yes No

If yes, please give details of the date and the location at which the study was performed.

e) What level of severity do you currently have?

Mild Moderate Severe

4. Have you ever had treatment for sleep apnoea?

Yes No

a) If yes, please give details of the type of treatment

CPAP machine Surgery e.g. UPPP, tracheostomy Oral splint

Other (please give details)

b) Date treatment commenced?

c) Date when treatment ceased (if applicable). If treatment has ceased was this under the advice of your GP or Specialist?

5. If CPAP or oral splint is used please state:

a) Number of hours used/night

b) Number of nights used/year

c) Machine pressure /CPAP only)

cm H2O

6. Please state any further relevant details including name and address of the doctor/clinic last consulted for sleep apnoea.

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

T 1800 666 136 F +61 (0)2 9465 2065 E groupriskadmin@tal.com.au www.tal.com.au