

## Medical/Pathology Request

### 1. PERSONAL DETAILS

|                               |  |   |                      |
|-------------------------------|--|---|----------------------|
| Reference no.                 | <input type="text"/>                           |   |                      |
| Surname                       | <input type="text"/>                           |   |                      |
| Given name(s)                 | <input type="text"/>                           |   |                      |
| Date of birth                 | <input type="text" value=" / /"/> (DD/MM/YYYY) |   |                      |
| <input type="checkbox"/> Life | <input type="checkbox"/> TPD                   | <input type="checkbox"/> Income Protection/Salary Continuance |                      |
| Customer phone number         | <input type="text" value="( )"/>               | Email address   | <input type="text"/> |

### 2. MEDICAL / PATHOLOGY REQUIREMENTS

Please tick relevant box

- |  |   |
|--|---|
| <input type="checkbox"/> Fast Check                                      | <input type="checkbox"/> Liver Function Test – Fasting          |
| <input type="checkbox"/> Medical Exam                                    | <input type="checkbox"/> Hepatitis B and C Serology             |
| <input type="checkbox"/> Specialist Medical Exam                         | <input type="checkbox"/> Lipids (include LDL and HDL) – Fasting |
| <input type="checkbox"/> Resting ECG                                     | <input type="checkbox"/> Glucose – Fasting                      |
| <input type="checkbox"/> Exercise ECG – Specialist                       | <input type="checkbox"/> Full Blood Count                       |
| <input type="checkbox"/> 3 Blood Pressure Readings                       | <input type="checkbox"/> Glycosylated Haemoglobin (HbA1C)       |
| <input type="checkbox"/> Spirometry                                      | <input type="checkbox"/> MicroUrinalysis                        |
| <input type="checkbox"/> MBA - 20 (Include Lipids with LDL, HDL and LFT) | <input type="checkbox"/> MSU with Red Cell Morphology           |
| <input type="checkbox"/> Other   | <input type="checkbox"/> HIV Screening                          |

### 3. IMPORTANT INFORMATION

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 policyholders and ensure long term viability for both current and future policyholders. 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. We ask that only negative test results are forwarded to our Chief Medical Officer, but that any positive result is released to a doctor nominated by you or your local AIDS counselling clinic.

## 4. NOTIFICATION OF RESULTS

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

Doctor's  
address

Suburb

State

Postcode

## 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

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 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

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**