



Medical/Pathology Request

Please complete the request form and take this to your nearest Pathology centre.

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

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 policy holders and ensure long-term viability for both current and future policy holders. 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	<input type="text"/>		
Doctor's address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

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

Date

NEXT STEPS

1. Take this form to your doctor or pathology centre
2. Return the form and completed blood tests to TAL

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