

Lump, Skin Lesion, Cyst, Growth or Mole questionnaire

Reference No.

Name of life to be insured

Date of birth

(DD/MM/YYYY)

QUESTIONNAIRE

1. What was the name that the doctor used to describe the condition?
2. Was this confirmed as benign?
3. In which part or parts of the body was it/were they situated?
4. When was it first diagnosed?
5. Did it bleed, become itchy, change colour, size or texture? If so, please provide details.
6. Did you have any medical investigations for this condition? If so, what was the outcome? Were these with your GP or a specialist? Please advise name(s) and address(es) of Doctor(s) attended.
7. Did you receive any treatment or surgery for this condition? If so please provide details. If removed, how was it removed?
8. Do you still attend check ups for the condition? If so, how often, when and with whom was the latest one you attended?

QUESTIONNAIRE CONTINUED

9. Have you had any recurrence?

Yes No

10. How much time did you have to take off work? If applicable, please advise the dates and length of time off work.

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

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 STATEMENT

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. 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

X

Date

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Please return the completed form to:

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