

Need any help completing this form? Call us on 1300 880 750 8am-8pm AEST

When you complete this form and until your application is accepted, you are required to disclose all information relevant to TAL Life Limited's decision to provide you with insurance cover. This also applies if you vary, or re-instate your policy. Failure to comply with this duty of disclosure may prejudice your rights under this policy.

Life to be insured:
Application/Policy number:

a) To the best of my knowledge, I am not infected with HIV (the virus that can lead to AIDS) nor am I carrying the antibodies to HIV. I agree I disagree

Also in the last 10 years I have not:

b) had sex with someone I know or suspect to be HIV positive, I agree I disagree

c) (males only) engaged in male to male anal sexual intercourse, I agree I disagree

d) Worked as, nor engaged in sex with, a prostitute, I agree I disagree

e) received medical treatment for drug abuse or alcohol dependency, I agree I disagree

f) taken any drug other than medically directed I agree I disagree

If you disagree with a, b, c or d above, please complete the 'PART A - LIFESTYLE SECTION' of this questionnaire.

If you disagree with e or f above, please complete 'PART B - DRUG AND ALCOHOL SECTION' of the questionnaire.

Part A – Lifestyle section

1. Have you ever:

a. Had Hepatitis B or C? Yes No

b. Had any sexually transmitted disease? Yes No

If yes please give details of the condition and date:

c. Sought or expect to receive treatment for AIDS or AIDS related condition? Yes No

2. Have you ever:

a. Injected yourself or ever been injected with any drug not prescribed by a Medical Practitioner? Yes No

If yes please give details of the condition and date:

b. Shared a needle or syringe for the injection of any drug? Yes No

3. Have you ever engaged in anal sexual activity? Yes No

If yes please advise the number of partners in the last 12 months and 3 years

4. Do you and your partner(s) use condoms? Never Sometimes Always

5. Have you participated in any other sexual activity which is likely to involve the exchange of bodily fluids especially blood or semen? Yes No

If yes, please give details.

6. Have you had contact with any person whom you have reason to believe is HIV positive? Yes No

If yes please advise:

a. Date of last sexual activity with this person? dd: mm: yyyy:

b. Is sexual activity with this person still continuing? Yes No

c. Date and result of this person's most recent HIV test, if known? dd: mm: yyyy:

7. Please advise dates and results of HIV tests which you have undertaken? dd: mm: yyyy:

Part B – Drug and alcohol section

1. Are you now using or have you ever used any of the following, other than for treatment of a medical condition under proper medical supervision?
- | | | |
|--|------------------------------|-----------------------------|
| a) Amphetamines - eg, 'Ecstasy', 'Ice', MDMA, 'Speed', 'Uppers', etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) Barbiturates - eg, 'Downers', etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) Cannabis - eg, 'Hashish', Marijuana, 'Pot', 'Weed', etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) Cocaine - eg, 'Coke', 'Crack', 'Snow', etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) Hallucinogens - eg, 'Acid', 'Angel dust', 'Haze', LSD, 'Microdots' etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) Herbs - eg, catnip, poppy, kavakava, lobelia, etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g) Opiates - eg, Codeine, Heroin, Methadone, Morphine, Opium, 'Smack', etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) Sedatives - eg, Diazepam, 'Downers', Nitrazepam, 'Tranks', etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i) Solvents - eg, Aerosols, glue, etc | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| j) Others | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If YES to any of the above, please provide full details including name of drug and dates when usage commenced and ceased.

2. Have you ever sought medical treatment due to drug usage or detoxification? Yes No

If YES, please provide details including date(s) of attendance and name of doctor(s).

3. Have you suffered from any impairments associated with drug usage? eg, hepatitis B or C, HIV infection, mental illness, etc Yes No

If YES, please provide details.

4. Are you now drug-free? Yes No

If YES, please state when usage ceased.

5. Please describe your past alcohol consumption (by number of drinks per week).

6. When did this level of consumption cease?

7. Please describe your current alcohol consumption (by number of drinks per week).

8. Please describe the treatment you have received and whether you are still taking it. If you have ceased, when did you cease and was this under medical advice?

9. Have you had any medical investigations in relation to alcohol consumption?

If so, what and when were these and what were the results?

10. Do you have active membership of Alcoholics Anonymous or a similar body? Yes No

Please provide any additional information which you feel will be helpful in processing your application.

Duty of Disclosure

Your Duty of Disclosure

Before you enter into a life insurance contract, you have a duty, to tell us anything that you know, or could reasonably be expected to know, that may affect our decision to provide the insurance and on what terms.

You have this duty until we agree to provide the insurance.

You have the same duty if you extend, vary or reinstate the contract.

You do not need to tell us anything that:

- reduces the risk we insure; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive the duty to tell us about.

If you don't tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If you do not tell us anything you are required to, and we would not have provided the insurance if you had told us, we may avoid the contract within three years of entering into it.

If we choose not to avoid the contract we may at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if you had told us everything you should have. However, if the contract provides cover on death, we may only exercise this right within three years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided we may at any time, vary the contract in a way that places us in the same position we would have been in if you had told us everything you should have. However, this right does not apply if the contract provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

I have read and understand my Duty of Disclosure and my answers and statements to the questions I have been asked are true and complete to the best of my knowledge and belief. I understand that TAL is entitled to rely on the information I have provided when issuing a policy. I also understand that my failure to answer any questions honestly and completely may result in a claim being reduced or refused, or the policy being cancelled in full or in part. I further understand that TAL will obtain my complete medical records at the time of any claim.

Declaration

I have read and understand my Duty of Disclosure and my answers and statements to the questions I have been asked are true and complete to the best of my knowledge and belief. I understand that TAL is entitled to rely on the information I have provided when issuing a policy. I also understand that my failure to answer any questions honestly and completely may result in a claim being reduced or refused, or the policy being cancelled in full or in part. I further understand that TAL will obtain my complete medical records at the time of any claim.

Signature of Life Insured:

Sign here:

Date: dd / mm / yy

Your privacy

The Privacy of Insuranceline customers is important and Insuranceline is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which Insuranceline and St Andrew's collect, use, secure and disclose your personal information, as well as details about how to access or correct your personal information held by us, or make a complaint in relation to privacy is set out in the Insuranceline and St Andrew's Privacy Policies which are available at www.insuranceline.com.au/Privacy-Policy and www.standrews.com.au or free of charge on request to Insuranceline by contacting 1300 880 750 or customerservice@insuranceline.com.au

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 Insuranceline 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)

How to return your documents

Please return this form in the Reply Paid envelope provided, or mail to FREE Post Reply Paid 62, Carlton South VIC 3053