

Smoker habit statement

Insuranceline

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.

Part A – Policy details

Life Insured's Full Name:

Application/Policy Number:

Date of Birth:

Part B – Smoker habits

1. Have you ever smoked tobacco and/or any other substances? No Yes
If yes, in what form and daily quantity?

2. On what date did you stop smoking tobacco and/or any other substance?

3. Do you have any intention of smoking tobacco and/or any other substance again? No Yes
If yes, please provide details.

4. Have you been advised by a Doctor to give up smoking specifically due to your health/medical history? No Yes
If yes, please provide details

5. Since the date of your application, has your health changed? No Yes
If yes, please provide details.

6. Do you have any intention of seeking medical advice or treatment in the near future? No Yes
If yes, please provide details.

Please note: If you have stopped smoking due to medical reasons associated with events such as a heart attack, emphysema, lung cancer or stroke a change to non-smoker rates will not be available and smoker rates will be maintained for the duration of the policy.

Part C – Declaration

I hereby declare that the answers to the questions contained in this statement are true and correct and that I have not withheld any information material to the insurance.

Signature (Life Insured):

Sign here: Date: dd / mm / yy

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