



Abnormal Pap Smear or Cervical Screening Test Questionnaire

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Please complete the questionnaire and return to TAL.

1. DUTY OF DISCLOSURE

Before you enter into or become insured under an insurance contract with us, you and any life to be insured are required under the *Insurance Contracts Act 1984* to provide us with the information we need to decide whether we'll accept your application for insurance, what terms will apply and what your premium will be. For the purposes of this Duty of Disclosure section, 'You' includes both the Policy Owner and the Life Insured.

You have this duty until we agree to insure you. You have the same duty before you extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

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

If the insurance is for the life of another person and that person does not tell us everything they should have, this may be treated as a failure by you to tell us something that you must tell us.

If you do not 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 insured you 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 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 us everything you should have. However, if the contract has a surrender value, or 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 you have been insured for, 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 has a surrender value or provides cover on death.

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

2. 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.

2. PRIVACY (continued)

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).

3. PERSONAL DETAILS

Reference number	<input type="text"/>
Name of life to be insured	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>

4. QUESTIONNAIRE

1. When was your first abnormal Pap smear or Cervical Screening Test?

2. What was the result of this Pap smear or Cervical Screening Test?

3. Have you had any subsequent Pap smears or Cervical Screening Tests?

No Yes → Please provide details.

DATE OF PAP SMEAR OR
CERVICAL SCREENING
TEST (MONTH AND YEAR)

RESULT

WHO HAS A COPY OF THIS
TEST RESULT (DOCTOR OR
HOSPITAL NAME, MYSELF)

4. QUESTIONNAIRE (continued)

4. Have you been tested for HPV (Human papillomavirus)?

No Don't know Yes → Please provide details.

DATE OF HPV TEST (MONTH AND YEAR)	RESULT	WHO HAS A COPY OF THIS TEST RESULT (DOCTOR OR HOSPITAL NAME, MYSELF)
MM / YYYY		
MM / YYYY		
MM / YYYY		

5. Have you had any other test or investigation in relation to this condition?

No Yes → Please provide details.

TYPE OF TEST OR INVESTIGATION (E.G. ULTRASOUND, COLPOSCOPY, ENDOSCOPY)	DATE OF TEST (MONTH AND YEAR)	RESULT	WHO HAS A COPY OF THIS TEST RESULT (DOCTOR OR HOSPITAL NAME, MYSELF)
	MM / YYYY		
	MM / YYYY		
	MM / YYYY		

4. QUESTIONNAIRE (continued)

6. Have you had any treatment in relation to this condition?

No Yes → Please provide details.

TREATMENT TYPE
(E.G. BIOPSY,
CRYOSURGERY,
LASER ABLATION,
CONISATION, LEEP
ETC)

DATE OF
TREATMENT
(MONTH AND
YEAR)

RESULT

WHO HAS A COPY OF THIS
TEST RESULT (DOCTOR OR
HOSPITAL NAME, MYSELF)

<input type="text"/>	<input type="text" value="MM / YYYY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="MM / YYYY"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="MM / YYYY"/>	<input type="text"/>	<input type="text"/>

7. When is the due date of your next Cervical Screening Test?

8. Has any other treatment or investigation been discussed or considered?

No Yes → Please provide details.

9. Has this condition ever affected your ability to perform your usual work duties?

No Yes → Please provide details including dates of time off work and details of any light or modified duties or hours worked.

10. Please supply the name and address of all doctors, health practitioners or hospitals consulted for this condition.

NAME OF DOCTOR, HEALTH
PRACTITIONER OR HOSPITAL

WHEN LAST CONSULTED
FOR THIS CONDITION?

ADDRESS

<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

4. QUESTIONNAIRE (continued)

11. Please provide any other information you think will be helpful to us in assessing your application.

5. DECLARATION

I understand and acknowledge that I am bound by the Duty of Disclosure. I declare that the information provided here is 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 TAL.

Signature of
life to be insured

X

Date





DD / MM / YYYY

SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited
GPO Box 5380
Sydney NSW 2001

CONTACTING TAL

-  groupriskadmin@tal.com.au
-  1800 666 136
-  +61 (0)2 9465 2065
-  tal.com.au

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