



Sports and Pastimes Statement

SAVE

PRINT

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"/>

Complete the sections of this form as appropriate to your circumstances and return to TAL.

4. DIVING

1. Which of the following diving activities do you participate in?

- Snorkelling
- SCUBA
- Free diving
- Commercial diving
- Other → Please provide details.

2. What are your current diving certifications?

3. When were your certifications obtained?

4. What is the main purpose of your diving?

- Recreational
- Photography
- Occupation → Please provide details.

- Other → Please provide details

4. DIVING (continued)

5. How often do you dive?

6. What is the average and maximum depths you usually dive?

Maximum

Average

7. Have you ever participated in, or, do you have any plans to participate in, any of the following activities:

- Diving alone
- Cave, pit, ice or pothole diving
- Search and rescue diving
- Salvage or clearance diving
- Using underwater explosives
- Abalone diving
- Diving using equipment other than ordinary SCUBA gear
- Competitive diving
- None the above

Please provide details on the scope of the above activities.

8. Have you ever been involved in a diving incident that required medical attention?

- No Yes → Please provide details.

9. Do you intend to change the scope of your diving activities?

- No Yes → Please provide details.

5. MOTOR SPORT OR SPORTS (car, bike, boat etc)

1. What type of motor sport or sports do you participate in?

2. Please provide details of the vehicles used for motor sport or sports including make, model, year, engine size.

3. How often do you participate in motor sport or sports?

5. MOTOR SPORT OR SPORTS (continued)

4. What is the average and maximum speeds you usually reach?

Maximum

Average

5. How many years have you been participating in the motor sport or sports?

years

6. What is your type of involvement in the motor sport or sports?

Social

Competitive racing

Professional – Australian events only

Professional – Australian & International events

7. Please advise the location/s where you usually participate in your motor sport or sports.

8. Have you ever had an accident or injury from participation in a motor sport which resulted in you requiring medical attention?

No

Yes → Please provide details.

9. Have you ever had your license restricted or suspended for any reason?

No

Yes → Please provide details.

10. Do you intend to change your class, type, professional status or frequency of participation in the next 2 years?

No

Yes → Please provide details.

6. AVIATION

Please do not complete this questionnaire if your aviation activities are confined to work for a major commercial (non-charter) airline – please refer to the TAL Occupation List for eligibility guidelines.

1. Do the duties of your occupation involve flying an aircraft?

No

Yes → Please describe the scope of your aviation activities.

6. AVIATION (continued)

2. What type of aircraft do you fly?

Fixed wing → Please advise the make and model number you usually fly.

Helicopter → Please advise the make and model number you usually fly.

Microlight/Ultralight → Please advise the make and model number you usually fly.

Ballooning

Powered gliding → Please advise the make and model number you usually fly.

Non-powered gliding

Paragliding /Parascending

Other → Please provide details

3. Do you hold a pilot's licence?

No

Yes → Do you intend to change the scope of your present licence?

No

Yes → Please provide details.

4. How many hours do you fly per annum?

hours

5. Have you ever participated, or, do you have any plans to participate, in any of the following activities:

Charter flights

Aerial photography and surveys

Flying instruction

Agricultural flying

Flying to oil rigs

Record attempts

Display flights

Aerobatics

Flying outside Australia

None the above

Please provide details on the scope of the above aviation activities.

6. AVIATION (continued)

6. Have you ever had an accident or been charged with a violation of Department of Transport regulations?

No Yes → Please provide details.

7. Do you land at unauthorised aerodromes, airports or landing areas?

No Yes → Please provide details.

7. OTHER ACTIVITIES (e.g. football, rockclimbing, abseiling, caving, bungee jumping)

1. What type of activity and events do you participate in?

2. Please provide the following details on your activities:

Contact Non-contact

Social/Amateur Competition (match payments) Competition (semi/professional)

Times participated in per year

Location (e.g. indoor, outdoor, overseas, etc.)

Equipment used

3. Do any of your activities involve participation at heights and/or depths?

No Yes → Please provide details on the level of heights and/or depths involved and the frequency.

4. Have you ever had an accident or injury from participating in your activities (including during practice) which resulted in you requiring medical attention?

No Yes → Please provide details.

8. ADDITIONAL INFORMATION

Please provide any other information you think may assist in underwriting your application.

Four horizontal lines for providing additional information.

9. 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

Signature box containing a handwritten 'X'.

Date

Date input field with placeholder text: 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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