

Application to increase cover due to Life Event

INSTRUCTIONS

You should use this form if you wish to increase your death or Total and Permanent Disablement (TPD) cover upon the occurrence of any of the following Life Events:

- Birth or adoption of a child;
 - Marriage;
 - Entering into a new or increasing an existing mortgage for the purchase of your primary residence (home) in Australia.
- You will need to attach a photocopy of the relevant document(s) outlined in the section entitled 'Attachments', confirming the occurrence of the Life Event. Please note that your application will not be accepted if:
- the application is received by Freedom of Choice after 90 days have passed since the Life Event;
 - you have successfully applied for an increase in cover for any Life Event in the previous 12 months as at the date of the more recent Life Event.

Any increase in cover does not commence until you receive confirmation in writing that your Life Event Application has been accepted and you are under 60 years of age.

1. APPLICANT DETAILS

Fund membership number	<input type="text"/>	Amount of existing cover	\$ <input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	Given name	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>	Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>
Postal address	<input type="text"/>		
	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Preferred contact number (business hours)*	<input type="text"/>		

* To save unnecessary delays, you may be contacted by telephone to clarify any answers you have provided.

2. LIFE EVENT

For which of the following Life Events are you applying for increased cover and when did the Life Event occur?

Birth of a child	Date of Life Event	<input type="text" value="DD / MM / YYYY"/>
Adoption of a child	Date of Life Event	<input type="text" value="DD / MM / YYYY"/>
Marriage	Date of Life Event	<input type="text" value="DD / MM / YYYY"/>
New mortgage for Australian home	Date of Life Event	<input type="text" value="DD / MM / YYYY"/>

3. ADDITIONAL COVER DETAILS

What is the additional amount of death or death and TPD cover you require?

Death only	Amount required	<input type="text" value="\$"/>
Death and TPD	Amount required	<input type="text" value="\$"/>

4. ELIGIBILITY QUESTIONS

At the date of this application:

- Are you, due to sickness, accident or injury, off work, or unable to perform your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment may be full-time, part-time or casual?
Yes ☐ No ☐
- Have you been diagnosed with a sickness that reduces your life expectancy to less than 12 months?
Yes ☐ No ☐
- Has any death, TPD or IP cover you have or have applied for been declined or had a loading, limitation or exclusion added?
Yes ☐ No ☐
- Have you ever made, or are you entitled to make, a claim for any injury or sickness (lasting more than four weeks) through Workers' Compensation, sickness benefit, invalid pension or any insurance policy providing Total & Permanent Disablement cover, accident or sickness cover?
Yes ☐ No ☐

Note: If you answered yes to any of the above questions, you are not eligible to receive increased cover for a Life Event using this application. If you are not eligible to make a Life Event Application, you may still apply to increase cover by completing an application for Insurance Cover from (Freedom of Choice).

5. ATTACHMENTS

The table below outlines the documents you need to attach to this application confirming the Life Event.

Type of Life Event	Evidence required
Birth of a child	Birth certificate
Adoption of a child	Order effecting an adoption; or An entry in a public official record of the adoption of a child
Marriage	For legal marriages: • Australian marriage certificate or an equivalent overseas marriage recognised in Australia
	For de facto/domestic relationships: • Written cohabitation or personal or domestic relationship agreement
New mortgage of an Australian home	All of the following: • Any loan documents including loan application and credit contract; and • Stamped front page of the contract of sale

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, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

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

You do not need to tell us anything that:

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

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 3 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 3 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.

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.

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).

DECLARATION AND SIGNATURE

- 1. I acknowledge that I have read the notice of my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.
- 2. I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- 3. I, the Applicant, authorise and direct any medical or other practitioner to divulge at any time to TAL Life Limited or to any lawfully constituted tribunal any and all information concerning my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.
- 4. I confirm that I have not been infected with the virus which causes AIDS (the Human Immunodeficiency Virus) and am not carrying antibodies to that virus, nor am I suffering from any other illness, injury, operation, abnormality, disease or disorder that is likely to cause my death or permanent inability to work before 65 years of age.
- 5. I consent to my personal information (including health and sensitive information) being collected, used or disclosed by TAL Life Limited or its external service providers/contractors as contemplated in this form, including collecting it from or disclosing it to any medical practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information TAL Life Limited collects on this form or future forms in relation to this insurance.

Signature of life
to be insured

X

Date

DD / MM / YYYY