



Life Insurance Fast-Check Report – Nurse

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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.

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.

Reference Number

Name of life
to be insured

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

Date

Witness

Date

1. POLICY DETAILS

Address

Suburb

State

Postcode

Date of birth

Occupation

2. IDENTIFICATION

If person is unknown to Examiner, please obtain photo identification and indicate method used:

Licence number

Passport number

Other (please state)

3. INFORMATION TO BE OBTAINED FROM APPLICANT

Name of usual doctor

How long have you been a patient of this doctor?

years

months

Address

Suburb

State

Postcode

Phone

Date last seen

Reason

Outcome

Do you plan to seek medical advice, investigation or treatment for any current health condition or symptoms?

If yes, please provide details:

Yes

No

Do you take any prescribed medication?

If yes, please provide details, including type(s) and dosage(s):

Yes

No

4. INFORMATION TO BE COMPLETED BY EXAMINER

- A. What is the client's height (without shoes)? cm
- B. What is the client's weight? kg
- C. What is the client's waist circumference? cm
- D. What is the client's hip circumference? cm
- E. What is the rate and character of the pulse? pulse rate per minute

- F. What is the blood pressure (auscultatory method)?

The diastolic level is to be taken at the cessation of all sound. If the first systolic reading is above 135 or below 100, or the diastolic above 85 or below 60, two further readings at 5-10 minute intervals are required. The recumbent position should be used where possible.

Systolic	Diastolic
<input type="text"/> mmHg	<input type="text"/> mmHg
<input type="text"/> mmHg	<input type="text"/> mmHg
<input type="text"/> mmHg	<input type="text"/> mmHg

- G. Urine should be passed at the time of the examination. If not, please state the circumstances.

Please note the Reflex testing that may be required.

Albumin	Positive specimen – Albumin and Creatinine ratio
Blood	Positive specimen must be sent for MSU
Glucose	Positive specimen must be sent for MSU

5. EXAMINER'S DETAILS

Name (in block letters)

Address

Suburb

State Postcode

Phone

Personal Qualifications

TAL is bound by obligations imposed by privacy legislation. Information received or requested from you is handled in accordance with these obligations.

Signature of examiner X SIGN HERE Date DD / MM / YYYY

Please attach your invoice including your ABN to the forms you send to TAL.

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
- 1300 666 136
- +61 (0)2 9465 2065
- tal.com.au

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