



Life Insurance  
**Medical Evidence Authority**

SAVE

PRINT

Please sign and return this to TAL as soon as possible to finalise your application.

This consent to grant TAL access to your medical and surgical information does not diminish your Duty of Disclosure under the *Insurance Contracts Act 1984*.

Policy Reference number

Name of life to be insured

Date of birth

Dear Doctor,

I have applied to TAL Life Limited (TAL) for insurance and a medical report from your practice may be required.

If TAL seeks a report from you, TAL may not be able to finalise my application for insurance until it receives your report.

I have agreed that any Medical Practitioner or any other person who has been or may be consulted by me at any time in the future whether named by me or not shall be and is hereby authorised and directed by me to divulge to TAL, any legal tribunal or any third party engaged by TAL all medical or surgical information acquired with regard to myself.

A copy of this authority shall be considered as valid as the original. I would be grateful if you could attend to this matter as soon as possible.

Signature of Member

Date

**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).

**SUBMITTING THIS FORM**

Please return your completed form to:

TAL Life Limited  
GPO Box 5380  
Sydney NSW 2001

**CONTACTING TAL**

-  [groupriskadmin@tal.com.au](mailto:groupriskadmin@tal.com.au)
-  1800 666 136
-  +61 (0)2 9465 2065
-  [tal.com.au](http://tal.com.au)

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