

Application for Increase or Addition to Defence Health Term Life

with Optional Critical Conditions Benefit



To be read by the policy owner and person to be insured before completing this application.

Duty of Disclosure

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and for what premium.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

If your application to vary your Policy is accepted, the Policy will be treated as a consumer insurance contract to the extent of the variation.

THE DUTY TO TAKE REASONABLE CARE

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

IF THE DUTY IS NOT MET

If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

GUIDANCE FOR ANSWERING OUR QUESTIONS

You are responsible for the information provided to us when applying for insurance. When answering our questions, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

CHANGES BEFORE YOUR COVER STARTS

Before your cover starts, we may ask you whether the answers to the questions that you have given when applying for insurance remain accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

IF YOU NEED HELP

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of applying for life insurance or answering our questions.

If you're having difficulty due to a disability, language, or for any other reason, please let us know – we're here to help and can provide additional support.

A Policyowner details

Your Policy Number				
Rank/Title	Surname	Address		
Given Names	Postcode			
Email				
Date of birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Ph (W) ()	Ph (H) ()

Note: If more than one Policyowner required, please provide details on the Additional Information pages provided

Relationship to person to be insured (eg. self, spouse, de facto, child, parent)

Every now and then, we and any related companies that use the Asteron Life brand might let you know about news, special offers, products and services that you might be interested in. We will engage in marketing unless you tell us otherwise. You can contact us to update your marketing preferences at any time. Alternatively, you can let us know now if you do not want us or any of our companies that use the Asteron Life brand to engage in marketing by ticking this box.

B Personal details of the person to be insured

Rank/Title	Surname	Place of birth		
Given names	Home address			
Service number	Postcode			
Email				
Date of birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Ph (W) ()	Ph (H) ()

Marital status: Married Single De facto

Military status: Full-time Serving Active Reservist Army Navy Air Force

Are you currently a jet fighter or bomber pilot or crew below the rank of Squadron Leader? Yes No

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C Details of increase or addition

Critical Conditions Benefit (CCB) is not available on its own and cannot exceed the Term Life Benefit. If adding CCB, a minimum of \$25,000 applies.

	Existing Sum Insured		Increase or Addition		New Sum Insured
Term Life Benefit	\$ <input type="text"/>	Term Life Benefit	\$ <input type="text"/>	Term Life Benefit	\$ <input type="text"/>
Critical Conditions Benefit	\$ <input type="text"/>	Critical Conditions Benefit	\$ <input type="text"/>	Critical Conditions Benefit	\$ <input type="text"/>

D Statement of health of the person to be insured

1. Will this increase/addition be replacing another policy? If 'Yes,' please provide details in the table under question D2. Yes No
2. Do you have with us (apart from this policy) or any other company or are you currently applying to any other company for life insurance? If yes, please give details below. Yes No

Insurance Company	Type of Insurance	Insured Benefit	Exclusions, etc.	Risk Commencement Date	Is Policy to be Discontinued/Replaced?
		\$			Yes* <input type="checkbox"/> No <input type="checkbox"/>
		\$			Yes* <input type="checkbox"/> No <input type="checkbox"/>
		\$			Yes* <input type="checkbox"/> No <input type="checkbox"/>

*If you have indicated that it is your intention to replace insurance you currently have with the cover you are now applying for, the replacement cover under any policy we issue you will only start when the insurance which is to be replaced is cancelled.

3. Has a proposal for life, accident or sickness insurance on your life been declined by or withdrawn by you for any insurance company, or accepted with a loading or otherwise than as submitted? (Please provide particulars of all such proposals on the Additional Information pages provided). Yes No
4. Have you received notification (orally or in writing) by the Services to deploy you to warlike operations? If 'Yes,' please provide details on the Additional Information pages provided. Yes No
5. Have you ever smoked tobacco or any other substance in the last 12 months? If 'Yes,' type (eg, cigarettes, cigars)? Daily quantity
No. of years Date ceased (if applicable)
6. Do you drink alcohol? Number of standard drinks Per week Standard drink = 1 nip spirits, 1 wineglass wine, 1 sherry glass liqueur, port/sherry, 10oz/285ml beer. Yes No
7. Have you ever used or injected yourself with any illegal or illicit drugs or received advice, counselling or treatment for the use of drugs or alcohol? Yes No
8. What is your height and weight? Height cm/in Weight kg/lb
9. To the best of your knowledge: Have you ever had symptoms of, had or been advised to have treatment for or tests for, or been informed that you have lung disease, asthma, heart or vascular disorder, chest pain, high blood pressure, diabetes, ulcers, bowel trouble, stroke, epilepsy, fits, neurological problems, mental disorder, multiple sclerosis, kidney, liver or bladder disease, arthritis, cancer or abnormal growths, blood disorders, Hepatitis B or C, or is there any other information concerning your health which should be disclosed? Yes No

If 'Yes,' to question 9, please provide details, including all dates and addresses of physicians and state which physician holds the records. Please use the Additional Information page provided if required.

Condition(s)	<input type="text"/>			
Service Doctor(s) Surname	<input type="text"/>	Initial(s)	<input type="text"/>	Initial(s)
Address	<input type="text"/>		Address <input type="text"/>	
	Postcode <input type="text"/>		Postcode <input type="text"/>	
Phone	() <input type="text"/>		Phone () <input type="text"/>	

10. Are you suffering from Acquired Immune Deficiency Syndrome (AIDS) or infected with the Human Immune Deficiency Virus (HIV) or are you carrying antibodies to HIV? Also, in the last 3 years have you or do you intend to work as or engage in sexual intercourse with a prostitute, engage in anal sexual intercourse, have sexual intercourse with an intravenous drug user or have sexual intercourse with someone you suspect or know to be HIV positive? Yes No
- If 'Yes,' please provide details on the Additional Information page provided.

11. Has your mother or father or any brother or sister had breast, cervical, ovarian, colon or other cancer, diabetes, high blood pressure, heart problems, stroke, mental disorder, haemochromatosis, Huntington's disease, muscular dystrophy, familial adenomatous polyposis, polycystic kidney or any other hereditary disease? Yes No
- If 'Yes,' please provide details on the Additional Information page provided.
12. Do you take any prescribed medication on a regular basis (other than the contraceptive pill)? Yes No
13. During the last 5 years have you been examined or treated by or received advice from any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care professional, been in hospital, had an operation or had any tests (eg. x-ray, ECG, etc)? Yes No
14. Are you considering consulting a doctor, seeking a medical examination, advice, treatment, tests or an operation? Yes No

15. Please provide names and addresses of your doctor(s) and/or personal medical attendants.

Surname Initial(s)

Address

Postcode

Phone ()

16. Activities, sports and aviation details of the life to be insured:

Do you have any occupational or recreational activities of a heavy manual or hazardous nature? Yes No

For example: aviation, motor racing, work underground, working with explosives, hang gliding or scuba diving, sky diving, boxing, mountain climbing or horse riding?

If 'Yes,' please provide details on the Additional Information pages provided

Please provide details of all 'Yes,' answers on the Additional Information pages provided which you should sign and date. The statement should include all relevant details, eg, dates, symptoms, doctors, treatment etc.

E Declaration

I/We have understood all the questions in this form and declare that the statements made in this Statement are true and complete and agree that they shall form part of the application for insurance and shall be relied upon by TAL Life Limited in deciding whether to issue a policy including the premiums and terms to offer.

To the extent that if the answers are not in my/our own handwriting they have been checked by me/us and I/we certify that they are correct to the best of my/our knowledge.

I/We have read and understood the Defence Health Term Life Insurance Product Disclosure Statement.

I/We understand there is a duty to take reasonable care not to make a misrepresentation to the insurer before entering into a contract of insurance, extending or making changes to existing insurance, and reinstating insurance. I/We also understand that if this duty is not met it can have serious impacts on my insurance.

I/We consent to the use of my/our personal information by TAL Life Limited for the purpose outlined in the current TAL Life Limited privacy policy, which is available at www.tal.com.au/privacy-policy, and is free of charge on request.

I/We consent to the disclosure of my/our personal information to, and obtaining information, from other parties (including parties listed in the Privacy Statement) for these purposes.

I/We understand that the obligations of TAL Life Limited are not guaranteed by Defence Health Limited.

I have attached a separate statement(s) concerning the person to be insured

Signature of the person to be insured Signature of the Policyowner(s) 1.

Date (If applicable) 2.

