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	
Note: If more than one Policyowner required, please provide details on the Additional Information pages provided Every now and then, we and any related companies that use the that you might be interested in. We will engage in marketing	emale Ph (W) () Ph (H) () Relationship to person to be insured (eg. self, spouse, de facto, child, parent) the Asteron Life brand might let you know about news, special offers, products and services unless you tell us otherwise. You can contact us to update your marketing preferences at t want us or any of our companies that use the Asteron Life brand to engage in marketing by be insured
Rank/Title Surname	Place of birth
Given names	Home address
Service number	Postcode
Email	
Date of birth / / Male Fem	nale Ph (W) () Ph (H) ()

Military status: Full-time Serving Active Reservist

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

Army

Navv

Air Force

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 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? If 'Yes,' please provide details on the Additional Information page provided. 	No	

11.	diabetes, high blo	ood pressure, he	brother or sister had breast art problems, stroke, menta lial adenomatous polyposis	l disorder, haemochron		Yes N	•
	If 'Yes,' please pro	ovide details on t	the Additional Information	page provided.			
12.	Do you take any	prescribed medic	ation on a regular basis (ot	her than the contracep	tive pill)?	Yes N	o 🗌
13.	chiropractor, phy	siotherapist, nati	been examined or treated b ural therapist or any other l s (eg. x-ray, ECG, etc)?		m any doctor, psychologist, I, been in hospital,	Yes N	•
14.	Are you consideri	ng consulting a d	octor, seeking a medical exa	mination, advice, treatm	nent, tests or an operation?	Yes N	o 🗌
15.	Please provide na	mes and address	es of your doctor(s) and/or	personal medical attend	dants.		
	Surname			Initial(s)			
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16.			ails of the life to be insured				
			recreational activities of a h			Yes No	
	mountain climbir			king with explosives, h	ang gliding or scuba diving,	sky diving, boxi	ing,
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Additional information			
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Signature of Person to be Insured			,
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Signature of Policy Owner	Date	/	/

TAL Life Limited GPO Box 68 Sydney NSW 2001 Phone 1800 221 727

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