

# REINSTATEMENT APPLICATION



## IMPORTANT: Reinstatement is not guaranteed

Reinstatement of a previous contract of insurance is generally only available within a limited timeframe (usually a maximum of 6 months) from the date your policy was cancelled and is not available for all products. We reserve the right to decline your application for reinstatement or offer reinstatement with altered terms and conditions. If your application for reinstatement is accepted, any exclusion and qualifying periods must be served again from the date of reinstatement, pursuant to the terms of the Product Disclosure Statement and Policy Document.

If TAL Life Limited (TAL Life) reinstates your policy or plan no claim payment will be made for any:

- Injury or death which occurred while your policy or plan was lapsed; or
- Sickness, including Terminal Illness, that became apparent, while your policy or plan was lapsed.

Your insurance cover will recommence when TAL Life agrees to reinstate your policy. There will be no premiums collected for the period from when your policy lapsed to when the policy was reinstated by TAL Life.

If reinstatement is not available or your application for reinstatement is declined and you wish to have insurance cover again, you will need to apply for a new policy.

## Policy details

Policy number*	<input type="text"/>
Life Insured's Name	<input type="text"/>
Policy Owner's Name ('as above' if same as Life Insured)	<input type="text"/>
Life Insured's date of birth	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>

\* If you have Linked policies attached to your lapsed policy, the Linked policy will also need to be reinstated, therefore, add both numbers if you want both policies reinstated.

## Privacy

The ways in which your personal information is collected, used, secured and disclosed is set out in the current TAL Life Limited privacy policy, which is available at [tal.com.au/privacy-policy](https://tal.com.au/privacy-policy), and is free of charge on request.

If you have any questions about the way in which your information is managed, or would like a paper copy of our privacy policies, please contact us by phone on 1800 221 727 or by email to [life\\_customerservice@asteron.com.au](mailto:life_customerservice@asteron.com.au).

## Duty to take reasonable care not to make a misrepresentation

### About this application

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 is accepted, the Policy will be a consumer insurance contract.

### 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.

# 1. CONTACT DETAILS

## Residential address

Do not enter a PO Box in this field. If your mailing address is different to your residential address, please complete your residential address details and then provide your mailing address below.

Street address			
Suburb		State	
		Postcode	
Country			

## Mailing address

If your mailing address is different to the residential address provided above, please provide details.

Address			
Suburb		State	
		Postcode	
Country			

## Telephone and Email

Preferred contact number 1		<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Mobile
Preferred contact number 2		<input type="checkbox"/> Home	<input type="checkbox"/> Business	<input type="checkbox"/> Mobile
Email				

# 2. LIFE INSURED'S HEALTH DETAILS

1. Your Height  cm      Your weight  kg
2. In the last 12 months, have you smoked tobacco or any other substances?  
☐ No    ☐ Yes → Please specify what type of substance and the quantity smoked per day.
3. In the last 24 months, have you been hospitalised or required any medical treatment? Please include treatment received from doctors or allied health professionals such as physiotherapists, chiropractors or psychologists.  
☐ No    ☐ Yes → Please complete the table at question 11.
4. Are you currently prescribed any medication?  
☐ No    ☐ Yes → Please complete the table at question 11.
5. Are you currently off work, working reduced hours or have your work duties been altered due to illness or injury?  
☐ No    ☐ Yes → Please complete the table at question 11.

6. Have you been told by a medical practitioner that your life expectancy could be less than 2 years due to sickness or injury?

☐ No ☐ Yes → Please provide details of your personal circumstances.

7. Do you plan to seek or are you awaiting medical advice, test results, investigations, surgery or treatment for any symptoms, sickness, injury or health condition?

☐ No ☐ Yes → Please provide details of your personal circumstances.

8. In the last 24 months have you had two consecutive weeks or more off work due to sickness or injury?

☐ No ☐ Yes → Please complete the table at question 11.

9. Since the policy you wish to reinstate was issued, have any immediate family members (mother, father, brother or sister) been diagnosed before age 65 with diabetes, any type of cancer, a neurological disease such as Alzheimer's disease, multiple sclerosis, motor neurone disease, Parkinson's disease, Huntington's disease or had a heart attack or stroke?

☐ No ☐ Yes → Please provide details of your family member's condition and the age when this occurred.

Relationship	Medical condition (eg bowel cancer)	Age when diagnosed	Age at death (if applicable)

10. What is the name and address of your usual doctor?

Name of Doctor

Street address

SuburbStatePostcode

Country

a. How long has your usual doctor known you?

b. What was the date of your last consultation?

c. What was the reason for your last consultation?

d. What were the results?

e. What was the duration of any sickness or injury?

11. For any 'Yes' response to questions 3, 4, 5 and 8, or condition disclosed at question 10 in Section 2, please complete the table below.

Question(s) being answered	Question number <div></div>	Question number <div></div>	Question number <div></div>
Condition/Symptoms/Injury			
Nature of Treatment			
Date condition started and ended (If ongoing, please state so)			
Amount of time off work (If still off work, please state so)			
Time working reduced hours or altered duties			

Question(s) being answered	Question number <input type="text"/>	Question number <input type="text"/>	Question number <input type="text"/>
When are you expected to return to normal duties?			
Recovery (%)			
Medication name and dosage			
Length of time prescribed (if ongoing, please state so)			
Reason for prescription			

### 3. LIFE INSURED'S INSURANCE DETAILS

Since the policy you wish to reinstate was issued:

1. Have you had any type of life, TPD, trauma, income protection and/or business expenses insurance declined, deferred or accepted with modified terms (e.g. an exclusion or premium loading)?

☐ No ☐ Yes → Please complete the table below Question 2 in full.

2. Have you had any type of life, TPD, trauma, income protection and/or business expenses insurance policy issued by us or any other company, or are you currently applying for this type of cover (including cover held under superannuation)?

☐ No ☐ Yes → Please complete the table below in full.

Name of company	Cover type	Sum insured/ monthly benefit/ Wait/bft period	Date commenced or applied	State any limitations or whether refused	Is cover to be replaced?

3. Have you considered making a claim, received or been refused any claim payment, such as Worker's Compensation or other insurance payments (including life or disability insurance policies), for any injury or sickness?

☐ No ☐ Yes → Please complete table in full.

	Claim 1	Claim 2
Condition/Symptoms/Injury		
Nature of treatment		
Date started and ended (If ongoing, state so)		
Amount of time taken off work		
Recovery (%)		
Amount of benefit(s) received and who the claim is with		
Current status of claim/s (e.g. closed, ongoing)		

### 4. LIFE INSURED'S PASTIMES AND TRAVEL PLANS

1. Do you participate in or do you intend to participate in any pastimes, sports or hazardous activities?

A hazardous activity refers to a recreational or occupational activity where the risk of injury is increased. (E.g. flying, parachuting or skydiving, motor sport, scuba diving, football, working underground or at heights, etc.)

☐ No ☐ Yes → Please complete the table below in full.

	Activity 1	Activity 2
Name of pastime, sport or hazardous activity		
How often do you do this? (daily, weekly or monthly)		
Is any special equipment used?		
If above ground, at what height?		
If below ground or at sea, at what depth?		
Qualification or License?		

2. In the next 12 months, do you have any definite plans to travel or live overseas or are you required to travel overseas on a regular basis for business?

☐ No ☐ Yes → Please provide details of where and when you are travelling, the purpose of the travel and how long you will be away.

## 5. LIFE INSURED'S OCCUPATION AND INCOME

### Complete for Total & Permanent Disablement (TPD) or Income Protection only

1. What is your occupation?

2. Are you self-employed?

☐ No ☐ Yes

You must select self-employed if you directly or indirectly own all or part of the business in which your work is performed (i.e. you are a sole trader, shareholder, partner, beneficiary, trustee or unit holder of a trust). This includes where the business operates under a company structure (ignoring shares in publicly listed companies).

3. How many hours do you work per week?

4. Since the policy you wish to reinstate was issued, have you changed your occupation, work duties, or working hours?

☐ No ☐ Yes → Please provide details.

5. What is your current annual earned income before tax?

\$

'Current annual earned income' means the amount you will earn before tax for the current tax year. This includes any salary, wages, regular bonuses, superannuation and any other income considered part of your remuneration package. It does not include investment income. For self-employed persons, this also includes your share of the total net profits generated or accrued in the normal conduct of your business or businesses, after excluding business expenses.

6. In the last 24 months, have you had a reduction in your income or worsening of your financial situation, or do you anticipate a change in the next 12 months?

☐ No ☐ Yes → Please provide details including your income for the last 12 months.

For self-employed this is your share of gross income less business expenses.

For employees this is your salary/wage plus superannuation. Please state the percentage of Employer Superannuation Contribution paid.

7. In the next 12 months, do you have plans to change your occupation, work duties or hours, take a redundancy or leave your current employer, become self-employed, change your current business activities or make other changes to your work circumstances?

☐ No ☐ Yes → Please provide details of the changed occupation, duties and circumstances.

## 6. METHOD OF PAYMENT

Payment method: ☐ Direct debit\* ☐ Credit card

\* Direct Debits from Personal Bank Accounts only. Note, SMSF bank accounts cannot pay premiums for a Brighter Super Policy through a direct debit arrangement.

Frequency: ☐ Monthly ☐ Quarterly ☐ Half-Yearly ☐ Yearly

## 7. DIRECT DEBIT PAYMENT AUTHORITY BY CREDIT CARD

I authorise TAL Life Limited to charge my: ☐ Visa ☐ MasterCard

Account name

Card number

Expiry date

Signature of cardholder\*

Date

\* Signature only required when the payer is not the Life Insured or Policy Owner.

## 8. PRIVACY

The ways in which Asteron collects, uses, discloses and secures your personal information is set out in the Asteron Privacy Policy and is available free of charge on request.

## 9. DIRECT DEBIT AUTHORITY

### Direct Debit Request Service Agreement

This Direct Debit Request (DDR) Service Agreement is issued by TAL Life Limited ABN 70 050 109 450 (TAL Life) user ID 367806. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your DDR and must be read in conjunction with the DDR Form on the previous page. You should direct all enquiries about your direct debit to our customer service team on 1800 221 727.

#### 1. Our commitment to you

- a. We will give you at least 14 days' notice in writing before changing the terms of the debiting arrangements, unless you agree to an earlier change.
- b. TAL Life will keep information relating to your nominated financial institution account confidential, except where required for the purposes of conducting direct debits with your financial institution, in the event of a claim or relating to an alleged incorrect or wrongful debit, or where specifically required by the law.
- c. Where the debiting date is not a business day, we'll draw from your nominated financial institution account on the next business day.

#### 2. Your commitment to us

It is your responsibility to:

- check your account details against a recent bank statement.
- ensure your nominated financial institution account can accept direct debits through the Bulk Electronic Clearing System (BECS). Please be aware that not all accounts allow direct debits through BECS. If you are unsure please check with your financial institution before completing your direct debit request form.
- ensure there are sufficient funds available in the nominated financial institution account on the due date to cover the premiums.
- advise us if the nominated account is transferred or closed, or the account details change.
- ensure that all account holders on the nominated financial institution account agree to the debiting arrangement.

#### 3. Your rights

- a. Subject to the terms and conditions of your insurance policy, you may alter the debiting arrangements by contacting us on the details under 3b. Such advice should be received by us at least 7 working days before the debiting date for any of the following:
  - altering the Direct Debit Request (DDR).
  - deferring a drawing.
  - suspending the DDR.
  - cancelling the debiting arrangement completely.

If you do any of these things, you must make alternative arrangements to pay outstanding amounts and, if applicable, future amounts.

Alternatively you may request a stop or cancellation by contacting your financial institution. If you take this course of action you may incur a fee from your financial institution.

- b. Where you consider that a debit has been initiated incorrectly, you should contact us on 1800 221 727. In the unlikely event of a complaint not being resolved satisfactorily, you can address the complaint to: The Manager, Life Customer Service, GPO Box 5380, Sydney NSW 2001.

#### 4. Other information

- a. The details of your debiting arrangements are contained in the DDR.
- b. We reserve the right to ask that instructions from a customer, to stop or in any way alter the debiting arrangement are in a written, verbal or electronic form.
- c. The terms and conditions of your TAL Life policy govern your instalments. The policy allows us to cancel it after writing to you if debits are dishonoured by your financial institution and your premium is overdue by 30 days or more.
- d. We may vary the amount subject to the terms and conditions of your policy to be deducted from the account or the frequency of future debits by giving at least 14 days notice to you, in writing. All future amounts payable by you under the policy will be debited to the financial institution account shown in the DDR unless you tell us you wish to cancel the arrangement.
- e. Financial institution fees (including dishonour charges) may also apply to this debiting arrangement. If there are insufficient funds in your account, you may incur dishonour fees from your financial institution and your policy may be at risk of cancellation if your premium is not paid by the due date. Dishonour fees will not be charged by TAL Life if direct debits are returned.
- f. If you are uncertain when the funds will be debited from your nominated account, you should enquire directly with your financial institution.
- g. If you wish to notify us in writing about anything relating to this agreement, you should write to: Life Customer Service, GPO Box 68, Sydney NSW 2001.
- h. We will notify you by sending a notice to the preferred address or email you have given us in the Direct Debit Request. Any notice will be deemed to have been received on the second banking day after sending.

This form is to authorise TAL Life Limited (user ID 367806) to debit premiums and any arrears (if applicable) from your account with a financial institution.

This debit or charge will be made through the Bulk Electronic Clearing System Framework (BECS) from your account held at the financial institution you have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.

Account name

Name of bank

BSB number

Account number

Signature of account holder 1\*

Date

Signature of account holder 2\*

Date

\* Signature(s) only required when the payer is not the Life Insured or Policy Owner.

I/We acknowledge that this direct debit arrangement is governed by the terms of the Direct Debit Request Service Agreement attached and the terms and conditions of my TAL Life Limited policy.

## 10. DECLARATION BY POLICY OWNER AND LIFE INSURED

I/We agree that:

- The original application form for this policy, as varied by this application and the Statement overleaf, shall form the basis of the contract with TAL Life Limited for reinstatement of this policy.
- If this policy is reinstated, reinstatement will be based on the truth of the answers made in the Statement overleaf.
- TAL Life Limited will not pay:
  - for suicide within 13 calendar months from the date of reinstatement; or
  - critical conditions/trauma benefits; within 3 calendar months from the date of reinstatement.
    - for cancer if first diagnosed,
    - for heart attack, out of hospital cardiac arrest or stroke if first occurred, or
    - for heart surgery events if the disease or condition which the surgery is directed at is first diagnosed,

Please refer to your policy document for further details.

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 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.

Any statements I/we have made on or with an application to another insurer and which I/we have presented to TAL Life Limited are intended by me/us as declarations and representations to TAL Life Limited (TAL Life) and I/we acknowledge that TAL Life Limited will use them in assessing this insurance application.

I/We understand that my application for insurance might be accepted with a premium loading and/or underwritten exclusion which could include my sensitive health information. This information may appear on a future policy schedule, endorsement and subsequent anniversary notices. I/We consent to TAL Life disclosing my personal information (including sensitive health information) to the policy owner(s) and the servicing financial adviser.

Before or at the time I/we provided any personal information, I/we had read and understood the current TAL Life Limited privacy policy, which is available at [tal.com.au/privacy-policy](https://tal.com.au/privacy-policy), and is free of charge on request.

I/We consent to TAL Life and, if I am/we are applying for membership of the Fund, the Trustee collecting, using and disclosing my/our personal information (including sensitive information), in accordance with the Privacy Statement. This includes disclosing my/our personal information to my/our financial adviser to clarify the decision in the event the application cannot be accepted (if relevant).

I/We understand that the insurance application for reinstatement where applied for will not become effective until my/our application is accepted by the insurer in writing.

Signature of Policy Owner(s)

Date

Signature of Life Insured

Date

### Principal authorised representative

TAL adviser number

Authorised representative name

Dealer group

Commission split (whole numbers)

New business

%

Servicing

%

Contact number

Contact type

☐

Business

☐

Mobile Business Mobile

Email

### Shared authorised representative

TAL adviser number

Authorised representative name

Dealer group

Commission split (whole numbers)

New business

%

Servicing

%

Contact number

Contact type

☐

Business

☐

Mobile Business Mobile

Email

Note If splitting commission, new business and servicing commission must each total 100%.

## SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

GPO Box 68 Sydney NSW 2001 or [life\\_customerservice@asteronlife.com.au](mailto:life_customerservice@asteronlife.com.au)

## CONTACT US

[life\\_customerservice@asteronlife.com.au](mailto:life_customerservice@asteronlife.com.au)

1800 221 727

[asteronlife.com.au](http://asteronlife.com.au)