



This form should be used to obtain insurance cover via the group insurance policies.

Your duty of disclosure to the insurer, TAL Life Limited ABN 70 050 109 450 AFSL 237848 (TAL), is set out below.

Your duty of disclosure

Before you enter into a life insurance contract, you have a duty to tell the insurer anything that you know, or could reasonably be expected to know, that may affect their decision to insure you and on what terms.

You have this duty until the insurer agrees to insure you.

You have the same duty before you extend, vary or reinstate the contract.

You do not need to tell the insurer anything that:

- reduces the risk they insure you for; or
- is common knowledge; or
- they know or should know as an insurer; or
- they waive your duty to tell them about.

If you do not tell the insurer something

If the insurance is for the life of another person and that person does not tell the insurer everything they should have, this may be treated as a failure by you to tell the insurer something that you must tell the insurer.

In exercising the following rights, the insurer may consider whether different types of cover can constitute separate contracts of life insurance. If they do, they may apply the following rights separately to each type of cover.

If you do not tell the insurer anything you are required to, and they would not have insured you if you had told them, they may avoid the contract within 3 years of entering into it.

If the insurer chooses not to avoid the contract, they 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 them everything you should have. However, if the contract has a surrender value, or provides cover on death, the insurer may only exercise this right within 3 years of entering into the contract.

If the insurer chooses not to avoid the contract or reduce the amount you have been insured for, they may, at any time, vary the contract in a way that places them in the same position they would have been in if you had told them 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 the insurer is fraudulent, they may refuse to pay a claim and treat the contract as if it never existed.

All questions on this Insurance Application and Personal Health Statement Form are relevant as to whether or not TAL accepts the risk, and if so, on what terms. Consequently, all questions must be answered correctly and completely. Block letters should be used. A dot or dash is not acceptable. Please mark questions with an X where appropriate.

Step 1 Personal details

Title	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Member number (only complete if existing member)	<input type="text"/>		
Current residential address	<input type="text"/>		
Town/Suburb	<input type="text"/>	State	<input type="text"/>
Home phone	<input type="text"/>	Work phone	<input type="text"/>
Mobile	<input type="text"/>		
Email	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
May TAL contact you directly to clarify or gather information in relation to this application?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
(if yes, specify contact number and best time of day to call):	<input type="text"/>		

Step 2 Occupation details

2.1 Self-employed Employee Employee Part-time Hours p/week Weeks p/year

2.2 Your occupation
Industry

2.3 Duties performed and the percentage of time in each

<input type="text"/>
<input type="text"/>

2.4 Earned Income (excluding superannuation contributions)¹ \$, .

¹Earned Income comprises your current wages or salary plus any commission and all other regular payments of benefits paid to you by your employer. If you are self-employed, your average net income per year for the previous two years. For the full definition of Earned Income refer to the Bendigo SmartOptions Super Insurance Guide available on our website.

Step 3 Cover Requested

3.1 Death Only and Death and TPD Cover

Nominated amount of cover

Benefit Type	Existing Sum Insured	Additional Sum Insured	New Total Sum Insured
Death	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total & Permanent Disablement (TPD)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

OR

Nominated Premium

Note: Sum insured will decrease with age; premium remains fixed

Type of cover Death only Death & TPD Nominated premium per week (eg. \$2.00 per week) \$

Note: TPD cover is not available without death cover. you must apply for death and TPD cover if you wish to have TPD cover. Your TPD cover cannot exceed the amount of death cover.

3.2 Income Protection (IP)

Existing monthly benefit	Additional monthly benefit	New total monthly benefit
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Income level (% of your salary) - (please choose one option)

75% Other (enter value)

Waiting period (days) (please choose one option)

30 60 90

Benefit period (please choose one option)

2yr 5yr to age 65

Superannuation contribution benefit (optional)

Do you want the superannuation contribution benefit? No Yes

% of salary % (up to 10% of salary, limited to the actual level of the contribution made)

Maximum benefit for income protection cover is 75% of Earned Income (plus up to 10% of salary for a superannuation contribution benefit if elected) subject to a maximum of \$30,000 per month).

Step 4 Your insurance and claim history

- 4.1 Apart from this application, do you have or are you applying for any other Life, Total and Permanent Disablement (TPD) or Income Protection (IP) insurance? (Please include cover held or applied and/or applied for through TAL or under superannuation). No Yes
- 4.2 Are you claiming or have you ever claimed a benefit from any source e.g. Total and Permanent Disablement benefit from any superannuation fund, workers' compensation, disability pension, Veterans' Affairs or any other insurance cover providing accident or illness benefits? No Yes
- 4.3 Has an application for life, disability, trauma, accident or illness insurance on your life ever been declined, deferred or accepted with a loading, exclusion or special terms? No Yes

If yes to 4.1, 4.2 or 4.3, please provide full details below:

NAME OF COMPANY	COVER TYPE	SUM INSURED/MONTHLY BENEFIT	DATE OF APPLICATION OR CLAIM	STATE ANY LOADINGS / EXCLUSIONS	REASON FOR DECISION / CLAIM	DURATION OF CLAIM	RECOVERY	IS COVER TO BE REPLACED
		\$	/ /				%	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	/ /				%	<input type="checkbox"/> No <input type="checkbox"/> Yes
		\$	/ /				%	<input type="checkbox"/> No <input type="checkbox"/> Yes

Step 5 Your habits and activities

- 5.1 Do you drink alcohol? No Yes

If YES, State type, number of standard drinks per day and number of days per week when alcohol is consumed. A standard drink = 1 nip spirits, 1 x 100ml glass of wine, 1 x 10oz/285ml of beer.

- 5.2 Have you smoked in the past 12 months? No Yes

If YES, state form and daily quantity.

- 5.3 In the last 5 years have you smoked any substance other than tobacco? No Yes

If YES, state substances smoked, frequency of use, date first smoked and date last smoked.

- 5.4 Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare-paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? No Yes

If YES, state activities performed, frequency of participation, level of participation (e.g. amateur or professional), maximum depth/speed, equipment used and location (if applicable).

- 5.5 Except for holidays, do you intend to live or travel anywhere outside Western Europe, North America, Australia or New Zealand in the next 12 months? No Yes

If YES, state where, when, duration and reason.

- 5.6 Are you an Australian citizen, a New Zealand citizen residing in Australia, a holder of an Australian permanent visa or a person who resides in Australia on an approved working visa? No Yes

If NO, state type of visa you hold, expiry date, plans for applying for permanent residency and nationality/current citizenship.

Step 6 Medical details

6.1 Please state your: Height (cm) Weight (kg)

6.2 Name and address of your usual doctor or medical centre

Doctor's last name

Doctor's given name

Doctor's address

Suburb State Postcode

6.3 Details of last medical consultation with your usual doctor or medical centre Date: / /

Reason

Outcome/Result

6.4 If you have attended that doctor for less than 12 months, state name and address of previous doctor

Doctor's last name

Doctor's given name

Doctor's address

Suburb State Postcode

Step 7 - Your family history

Has any of your immediate family (mother, father, brother or sister) been diagnosed with any of the following conditions before the age of 60?: Heart disease (e.g. angina or heart attack), stroke, cardiomyopathy, cancer, diabetes, mental illness, Alzheimer's disease multiple sclerosis, muscular dystrophy, Parkinson's disease, polycystic kidney disease, Huntington's disease or any other inherited blood or neurological disorder?

No Yes - Provide details in the table below.

Relationship to member	Medical condition (eg breast cancer, heart attack, type 2 diabetes)	Age when diagnosed	Age at death (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Step 8 Your Medical History

Please provide details for all 'Yes' answers in the general medical questionnaire at section 9.

8.1 Have you ever had or received medical advice or treatment (including surgery) for any of the following conditions?

- a) Chest pain, high blood pressure, raised cholesterol or any heart / circulatory disorder? No Yes
- b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? No Yes
- c) Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder? No Yes
- d) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)? No Yes
- e) Any injury, disease or disorder of the back, neck, knee, shoulder or other joint, bone, muscle, tendon or ligament condition, including arthritis or gout? No Yes
- f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? No Yes
- g) Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind? No Yes
- h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse? No Yes
- i) Hernia, gall bladder, bowel or stomach condition (other than constipation, upset stomach, diarrhoea, or gastro where these were short, isolated episodes from which you have made a full recovery)? No Yes
- j) Any condition of the eyes causing visual impairment (partial or complete loss of sight that can't be corrected by glasses, contact lenses or laser eye surgery) or impaired hearing or tinnitus? No Yes

8.2 Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)? No Yes

8.3 In the last 5 years have you engaged in any activity reasonably expected to having an increased risk of exposure to the HIV/AIDS virus? (This includes unprotected anal sex, sex with a sex worker or sex with someone you know, or suspect to be HIV positive). No Yes

8.4 Apart from treating any condition already disclosed, have you in the last year had medication prescribed by a medical practitioner that is intended to be used for three months or longer (excluding contraceptives)? No Yes

8.5 Apart from any condition already disclosed, do you plan to seek or are you awaiting medical advice, investigation or treatment for any other current health condition or symptoms? No Yes

8.6 Apart from any condition already disclosed, are you currently off work due to injury or illness, or restricted from being capable of performing your full and normal duties on a full time basis (for at least 30 hours per week), even if your actual employment is on part-time or casual basis? No Yes

8.7 Apart from any condition already disclosed, have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last 3 years? No Yes

Step 9 General medical questionnaire

Please provide full details for all Yes answers to questions 8.1(a) to (j) and 8.1 to 8.7. Please complete a separate sheet if required.

Question no.	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>	Q. <input type="checkbox"/>
a) Date first symptoms first started and description of symptoms.				
b) What was the condition and which part and side of the body was affected (if applicable)?				
c) What was the medical diagnosis including results of x-rays and investigations?				
d) What was the frequency (daily, weekly, etc) of attacks or symptoms?				
e) What was the severity (mild/moderate/severe) and duration of attacks and symptoms?				
f) How long were you unable to work or perform your normal duties/activities?				
g) If a hospital visit was required, please provide the date and duration of your stay.				
h) What advice/treatment did you receive?				
i) Are you still receiving treatment? If so, please advise nature and frequency of treatment.				
j) Date treatment/medication ceased.				
k) When did you last suffer from any symptoms?				
l) Degree of recovery (%).				
m) Please supply the name and address of all doctors, hospitals or other practitioners consulted.				

Step 10 Medical consent authority

Your health information includes details about all your interactions with health providers, and may include details such as your symptoms, treatment, consultations, personal medical history and lifestyle. Health providers cannot release this information about you without your consent.

We, TAL Life Limited (TAL), collect and use your health information to assess your application for cover, to assess and manage your claim, or to confirm the information you gave us when you applied for cover or made a claim. This is why we need your consent.

Each time you apply for cover or make a claim, we will ask you for a fresh consent. We will respect your privacy by only asking for the information we reasonably need, and we will tell you each time we use your consent.

We will use the consent for both the initial information request and any subsequent communication that might be needed in relation to the request – for example, for clarification.

Even if we collect information from health providers (such as your General Practitioner), before the insurance starts you must still tell us every matter (including about your health) that is relevant to our decision about whether to offer you insurance, and if so, on what terms. This is your Duty of Disclosure under the Insurance Contracts Act 1984 (Cth).

Please read each Authority carefully and the explanatory notes below.

Authority 1 explanatory notes – through this Authority, with the exception of a copy of the consultation notes held by your General Practitioner/Practice, you are consenting to any health provider releasing any health information about you in the form we ask for. This may involve, for example:

- preparing a general report and/or a report about a specific condition;
- accessing and releasing your records in SafeScript;
- releasing your hospital patient notes;
- releasing the results of any investigations they have done; and/or
- releasing correspondence with other health providers.

Authority 2 explanatory notes – through this Authority, you are consenting to any General Practitioner/Practice you have attended releasing a copy of your full record, including consultation notes, but only if we have asked them to provide a general report and/or a report about a specific condition under Authority 1, and either:

- they will be unable to, or did not, provide the report within 4 weeks; or
- the report provided is incomplete, or contains inconsistencies or inaccuracies.

Your General Practitioner maintains consultation notes to support quality care, your wellbeing and to meet legal and professional requirements. General Practitioners/Practices should only release a copy of your full record, including consultation notes, for life insurance purposes in the rare circumstances set out above.

If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Privacy

The way in which we collect, secure, hold, use and disclose personal and sensitive information (your information) is explained in the 'Your Privacy' section of the Product Disclosure Statement or Insurance Guide and in our privacy policies. These policies can be obtained online at www.tal.com.au/privacy-policy.

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 1300 209 088 or by email to customerservice@tal.com.au.

Medical Consent Authority 1

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

Application Reference Number

Name of life to be insured

Date of birth / /

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to TAL Life Limited (TAL), or to third parties it engages. I agree to all the following:

- My health information can be released in the form TAL asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- TAL can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while TAL is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally. If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Name

Signature

Date / /

Medical Consent Authority 2

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

Application Reference Number

Name of life to be insured

Date of birth / /

Authority 1 – to release any of my health information except the consultation notes held by my General Practitioner/Practice

With the exception of consultation notes held by any General Practitioner/Practice I have attended, I authorise any health provider, practitioner, practice, psychologist, dentist, allied health services provider or any hospital to access and release, in writing or verbally, any details of my health information to TAL Life Limited (TAL), or to third parties it engages. I agree to all the following:

- My health information can be released in the form TAL asks for, such as a general report, a report about a specific condition, my records in SafeScript, any hospital notes, or correspondence between health providers.
- TAL can collect, use, store and disclose my personal information (including sensitive information) in accordance with privacy laws and Australian Privacy Principles.
- This Authority is valid only while TAL is assessing my claim or application for cover, or is verifying disclosures I made in connection with the cover.
- A copy or transcript of this Authority will be valid and effective, and this Authority should be accepted as valid and effective where I have signed electronically or consented verbally. If you choose to withhold your consent to this authority, we may not be able to process your application for cover or a claim.

Name

Signature

Date / /

Step 11 Financial adviser details (if applicable)

Name of financial adviser:

Phone number:

Email address:

Step 12 Insurance opt-in election

We are required to cancel your insurance cover if no contributions have been received into your account for a period of 16 continuous months (inactive), unless you instruct us otherwise in writing.

I elect to maintain insurance cover held in respect of this account in the event my account becomes inactive.

I understand that insurance premiums for the insurance cover I have elected to retain will continue being charged to my account and I can request to cancel my insurance at any time. My cover will continue to be subject to the existing insurance terms and conditions.

Step 13 Privacy statement

Sandhurst

Sandhurst collects, uses, and discloses your personal information (including health and sensitive information) on behalf of TAL so that TAL may assess, verify and process your application and any claim made. If the information requested is not provided, your application for insurance or any insurance claim may not be processed.

Sandhurst and its agents may collect or disclose information relating to you or your application or any claim you may make to TAL, financial advisers, reinsurers, superannuation trustees, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers or claim investigators and other third party service providers.

Some of the organisations we disclose your personal information to may be located overseas. Where an organisation is located overseas we will either take reasonable steps to ensure that it complies with Australian privacy laws or we will seek your consent to the disclosure.

In most cases you can gain access to and seek correction of your personal information. Should you wish to do so, or if you have any queries about your information, please contact us on 1800 033 426.

If you have provided Sandhurst with information about another person, you undertake to advise them that:

- Sandhurst collects holds and uses the personal information for the purposes set out in this privacy statement
- their personal information may be disclosed to a third party
- they may access or correct any personal information held about them.

You should read Sandhurst's Privacy Policy which contains information about how you can gain access to and seek correction of your personal information, how you can complain about a breach of the privacy laws by Sandhurst and how Sandhurst will deal with a complaint. Sandhurst's Privacy Policy is available at www.sandhursttrustees.com.au or by telephoning 1800 033 426.

TAL

The way in which TAL collects, uses, discloses and secures your personal information is set out in their Privacy Policy which is available at www.tal.com.au/Privacy-Policy or free of charge on request. This document explains how you can gain access to and seek correction of your personal information and what to do if you have a privacy related complaint against TAL.

Collection and use of personal information

TAL collects personal information, including your name, age, gender, contact details, health information, salary, and employment information so that TAL may assess and administer insurance related matters. In certain circumstances TAL may be required to collect personal information of a sensitive nature such as lifestyle and medical history information.

TAL may take steps to verify the information it collects; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or TAL 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

TAL discloses relevant personal information to external organisations that help TAL provide services and may also disclose some of your personal information to other parties 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)
- For members of the Plan where TAL is the insurer, to Sandhurst, or administrator of the superannuation fund
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney
- If required or authorised to do so, regulatory bodies and government agencies
- Other insurers that have, or have had, an arrangement without superannuation fund, or to which your insurance is transferred by your superannuation fund
- Other organisations to whom TAL outsources certain functions such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants

There are situations where TAL may also disclose your personal information in circumstances where it is

- Required by law (such as to the Australian Tax Office), and
- Authorised by law (eg under Court Orders or Statutory Notices)

Access

Under current privacy legislation, you are generally entitled to access the personal information TAL holds about you. An access charge may apply, but not to the request itself. If you wish to access your personal information, TAL asks that you put this request in writing and send it to the following:

Bendigo SmartOptions
GPO Box 264
Melbourne VIC 3001
Email: superannuation@bendigobank.com.au

Changes to your personal information

TAL's goal is to ensure that the personal information it holds is complete, accurate and up to date. Please contact TAL via its Customer Care Centre, if there is any change to the details that you have previously provided to TAL, such as your postal or email address, telephone numbers, name or other contact details. Please also contact TAL if you believe that the information TAL has about you is not accurate, complete, or up to date.

Additional Information and further questions

Information regarding privacy rights is available at the website of the Office of the Privacy Commissioner at www.oaic.gov.au

If you have any questions or would like further information on the TAL privacy and information handling practices, please refer to the TAL Privacy Policy available at www.tal.com.au/Privacy-Policy

Step 14 Declaration

- I confirm that to the best of my knowledge and belief all the answers to the questions in this Application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I acknowledge I have read the current *Bendigo SmartOptions Super Product Disclosure Statement (PDS)* and the current *Bendigo SmartOptions Super Insurance Guide*.
- I acknowledge and agree that the information contained in the PDS is only a summary of the main terms and conditions of the insurance offered under the Plan and I agree that I can access the full terms and conditions governing the insurance arrangements by contacting Sandhurst's Client Services Team on 1800 033 426.
- I acknowledge that I have read the notice explaining my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.
- I have read and checked any answers not completed in my handwriting and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement which relate to me are true and correct and no information material to the assessment of this insurance has been withheld.
- I authorise and direct any medical or other practitioner to divulge at any time to TAL, Sandhurst, or any lawfully constituted tribunal any and all information concerning this application, including but not limited to my state of health and medical history, acquired in the course of professional attendance or consultation. A photocopy of this authority is as effective and valid as the original. To this extent, all professional confidence and privilege is waived.
- I understand that if this application is accepted, my cover will be subject to the terms and conditions of the Bendigo Superannuation Plan insurance policy.
- I acknowledge I'm electing to apply for insurance even if I'm under age 25 and/or my balance is less than \$6,000.
- I have read the privacy statement in Step 13 of this application, and consent to my personal information (including health and sensitive information) being collected, used or disclosed by Sandhurst or TAL or its external service providers / contractors as contemplated in this form, including collecting it from, or disclosing it to, any medical practitioner or third party as required to assess, verify or process my application or any claim I may make. This consent applies to any health and sensitive information Sandhurst or TAL collects on this form or future forms in relation to this insurance.

Full name of member

Signature of member Date / /

Please send completed forms to:

Bendigo SmartOptions Super
GPO Box 264
Melbourne VIC 3001

OR Email: superannuation@bendigobank.com.au