What to expect when applying for cover

YOUR GUIDE TO UNDERWRITING AT TAL

TAL is a leading Australian life insurer, and for 150 years has been protecting people, not things. Together with superannuation funds like yours, TAL protects over 4.5 million Australians with life insurance and disability benefits.

If you choose to apply for cover, we'll need to ask you some questions that will help us make a decision on your application based on your personal circumstances. This step of the insurance application process is called underwriting.

If you're looking to change your insurance, you have the option to reduce your benefit period, change your waiting period, reduce or even switch off your insurance cover.

Our approach to underwriting

Underwriting is the process where an insurer considers whether they're able to accept or decline an insurance application based on the information that you provide.

Trained insurance specialists called underwriters and secure technology systems enable us to accurately and efficiently review all the information in your application. We may also request further evidence from you, as well as any employers, doctors or accountants, to help us make a decision or consider whether any special conditions will apply to your application for cover.



Applying for cover

When you apply for cover, you'll need to complete an application that will involve a series of questions about your:

- · Occupation
- Income
- Health
- · Lifestyle.

It's important that you complete your application honestly and in full. When applying for insurance, there is a legal duty that you take reasonable care not to provide an answer that does not fairly reflect the truth. If you don't meet this duty, it can have serious impacts on your insurance, including a claim being declined or a benefit payment being reduced.

We want to make sure you have confidence in the outcomes we provide, so we'll will keep you and your superannuation fund informed and explain what's required every step of the way.



Assessing your application

Once we've received your completed application, we consider health and lifestyle factors to determine your risk profile and provide a decision that reflects this level of risk. These factors include:



PAST AND CURRENT HEALTH

Regular illnesses, injuries or an unhealthy lifestyle can present a higher level of risk for us and you.



FAMILY HISTORY

A history of serious illnesses or diseases in your family may place you in a higher risk category.



WORK AND PLAY

Certain occupations and hobbies such as motor sports or rock climbing are considered potentially hazardous.

To help with your application, we may need to speak to or request reports from your doctor or other health providers you've seen. We'll only do so with your consent. Sometimes you may also be asked to have a medical assessment depending on the cover you're applying for, or based on the health and lifestyle responses in your application. If this is the case, we will cover some of the costs, however it's a good idea to check about your own situation. Where we need you to be assessed by an Independent Service Provider, we cover the cost of the appointment (excluding the costs of any missed appointment fees). We will also cover the costs of the production of any reports and we may support extraordinary travel costs, but it's important to check in advance.



Communicating decisions about your application

We strive to be transparent in how we communicate the outcomes of decisions with you. To ensure we make fair decisions, we'll review your application alongside any other information that's requested.

There are some things that could prevent your application for cover from being accepted, or we may apply special conditions such as an exclusion. For example, rather than declining your application for cover due to a particular health condition you have or a pastime you enjoy, we could apply an exclusion that's specific to them. This means you wouldn't be able to claim for an accident or illness that relates to the specific condition or pastime that we've excluded. Where a special condition has been applied to your cover it will be confirmed with you.

If we've relied on medical evidence to make our decision and you would like a copy, we'll provide this directly to you or your doctor within 10 business days of receiving your request.



Reviewing our decisions

In all cases, if you disagree with our assessment, you can ask us to review our decision or provide more information to us. We also understand, like many things in life, that people's health, lifestyle, finances and career can change over time. You may also be able to reapply for cover where we previously declined your application.

As a member of the Financial Services Council (FSC), we are committed to fulfilling the Life Insurance Code of Practice. This code sets out the minimum standards or all life insurers. You can find out more about the FSC and the Code at **www.fsc.org.au**.

Your steps to apply for cover



Complete your application

Provide us with your details by completing an application form and sending it to the details listed for your superannuation fund.

If you need help when applying for cover, you can contact TAL's Member Services team on **1300 302 961**.

Assessing your application Further underwriting required We'll let you know what further information we need to finalise our decision. Application accepted Application declined If we can't offer you cover now, we'll let you know the reasons behind our decision, and whether you can reapply at a later date. **Your cover** is confirmed

FOR MORE INFORMATION YOU CAN GET IN TOUCH WITH YOUR SUPERANNUATION FUND. OR CONTACT TAL ABOUT YOUR APPLICATION:



1300 302 961



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