

Member's Personal Statement - short form

ONLY TO BE USED FOR SUMS INSURED LESS THAN \$500,000

Policy number	<input type="text"/>
Member number	<input type="text"/>
Plan administrator	<input type="text"/>

Office use

YOUR DUTY OF DISCLOSURE

Before TAL Life Limited (TAL) advises acceptance of cover on your life, you have a duty under the Insurance Contracts Act 1984 to inform TAL of every matter that you know, or could reasonably be expected to know, which may affect TAL's decision to insure you or the terms of that insurance cover. You have the same duty to inform TAL before cover is varied, extended or reinstated. This duty of disclosure does not apply to anything that reduces TAL's risk, that is common knowledge that TAL should know in the ordinary course of business or that TAL does not require you to disclose. Your duty of disclosure applies even after this Personal Statement is completed until TAL advises acceptance of the cover.

If you do not disclose relevant matters and TAL would not have granted cover at all, TAL may cancel cover within three years of granting it. If your non-disclosure was fraudulent, TAL may cancel cover at any time. If TAL is entitled to cancel the insurance cover or increase the insurance cover, it may within the first three years adjust the sum insured based on the premium charged, to the amount that would have applied had full disclosure been made.

All questions on this Personal Statement 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.

1. PERSONAL DETAILS AND INSURANCE HISTORY

(Please print answers clearly)

Telstra Super Member Number	<input type="text"/>		
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other	<input type="text"/>	
Surname	<input type="text"/>	Given names	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	(DD/MM/YYYY)	
<input type="checkbox"/> Self employed	<input type="checkbox"/> Employee full-time OR <input type="checkbox"/> Employee part-time	<input type="text"/> hours p/week	<input type="text"/> weeks p/a
Occupation	<input type="text"/>	Industry	<input type="text"/>
Duties performed	<input type="text"/>		

Has Life, Disability, Accident & Sickness or Superannuation cover on your life ever been declined, deferred by or withdrawn from any insurance company or accepted with a loading or exclusion? Yes No

If yes, please provide full details below.

Name of company	Cover type	Sum insured	Date of application	Accepted	Loaded	Exclusion	Declined	To be replaced?			
								Yes	No		
		\$	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		\$	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
		\$	/ /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Insurance is provided by TAL Life Limited, ABN 70 050 109 450 AFSL 237848 to Telstra Super Pty Ltd, ABN 86 007 422 522 AFSL 236709 as trustee of Telstra Superannuation Scheme (Telstra Super) ABN 85 502 108 833.

2. HABITS AND ACTIVITIES

1. Do you drink alcohol? Yes No
If yes, how much alcohol do you drink weekly.
2. Have you smoked in the past 12 months? Yes No
If yes, state form and daily quantity.
3. Do you currently engage, or do you intend to engage in any of the following:
- Aviation other than as a fare paying passenger? Yes No
 - Skydiving, parachuting or hang-gliding? Yes No
 - Motor sports, scuba diving, rock climbing, mountaineering or caving? Yes No
 - Any other hazardous activity? Yes No
- For each 'Yes' answer, please provide details on a separate sheet of paper listing the activity, frequency and location of the activity.**
4. Are you an Australian or New Zealand Resident, or do you hold an Australian Permanent Resident's Visa? Yes No
Please note, you are ONLY eligible for this cover if you are a permanent resident of Australia or New Zealand.

3. MEDICAL STATEMENT

1. Please state your: Height (cm) Weight (kg)
2. Have you EVER had, been advised that you had, or received advice or treatment for any of the following:
- A. Chest pain, high blood pressure, raised cholesterol, stroke or circulatory disorder? Yes No
 - B. Diabetes, hepatitis or any other kidney, liver or gall bladder disease? Yes No
 - C. Asthma, bronchitis or other lung complaint? Yes No
 - D. Back, neck or knee complaint or any disorder of the joints, bones or muscles (e.g. gout, arthritis)? Yes No
 - E. Depression, anxiety, stress, mental or nervous condition or chronic fatigue? Yes No
 - F. Cancer, tumour, melanoma, sunspots, mole or growth of any kind? Yes No
3. Other than listed in Section 3.2, A – F, have you in the last three years had any examination, blood test, X-ray or ECG? Yes No
4. Other than listed in Section 3.2, A – F above, in the last three years have you sought medical advice or treatment from a doctor or other health professional, or taken any regular prescribed medication other than for colds or flu? Yes No
- For each 'Yes' answer above, please provide details in the General Medical Questionnaire at Section 4.**
5. Has your mother, father, or any sister or brother passed away prior to age 65 due to heart disease, kidney disease, Huntington's Disease, cancer or any other hereditary disease? Yes No
- If 'yes', please provide details on a separate sheet of paper with the following information: relationship, medical condition, age condition began and age of death?**

4. GENERAL MEDICAL QUESTIONNAIRE

Please provide details for all Yes answers in section 3 questions 2, 3 and 4. Please complete on a separate sheet if required.

Question No.	Q.	Q.	Q.	Q.
Specific Condition				
A. Date symptoms first started and description of symptoms?				
B. What was the condition and which part and side of the body was affected?				
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 or symptoms?				
F. How long were you unable to work or perform your normal duties/activities?				
G. If a hospital visit was required, please provide 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.				

5. LIFESTYLE DECLARATION

I hereby declare that all of the following statements are true:

- I have not been infected with HIV (the virus that can lead to AIDS) nor am I carrying antibodies to HIV.
- I have not sought, nor am I expected to receive, treatment for AIDS or an AIDS related condition.
- I do not engage in any activities which would be reasonably accepted as increasing my risk to contracting the AIDS virus.

I am ABLE to declare that all these statements are true

I am UNABLE to declare that all these statements are true

6. PRIVACY DISCLOSURE

Personal information is collected from or in respect of you to enable the insurer to provide or arrange for the provision of the product or service requested. Further personal information may be requested from you at a later time, such as if you want to make alterations to the policy or at claim time. If you do not supply the required information, we may not be able to provide the product or service requested or pay the claim.

In processing and administering your insurance (including health information) we may disclose your personal information (excluding health information) to a number of parties or such organisations to whom we outsource our mailing and information technology, the Insurance Reference Service, Government regulatory bodies, and other companies within the TAL group and accountants (if applicable).

We may also disclose your personal information (including health information) to other bodies such as the reinsurer, your adviser, health professionals, investigators, the administrator, the trustee of any superannuation fund through which the policy is effected, external complaints resolution bodies and as required by law. By signing the Application Form you are agreeing to our collection, use and disclosure of your personal information.

We should also like to provide you with information about our other products and services that we or other companies within the TAL group offer. To do so we need to disclose personal information (excluding health information) to companies within the TAL group, authorised TAL advisers or financial planners and the distributors and suppliers who are commissioned by us to perform certain tasks such as market research.

If you do not want to be informed of other products or services, please notify our Customer Service Centre on 1800 101 014.

You may also be entitled to gain access to personal information we may have on file in respect of you. If you have any questions regarding your privacy or would like to obtain a copy of our Privacy Policy please contact our Privacy Officer on 1300 209 088.

The TAL Privacy Policy is also available at www.tal.com.au or additional information regarding privacy rights is available at www.oaic.gov.au, the website of the Office of the Privacy Commissioner.

7. MEMBER'S DECLARATION

I agree that this Personal Statement and any other medical evidence obtained shall be the basis on which TAL grants cover on my life under the relevant Group Insurance contract. I understand that all questions asked on this Personal Statement are relevant to TAL's decision whether to accept the risk and, if so, on what terms. I also understand that I must advise TAL of any change in my health between now and when TAL actually accepts the cover being sought.

I hereby declare that I have read and understood the general nature and effect of a Member's duty of disclosure, shown on the front page of this form.

I further declare that all the answers shown on this Personal Statement are true and that I have not withheld any information which might be material to TAL accepting cover on my life. To the extent that any answers are not in my own handwriting, they have been checked by me and I certify that they are correct.

I/We have read and understood the Privacy Disclosure Statement in the Personal Statement which sets out important details of how TAL may use my information.

I request and/or consent to the Policy owner effecting the insurance on my life to which this statement relates.

I understand that cover to which this Personal Statement relates will not commence until TAL accepts in writing my application for insurance on standard terms or I accept in writing any non-standard terms offered to me and TAL receives a sufficient contribution to meet the required premium.

Full name of Member

Signature of Member

Date

8. MEDICAL AUTHORITY

I agree that any Medical Practitioner or any other person who has been or may hereafter be consulted by me whether named by me or not will be hereby authorised and directed by me to divulge to TAL Life Limited or any legal tribunal all medical or surgical information he/she may have acquired with regard to myself. A copy of this authorisation shall be considered as effective and valid as the original.

Full name of member

Signature of member

Date

Return the completed Application to: **Insured Benefits Group, Telstra Super Pty Ltd, PO Box 14309, Melbourne VIC 8001**
Fax: (03) 9653 6060