Life Insurance

Joint or Other Musculoskeletal Condition Questionnaire

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Please complete the questionnaire and return to TAL.

1. YOUR 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.

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 the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

Guidance for answering the questions in this form

When answering the questions in this form, 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, the Insurer may ask you whether the information that has been given as part of your application for insurance remains 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 or the Insurer know about any changes when they happen.

If you need help

It's important that you understand your obligations and the questions asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

2. PRIVACY

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at http://www.tal.com.au/Privacy-Policy or free of charge on request to TAL by telephoning 1800 666 136.

Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

2. PRIVACY (continued)

Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, 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);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

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

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

3. PERSONAL DETAILS

Reference number

Name of life to be insured

Date of birth DD / MM / YYYY

4. QUESTIONNAIRE

1. Please advise the diagnosis or nature of your joint or musculoskeletal condition.

- ☐ Dislocation
- ☐ Fracture
- ☐ Ligament - Tear, Strain or Rupture
- ☐ Tendon - Tear, Strain or Rupture
- ☐ Total Reconstruction / Replacement
- ☐ Muscle - Tear or Strain
- ☐ Cartilage - Tear
- ☐ Tendonitis / Tenosynovitis
- ☐ Carpal Tunnel Syndrome
- ☐ RSI (Repetitive Strain Injury)
- ☐ Other → Please provide details

2. When did you first become aware of this condition?

3. What was the cause of this condition?

4. QUESTIONNAIRE (continued)

4. Please describe the symptoms experienced in relation to this condition (e.g. pain, numbness, weakness).

5. Where have you experienced these symptoms?

LOCATION	SIDE AFFECTED
☐ Ankle including Achilles tendon	☐ Left ☐ Right ☐ Both
☐ Arm	☐ Left ☐ Right ☐ Both
☐ Back or neck	☐ Neck ☐ Upper (Cervical) ☐ Middle (Thoracic) ☐ Lower (Lumbo-sacral)
☐ Elbow	☐ Left ☐ Right ☐ Both
☐ Finger	☐ Left ☐ Right ☐ Both
☐ Foot	☐ Left ☐ Right ☐ Both
☐ Hand	☐ Left ☐ Right ☐ Both
☐ Hip	☐ Left ☐ Right ☐ Both
☐ Knee	☐ Left ☐ Right ☐ Both
☐ Leg	☐ Left ☐ Right ☐ Both
☐ Rib	☐ Left ☐ Right ☐ Both
☐ Shoulder including collar bone	☐ Left ☐ Right ☐ Both
☐ Toe	☐ Left ☐ Right ☐ Both
☐ Wrist	☐ Left ☐ Right ☐ Both

6. Please indicate the severity of symptoms experienced on a scale of 1 to 10 where 10 is most severe.

7. How often have you experienced symptoms (e.g. daily, monthly, once only)?

8. How long have symptoms usually lasted (e.g. 1 hour, 1 day, ongoing)?

9. Was there anything that helped ease the symptoms (e.g. rest, cold or heat, walking)?

☐ No ☐ Yes → Please provide details.

10. When did you last experience symptoms?

4. QUESTIONNAIRE (continued)

11. Were symptoms triggered by anything (e.g. manual work, sport, running etc)?

☐ No ☐ Yes → Please provide details.

12. How have these symptoms impacted your daily functioning?

13. Have you had a test or investigation in relation to this condition?

☐ No ☐ Yes → Please provide details.

	TEST 1	TEST 2	TEST 3
a) Type of test or investigation (e.g. x-ray, CT scan, ultrasound, MRI etc)			
b) First done (date – month and year)			
c) How often required (e.g. once only, monthly, annually etc)			
d) Last done (if more than once) (date – month and year)			
e) Result/s			
f) Who has a copy of this test result (doctor or hospital name, myself)			

4. QUESTIONNAIRE (continued)

14. Have you had any treatment in relation to this condition?

☐ No ☐ Yes → Please provide details.

	TREATMENT 1	TREATMENT 2	TREATMENT 3
a) Treatment type (e.g. medication, surgery, physiotherapy etc)			
b) Treatment details (e.g. name of medication used, dosage, type of surgery etc)			
c) First used (date – month and year)			
d) How often required (e.g. daily, once, monthly etc)			
e) Last used (date – month and year)			
f) Any change in treatment in last 12 months?			

15. Has any other treatment or investigation been discussed or considered?

☐ No ☐ Yes → Please provide details.

16. Have you ever had a complication related to this condition e.g. restrictions in normal range of movement, anxiety, muscle weakness, depression, fatigue, weight loss or gain?

☐ No ☐ Yes → Please provide details.

17. Has this condition ever affected your ability to perform your usual work duties?

☐ No ☐ Yes → Please provide details including dates of time off work and details of any light or modified duties or hours worked.

4. QUESTIONNAIRE (continued)

18. Is this a condition that you have fully recovered from and will no longer need further consultation with a doctor or a health practitioner?

☐ Yes → How long you have been fully recovered?

☐ No → What is your degree of recovery and future treatment plan?

19. Please supply the name and address of all doctors, health practitioners or hospitals consulted for this condition.

NAME OF DOCTOR, HEALTH PRACTITIONER OR HOSPITAL	WHEN LAST CONSULTED FOR THIS CONDITION?	ADDRESS
	DD / MM / YYYY	
	DD / MM / YYYY	
	DD / MM / YYYY	

20. Please provide any other information you think will be helpful to us in assessing your application.

5. DECLARATION

I have read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance. I confirm that my answers to the questions are true, complete and correct. I agree that this Declaration shall be held to form part of my application for insurance made to TAL, as the Insurer.

Signature of life to be insured ✗

Date DD / MM / YYYY

SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited
GPO Box 5380
Sydney NSW 2001

CONTACTING TAL

groupriskadmin@tal.com.au
1800 666 136
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tal.com.au

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