

# APPLICATION FOR ALTERATION TO NON-SMOKING PREMIUM RATES

## Policy Owner details

Your policy number

Name of insured person

## 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 to vary your policy is accepted, the policy will be treated as a consumer insurance contract to the extent of the variation.

### 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.

### 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, please check every answer (and if necessary, make any corrections) before the application is submitted.

### If you need help

It's important that you understand this information and the questions we ask. Ask us 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. Have you smoked tobacco or any other substance in the last 12 months? Yes  No

Have you given up smoking due to medical advice as a result of an illness or other health issues related to the use of tobacco and/or other substances? e.g. emphysema or other breathing problems, heart attack, heart disease, vascular disease, stroke or cancer? Yes  No

2. To help us process your application, we may need to contact you. Please let us know the most convenient time and place:

At home  At work  Days  Convenient times From  to

### Declaration

I understand I have a duty to take reasonable care not to make a misrepresentation to the insurer before entering into a contract of insurance, and extending or making changes to existing insurance. I also understand that if this duty is not met it can have serious impacts on my insurance.

I 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 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 own handwriting they have been checked by me and I certify that they are correct to the best of my knowledge.

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

I have read and understood the TAL Life privacy statement (available at [www.tal.com.au/privacy-policy](http://www.tal.com.au/privacy-policy)). I consent to TAL Life using my personal information for the purposes outlined in that privacy statement and to TAL Life disclosing my personal information to (and obtaining information from) other parties including the parties mentioned in that statement, for the disclosed purposes.

Signature of the Policy Owner/Person to be insured

Date

Please return this form to Life Customer Service:

- Fax to: 1300 766 833
- Email to: [customerservice@giolifeinsurance.com.au](mailto:customerservice@giolifeinsurance.com.au)
- Mail to: GPO Box 68, Sydney NSW 2001

If you have any queries please call us on 1800 604 946.