

Use this form to make any of these changes to your insurance cover:

- Cancel your cover
- Apply for cover
- Increase or decrease the amount of cover you have
- Change your cover design
- Change your Income Protection benefit payment period and/or waiting period
- Change your individual work rating

Before you change your cover:



- Check your latest statement or log into your account to see the type(s) and amount(s) of cover you have.
- Read the *Insurance in your super* guide. It contains the important information about insurance cover, including what it will cost, your eligibility for cover, how much you can apply for, when cover starts and stops, active employment and any limitations and exclusions. Download a copy at australiansuper.com/InsuranceGuide
- Use our insurance calculator at australiansuper.com/InsuranceCalculator to work out how much cover you might need (if any) and what it might cost.
- Check if you may be eligible to apply for a different individual work rating by answering a few questions at australiansuper.com/WorkRatingTool
- Consider getting financial advice. As an AustralianSuper member, you have access to a choice of help and advice options from simple, personal advice over the phone, to more comprehensive, broader advice with a financial adviser¹. Go to australiansuper.com/advice for more information.
- Read the Duty to take reasonable care statement in section 3.1.

AustralianSuper insurance is provided by TAL Life Limited (the Insurer), ABN 70 050 109 450, AFSL 237848. Your application is subject to consideration by the Insurer unless you're cancelling or reducing cover you pay for. Go to australiansuper.com/ChangingCover to understand how the Insurer considers your application.

If you want to:	Complete section(s)	
Cancel all or part of your cover	2. Cancel your cover	<input type="checkbox"/>
Apply for new cover or increase your cover amount(s)	3.1 Duty to take reasonable care 3.2 Your salary and occupation details 4. Death and Total & Permanent Disablement (TPD) cover 5. Income Protection 7. Health questions You may need to complete the Detailed Health Statement. See the checklist in PART TWO (page 8) of this form.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Decrease your cover amount or change your cover design from age-based to fixed cover (same amount(s))	4. Death and Total & Permanent Disablement (TPD) cover 5. Income Protection	<input type="checkbox"/> <input type="checkbox"/>
Apply to change your individual work rating	3.1 Duty to take reasonable care 3.2 Your salary and occupation details 6. Change your individual work rating	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Change your Income Protection: • benefit payment period • waiting period	3.2 Your salary and occupation details 5.1 Benefit payment period and waiting period 7. Health questions. Please complete section 7 if you're: • applying for a benefit payment period up to five years or up to age 65, or • aged 63 or 64 and reducing your benefit payment period to up to two years (which means you're extending your cover to age 70). You may need to complete the Detailed Health Statement. See the checklist in PART TWO (page 8) of this form.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

For all changes, you must:



- Provide your personal details in section 1.
- Sign and date the Authorisation, declaration and acknowledgement in section 14.

¹ Personal financial product advice is provided under the Australian Financial Services Licence held by a third party and not by AustralianSuper Pty Ltd. Some personal advice may attract a fee, which would be outlined before any work is completed and is subject to your agreement. With your approval, the fee for advice relating to your AustralianSuper account may be deducted from your super account subject to eligibility criteria.

3 Apply to start or change your cover

3.1 Duty to take reasonable care

The duty to take reasonable care

When you apply for insurance, you are treated as if you are applying for cover under an individual consumer insurance contract. A person who applies for cover under a consumer insurance contract has 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, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Under the Insurance Contracts Act 1984 (Cth) there are a number of different remedies that may be available to the Insurer. They are intended to put the Insurer in the position it would have been in if the duty had been met. For example, the Insurer may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether the Insurer can exercise one of these remedies depends on a number of factors, including:

- whether reasonable care was taken not to make a misrepresentation. This depends on all of the relevant circumstances;
- what the Insurer would have done if the duty had been met – for example, whether it would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before any of these remedies are exercised, the Insurer will explain the reasons for its decision, how to respond and provide further information, and what you can do if you disagree.

Guidance for answering the questions in this form

You are responsible for the information provided to the Insurer. When answering 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 (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

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.

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 that are being asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

Please also let us know if you're having difficulty due to a disability, understanding English or for any other reason – we're here to help and can provide additional support.

3.2 Your salary and occupation details

Provide your salary if you want to apply for new or more cover.

Annual (before-tax) salary, excluding Superannuation Guarantee (SG) contributions¹ \$, , .

(If you're not currently in paid employment, please write \$0)

Provide your occupation if you want to apply for a benefit payment period up to five years or to age 65.

Main occupation/Job title

(If you're not currently in paid employment, please write Unemployed person, Student, Retiree or Home Duties as appropriate)

How many hours do you work in a typical week?

If you're not currently in paid employment, write 0.

hours a week

¹ If you own a business or aren't an employee, see what salary means for you in the *Insurance in your super* guide.

4 Death and Total & Permanent Disablement (TPD) cover

Complete this section to apply for new cover or change your existing cover (increase or decrease). AustralianSuper will only make changes to each type of cover you change on this form.

You can:

- a) apply for age-based cover
- b) apply for or change your extra (fixed) cover
- c) apply for or change your fixed cover (includes switching your age-based cover to fixed cover), or
- d) remove multiples of cover (see the *Insurance in your super* guide for details about multiples and how much cover you'll get).

Cover designs		Type of cover available	
		Death and TPD	Income Protection
Age-based cover	Both the amount of cover you get and the cost of it changes as you get older. Check the <i>Insurance in your super</i> guide for age-based cover amounts.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fixed cover	Your total amount of cover stays the same as you get older (unless you change it) but the cost will change.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Age-based cover + extra (fixed) cover	You'll have a combination of age-based cover plus an extra amount of fixed cover.	<input checked="" type="checkbox"/>	n/a

Any changes to your Death and/or TPD cover will commence if you're eligible once your application is accepted. You must be 25 or older for age-based cover to start. If the Insurer accepts your application, any individual conditions (other than premium loadings), exclusions or restrictions that applied to your cover will continue to apply. Any cover that's limited cover will continue to be limited cover for the rest of the limited cover period.

Print (X) to confirm what you want. There's no limit on the amount of Death cover you can apply for and for TPD the limit is \$3 million.

Cover options	Type of cover	Cover in \$1,000 amounts	
a) Age-based cover	<input type="checkbox"/> Age-based Death <input type="checkbox"/> Age-based TPD	Your cover amount will be based on your age. Age-based Death and TPD cover will start if you're 25 or older (once you're eligible).	
b) Fixed cover only Use this option to convert age-based cover (including multiples of age-based cover) to fixed cover	<input type="checkbox"/> Fixed Death <input type="checkbox"/> Fixed TPD ¹	\$ <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"/>	Write the amount you want (this could be more or less than what you already have). This amount will replace any age-based cover you have. If you just want to add extra (fixed) cover to your age-based cover, fill in section (c).
c) Extra (fixed) cover	<input type="checkbox"/> Extra Death <input type="checkbox"/> Extra TPD ¹	\$ <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"/>	Write the amount you want (this could be more or less than what you already have). This amount will be added to your age-based cover. If you don't want any age-based cover, fill in section (b) instead.
d) Remove my multiple	<input type="checkbox"/> Death <input type="checkbox"/> TPD	If your multiple is greater than 1.0, your age-based cover will reduce to the basic cover amount and any extra (fixed) cover you have will stay the same. If it's less than 1.0, your total cover amount (and any extra cover you have) will be fixed ¹ .	

¹ Each year from age 61 to age 65, your fixed TPD cover amount will gradually reduce to zero in equal amounts. If you're 60 or older when you make a change to your TPD cover amount, the cover amount you apply for may be rounded up so that your fixed TPD cover amount can be reduced in equal amounts to zero. We'll confirm your cover amount in writing if this happens.



You may need to complete the Health questions. Go to section 7 to check.

5 Income Protection

Complete this section to apply for new cover or change to fixed Income Protection. AustralianSuper will only make changes to each type of cover you change on this form.

Any changes to your Income Protection will commence if you're eligible once your application is accepted. You must be 25 or older for age-based cover to start.

If the Insurer accepts your application, any individual conditions (other than premium loadings), exclusions or restrictions that applied to your cover will continue to apply. Any cover that's limited cover will continue to be limited cover for the rest of the limited cover period.

If you're not in paid employment, your application for Income Protection may be declined. Any declined applications may affect your ability to apply for cover in the future.

The amount of Income Protection you can apply for is limited to 85% of your salary. Salary is your annual (before-tax) salary earned from your regular job(s), excluding Superannuation Guarantee (SG) contributions. Salary may be different if you own a business or aren't an employee.

If you're eligible, benefit payments will be based on your pre-disability income and other factors. Benefit payments can't be greater than 85% of your pre-disability income (up to 75% is paid to you and up to 10% to your super) and they may be reduced by income you receive from other sources.

For more information, see the *Insurance in your super* guide.



Here's an example to help you work out the maximum amount of Income Protection you can apply for.

Ben earns \$78,000 a year (before-tax), excluding Superannuation Guarantee (SG) contributions. The maximum cover amount he can apply for is:

$$\frac{\$78,000 \times 0.85}{12 \text{ (months)}} = \$5,525 \text{ a month}$$

Ben can apply for up to \$5,600 of Income Protection a month (rounded up to the nearest \$100).

Print (X) below to confirm what you want.

Cover options	Cover in \$100 amounts
<input checked="" type="checkbox"/> Age-based Income Protection	Your cover amount will be based on your age.
OR	
<input checked="" type="checkbox"/> Fixed Income Protection (or convert age-based Income Protection to fixed Income Protection)	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> a month Write the amount you want (this could be more or less than what you already have). This amount will replace any age-based cover you have.



You may need to complete the health questions. Go to section 7 to check.

5.1 Benefit payment period and waiting period

Complete this section to choose or change your benefit payment period and/or waiting period.

The cost of your cover will depend on your benefit payment period and waiting period (as well as your individual work rating). For more information and the different costs download the *Insurance in your super* guide at australiansuper.com/InsuranceGuide

Print (X) below to confirm what you want.

Benefit payment period	This is the maximum length of time that payments may be made if you're unable to work due to illness or injury. Depending on your occupation ¹ you can apply for a benefit payment period up to five years or up to age 65. A longer benefit payment period will cost more. If you're applying for Income Protection and you don't make a choice, your benefit payment period will be up to two years.	<input type="checkbox"/> Up to two years <input type="checkbox"/> Up to five years <input type="checkbox"/> Up to age 65
Waiting period	This is the minimum time you must wait before you'll start receiving an Income Protection benefit payment (as long as you're eligible). Payments are made one month in arrears. If you're applying for Income Protection your waiting period will be 60 days. You can change your waiting period to 30 days. A shorter waiting period will cost more. Your new waiting period is effective from the date we accept your application plus the number of days of your current waiting period. For example, if you change your waiting period from 60 days to 30 days and then you claim within 30 days of making the change, you'll need to complete a 60-day waiting period.	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days



You may need to complete the health questions. Go to section 7 to check.

¹ There are some occupations where you can't have a benefit period up to five years or up to age 65. These occupations are listed at australiansuper.com/occupations

6 Change your individual work rating

A work rating classifies the usual activities of your job into one of three ratings: Blue Collar, White Collar or Professional. Your work rating is one of the factors that determines how much you pay for your insurance cover.

Insurance cover with a Blue Collar work rating is the most expensive. You could pay less for your insurance cover if your work is rated as White Collar or Professional.

Complete the questions below.

- Are the usual activities of your main job 'white collar'? Yes No
This means:
 - you spend more than 80% of your job doing clerical or administrative activities in an office-based environment, or
 - you're a professional using your university qualifications in a job that has no unusual work hazards (some examples of unusual work hazards include: working underground, working underwater, working at heights or working in the air).
- Do you earn \$100,000 or more a year (excluding Superannuation Guarantee (SG) contributions) from your job(s)? Yes No
This amount is pro rata for part-time employment (for example, if you work part-time 4 days a week and earn \$96,000 a year, your pro rata/full time equivalent is \$120,000).
- Do you have a university qualification? Yes No
- Do you have a management role in your company? Yes No

7 Health questions



You don't need to complete health questions if your cover amount is decreasing, your cover amount is unchanged (for example, you switch from age-based to fixed cover), or you're only changing your Income Protection waiting period. To complete your application, go to section 14 to read, sign and date the Authorisation, declaration and acknowledgement.

Complete this section if you're:

- applying for new cover (age-based cover or fixed cover)
- applying to increase your cover amount
- applying for an Income Protection benefit payment period up to five years or up to age 65, or
- aged 63 or 64 and reducing your Income Protection benefit payment period to up to two years (which means you're extending your cover to age 70).

7 Health questions (continued)

1. 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? If **Yes** please provide details below. Yes No

Insurance company name	Date	Terms offered and reason

2. Are you claiming or have you ever claimed a benefit from any source (e.g. Total & Permanent Disablement benefit from any Superannuation Fund, Workers' Compensation, Disability pension, Veterans' Affairs or any other insurance policy providing accident or illness benefits)? If **Yes** please provide details below. Yes No

Benefit type/source/reason for claim

Claim Date

Claim amount

\$, ,

Date claim finalised

Benefit type/source/reason for claim

Claim Date

Claim amount

\$, ,

Date claim finalised

3. What's your height and current weight (please answer as accurately as possible)? Height (cm) Weight (kg)
4. 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 a week), even if your actual employment is on a part-time or casual basis? Yes No
5. 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 and treatment for hay fever, hair loss and acne)? Yes No
6. Have you been unable to work because of injury or illness (excluding pregnancy) for more than two consecutive weeks in the last three years? Yes No
7. 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? Yes No
- b) Stroke, paralysis, epilepsy, multiple sclerosis or any blood or neurological condition? Yes No
- c) Diabetes, hepatitis, or any condition of the thyroid, liver, kidneys, prostate or urinary bladder? Yes No
- d) Asthma, sleep apnoea, respiratory or any other lung condition (other than the common cold)? Yes No
- 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? Yes No
- f) Depression, anxiety, chronic tiredness or fatigue, panic attacks, post-traumatic stress, or any other behavioural, mental or nervous condition? Yes No
- g) Cancer, tumour, melanoma, sun spot, mole or malignant growth of any kind? Yes No
- h) Drug dependence or abuse (either prescribed or non-prescribed), or alcohol dependence or abuse? Yes No
- 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)? Yes No
- 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? Yes No
8. Have you been infected with the Human Immunodeficiency Virus (HIV) or tested positive for Acquired Immune Deficiency Syndrome (AIDS)? Yes No
9. **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? Yes No

Part Two: Detailed Health Statement

Complete this section if you answer **Yes** to any of the questions below:

- Will your total Death or TPD cover exceed \$800,000 if this application¹ is accepted? Yes No
- Will your total Income Protection exceed \$10,000 a month if this application is accepted? Yes No
- Are you applying for an Income Protection benefit payment period up to five years or up to age 65? Yes No
- Have you answered **Yes** to any of the questions in section 7 (Q1 to Q9)? Yes No

If you answer **No** to all of the above questions, please read, then sign and date the Authorisation, declaration and acknowledgement in section 14.

¹ The Insurer may require medical evidence based on your age, amount of cover or health history. This may involve a medical exam or test which the Insurer will pay for.

8 Activities and pastime details

Do you currently engage in or intend to engage in any pastime and/or sport that may increase the likelihood of injury or illness compared to others not involved in such activity(ies)? For example:

- Underwater diving
- Football, rugby, soccer
- Horse, equestrian sports
- Martial arts, combat sports
- Competitive road cycling, mountain bike riding
- Mountaineering, outdoor rock climbing or abseiling
- Hang gliding, paragliding, skydiving, parachuting
- Competitive surfing, water or snow skiing, boarding
- Motor sports (excluding using motorcycle, vehicle for commuting purpose)
- Flying as a pilot, crew or passenger in an aircraft, vessel (other than travel with a major commercial airline).

If **Yes**, provide further details below:

What are the activities you engage in?

At what level do you participate?

- Recreational only (non-competition) Recreational with competition Semi-professional/professional

Number of times you participate on average in these activities a year (for example hours flown, number of drives, events)

Do you receive any income from participating in these activities?

Yes No

Maximum depth (metres) or speed (kms) reached (if applicable)

9 Personal health details

1. Have you smoked, vaped, used tobacco or nicotine replacement products in the last 12 months? Yes No

If **No**, go to question 2.

- 1.1 Have you smoked cigarettes? Yes No

1.1.1 If **Yes**, how many cigarettes do you smoke per day?

- 1.2 Have you vaped or smoked cigar or pipe tobacco or used any nicotine products? Yes No

- 1.3 Have you smoked or vaped another substance? Yes No

1.3.1 If **Yes**, please advise substance smoked, frequency of use, date first smoked and date last smoked.

Substance smoked	Frequency	Date first smoked	Date last smoked
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

2. In the last five years have you smoked or vaped any substance other than tobacco or nicotine products? Yes No

If **Yes**, please advise substances smoked, frequency of use, date first smoked and date last smoked.

Substance smoked	Frequency	Date first smoked	Date last smoked
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

3. Do you drink alcohol? Yes No

If **Yes**, please provide the maximum number of standard drinks you would consume on any given day (please round to the nearest whole number and if between 0 and 1 units, please write 1) (one standard drink is: a nip of spirits, a glass (150ml) of wine, a pot (285ml) of beer)

10 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 65: 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?

Unknown No - go to section 11 Yes - complete the following table

Relationship to member	Condition (e.g. Type 2 diabetes, breast cancer)	Approximate age of onset	Age at death (if applicable)

11 Doctor details

1. What's the name and address of the last doctor or medical centre you visited?

Full name of doctor or medical centre

Street address

Suburb

State

Postcode

Telephone

Fax number

2. a) What was the date of your last consultation?

Within the last month

7-12 months ago

1-3 months ago

12 months to 2 years ago

4-6 months ago

Over 2 years ago

b) What was the reason for your consultation? (Please specify a reason for the consultation)

c) What was the result/outcome from your last consultation?

Referral to specialist/health professional

Ongoing treatment (for example, ventolin inhaler)

Tests conducted - results pending

Routine tests conducted - results all clear/normal

Not fully recovered yet

All clear/normal/full recovery - no tests or prescribed treatment required (other than contraceptive and cold/flu medication)

3. Is the doctor/medical centre mentioned above your usual doctor/medical centre?

Yes No

12 General health questionnaire

If you have answered **Yes** to Questions 4 to 9 in **section 7**, please complete the table below.
Please ensure you write the question number in the box above each column.

	Question number <input type="text"/>	Question number <input type="text"/>	Question number <input type="text"/>
1. Name of condition			
2. Date symptoms first started	<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"/>	<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"/>
3. Date symptoms ceased (if ongoing please state)	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	<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"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
4. How often do/did you have symptoms? Please choose one of the following daily, weekly, monthly, quarterly, half-yearly, yearly, one-off, other.			
5. Severity of condition Please choose from one of the following mild, moderate, severe, never had symptoms, symptoms ceased.			
6. Did you take medication or have you had any other treatment (ie physiotherapy or an operation) for this condition? If Yes , name the treatment/condition:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are you still on treatment, including medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Have you ever been off work due to this condition? Details (if there is insufficient space please attach an additional sheet) If Yes , please state the total time off work:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date from: <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"/> Date to: <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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date from: <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"/> Date to: <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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date from: <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"/> Date to: <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"/>
9. Have you had any residual, ongoing effects or restrictions as a result of this condition? If Yes , please provide details and dates:	Yes <input type="checkbox"/> No <input type="checkbox"/> Date from: <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"/> Date to: <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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date from: <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"/> Date to: <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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Date from: <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"/> Date to: <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"/>
10. Is your treating doctor different from your usual doctor? If Yes , please provide doctor's details:	Yes <input type="checkbox"/> No <input type="checkbox"/> Full name of doctor Address (street/state/postcode) Phone and fax number	Yes <input type="checkbox"/> No <input type="checkbox"/> Full name of doctor Address (street/state/postcode) Phone and fax number	Yes <input type="checkbox"/> No <input type="checkbox"/> Full name of doctor Address (street/state/postcode) Phone and fax number

