

Change your insurance

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

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

Your employer arranges the basic level of cover you receive when you join AustralianSuper Select. Your basic cover is detailed in the AustralianSuper Select booklet for your employer.



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 for Select members and the AustralianSuper Select employee booklet for your employer, available at australiansuper.com/select
- Use our insurance calculator at australiansuper.com/InsuranceCalculator to work out the right level of cover for you.
- Check if you may be eligible to apply for a different individual work rating by answering a few questions at australiansuper.com/WorkRatingTool
- 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. 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	<input type="checkbox"/>
	3.2 Your salary and occupation details	<input type="checkbox"/>
	4. Apply for basic cover	<input type="checkbox"/>
	5. Death and Total & Permanent Disablement cover	<input type="checkbox"/>
	6. Income Protection	<input type="checkbox"/>
	8. Health questions	<input type="checkbox"/>
	You may need to complete the Detailed Health Statement. See the checklist in PART TWO of this form.	
Decrease your cover amount or change your cover design from basic to fixed cover (same amount(s))	5. Death and Total & Permanent Disablement cover	<input type="checkbox"/>
	6. Income Protection	<input type="checkbox"/>
Apply to change your individual work rating	3.1 Duty to take reasonable care	<input type="checkbox"/>
	3.2 Your salary and occupation details	<input type="checkbox"/>
	7. Change your individual work rating	<input type="checkbox"/>
Change your Income Protection: • waiting period • benefit payment period	3.2 Your salary and occupation details	<input type="checkbox"/>
	6.1 Waiting period and benefit payment period	<input type="checkbox"/>
	8. Health questions. Please complete section 8 if you're: • applying for a benefit payment period of up to five years or up to age 65, or • aged 63 or 64 and reducing your benefit payment period up to two years (which means you're extending your cover to age 70).	<input type="checkbox"/>
	You may need to complete the Detailed Health Statement. See the checklist in PART TWO of this form.	

For all changes, you must:

- Provide your personal details in section 1.
- Sign and date the Declaration in section 15.



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 more cover or to change your individual work rating.

Annual (before-tax) salary*, excluding employer super contributions. \$, , .

Provide your occupation if you want to apply to change your individual work rating.

Main occupation/Job title

How many hours do you work in a typical week? hours a week

* Salary is generally your annual (before-tax) salary, excluding employer super contributions. For more information see the *Insurance in your super* guide for Select members.

4 Apply for basic cover (that you pay for)

You can choose to start your basic cover even if you're under 25 and/or your super balance hasn't reached \$6,000 (terms and conditions apply). Read the *Insurance in your super* guide for Select members for important information about your cover options and when your cover will start.

Please print (X) next to each type of basic cover you want to start.

Death TPD Income Protection (if applicable*)

If your basic cover is age based, it can only start if you're 25 or older. You can apply for extra (fixed) or fixed Death and/or TPD cover by completing section 5, or fixed Income Protection by completing section 6.

* See the AustralianSuper Select booklet for your employer to check if basic Income Protection is provided. It may be provided under a separate insurance policy by your employer. Speak to your employer before applying for it with AustralianSuper.



You may need to complete the Health Questions. Go to section 8 to check.

5 Death and/or 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:

- apply for basic cover
- apply for or change your extra (fixed) cover, or
- change your existing cover amount (includes switching your basic cover to fixed cover).

Here are the cover designs in Select:

Cover designs		Type of cover available	
		Death and TPD	Income Protection
Basic cover	Your basic cover in Select is arranged by your employer. Please see the AustralianSuper Select employee booklet for your employer for details.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Basic cover + extra (fixed) cover	You can add an extra amount of cover on top of your basic cover. The extra amount is provided as fixed cover and will stay the same as you get older (unless you change it) but the cost will change.	<input checked="" type="checkbox"/>	n/a
Fixed cover	You can apply for a total amount of fixed cover. This means 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"/>

If you apply to make any changes to your Death and/or TPD cover and your application is accepted, your basic cover will start automatically even if you haven't turned 25 and/or your super balance hasn't reached \$6,000*. Any extra (fixed) or fixed cover will start automatically regardless of your age and super balance.

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

* Age-based cover will start if you're 25 or older (if you're eligible).

Cover options	Type of cover	Cover in \$1,000 amounts	
a) Basic cover	<input checked="" type="checkbox"/> Basic Death* <input checked="" type="checkbox"/> Basic TPD*	Check the AustralianSuper Select booklet for your employer for the amount of cover you'll get	
b) Extra (fixed) cover	<input checked="" type="checkbox"/> Extra Death	\$ <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 limited cover [‡] and will be added to your basic cover. If you don't want any basic cover, fill in section (c) instead.
	<input checked="" type="checkbox"/> Extra TPD [†]	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Cover designs	Type of cover	Cover in \$1,000 amounts	
c) Fixed cover	<input checked="" type="checkbox"/> Fixed Death	\$ <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 limited cover [‡] and will replace any basic cover you have. If you just want to add extra (fixed) cover to your basic cover, fill in section (b).
	<input checked="" type="checkbox"/> Fixed TPD [†]	\$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

* Any basic cover you pay for will start automatically if you're 25 or older; and your super balance reaches \$6,000; and you've received an employer super contribution after your super balance first reaches \$6,000.

† Any amount of fixed TPD cover will reduce gradually from age 61 to zero at age 65.

‡ To learn more about Limited cover, see the *Insurance in your super* guide for Select members.



You may need to complete the Health Questions. Go to section 8 to check.

Does your employer pay for your basic cover?



If your employer pays for basic Death and/or TPD cover and you:

- Add an extra amount of fixed cover on top of your basic cover – the additional cost is deducted from your super account monthly.
- Fix your total amount of cover (to reduce, increase or change from basic to fixed cover) – your employer will stop paying for that cover and we'll deduct the total cost from your super account monthly. If you decide to apply for more cover in the future, you'll need to provide detailed health information for the Insurer to consider.

Check the AustralianSuper Select employee booklet for your employer at australiansuper.com/select to understand your cover terms and conditions.

6 Income Protection

Complete this section to apply for basic Income Protection* or apply for or change to fixed Income Protection. AustralianSuper will only make changes you apply for on this form.

Does your employer pay for your basic cover?



If your employer pays for your basic Income Protection and you change your cover amount, waiting period or benefit payment period, they'll stop paying for your Income Protection. We'll deduct the total cost from your super account monthly. Check the AustralianSuper Select employee booklet for your employer at australiansuper.com/select to understand your cover terms and conditions.

If you apply for fixed Income Protection and your application is accepted, your cover will start automatically even if you haven't turned 25 and your super balance hasn't reached \$6,000.

When you apply for Income Protection or change your cover amount – you'll get a fixed amount of cover and you'll have to pay for the total cost (even if your employer currently pays for your basic cover). If your Income Protection is salary based or age based and you apply to change it to a fixed amount of cover, the total amount stays the same unless you apply to change it again (even if your employer tells us about any salary changes or you get older).

The amount of Income Protection you can apply for is limited to 85% of your monthly salary. Up to 75% is paid to you and up to 10% to your super. Salary is generally your annual (before-tax) salary, excluding employer super contributions[†].

→ 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 employer super 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).

If you're eligible for payments, your monthly benefit will be based on your salary before you were injured or ill (pre-disability income) and other factors. For more information, see the *Insurance in your super* guide for Select members at australiansuper.com/select

Print (X) below to confirm what you want.

Cover options	Cover in \$100 amounts
<input checked="" type="checkbox"/> Basic Income Protection [‡]	Check the AustralianSuper Select booklet for your employer for the amount of cover you'll get.
<input checked="" type="checkbox"/> Fixed Income Protection	\$ <input type="text"/> <input type="text"/> <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 basic cover you have.

* Check the AustralianSuper Select employee booklet for your employer to see if your employer has arranged basic Income Protection. It may be provided under a separate insurance policy by your employer. Speak to your employer before applying for it with AustralianSuper.

[†] For more information, see the *Insurance in your super* guide for Select members.

[‡] Any basic cover you pay for will start automatically if you're 25 or older; and your super balance reaches \$6,000; and you've received an employer super contribution after your super balance first reaches \$6,000.



You may need to complete the Health Questions. Go to section 8 to check.

6.1 Waiting period and benefit payment period


Complete this section to choose or change your waiting period and/or benefit payment period. If you change your waiting period, your basic cover will start automatically even if you haven't turned 25 and/or your super balance hasn't reached \$6,000. Age-based cover will start if you're 25 or older (if you're eligible). Any fixed cover will start automatically regardless of your age and super balance.

If your employer pays for your Income Protection and you keep the cover amount the same but change the waiting period or benefit payment period, they won't pay for it. You'll have to pay for the total cost of your Income Protection.



6.1 Waiting period and benefit payment period (continued)

<p>Waiting period</p>	<p>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.</p> <p>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.</p>	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 days <input type="checkbox"/> No change from my employer arrangement
<p>Benefit payment period</p>	<p>This is the maximum length of time that payments may be made if you're temporarily unable to work due to illness or injury.</p> <p>Depending on your occupation* you can apply for a benefit payment period of 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 or the benefit payment period under your employer arrangement.</p> <p>* There are some occupations where you can't have a benefit payment period of up to five years or up to age 65. These occupations are listed at australiansuper.com/occupations</p>	<input type="checkbox"/> Up to two years <input type="checkbox"/> Up to five years <input type="checkbox"/> Up to age 65 <input type="checkbox"/> No change from my employer arrangement

 You may need to complete the Health Questions. Go to section 8 to check.

7 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.** As an AustralianSuper Select member, you have both an individual work rating and a category work rating. Your individual work rating is our default work rating, Blue Collar (unless you've already applied to change it). Your category work rating is arranged by your employer.


If your category and individual work ratings are different, we'll apply the work rating that's less expensive to calculate the cost of your cover. So while you're with your Select employer, you may be able to pay less for your cover because the individual work rating that's right for you could be a less expensive work rating than your category work rating.

Tell us your occupation (in section 3.2) and complete the questions below to apply to change your individual work rating to White Collar or Professional.

- Are the usual activities of your 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).
- Are you earning a salary† of \$100,000 or more a year from your job? Yes No
- Do you have a university qualification? Yes No
- Do you have a management role in your company? Yes No

† Salary is generally your annual (before-tax) salary, excluding employer super contributions. For more information see the *Insurance in your super* guide for Select members.

8 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 basic to fixed cover), or you're only changing your Income Protection waiting period.

Complete this section if you're:

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

- 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

8 Health questions (continued)

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

Height (cm) Weight (kg)

3. What's your height and current weight (please answer as accurately as possible)?
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 application 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 8 (Q1 to Q9)? Yes No

If you answer No to all of the above questions, please read, then sign and date the Declaration in section 15.

* 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.

9 Activities and pastime details

Do you currently, or do you intend to engage in any hazardous pastime and/or sporting activity such as aviation (other than as a fare paying passenger on a commercial airline), football, scuba diving, motor sports, trail bike riding or rock climbing? Yes No

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)

10 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: 100%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" 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: 100%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" type="text"/>	<input style="width: 100%; text-align: center; font-family: monospace; font-size: 0.8em;" 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)

11 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 12 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)

12 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

13 General health questionnaire

If you have answered **Yes** to Questions 4 to 9 in **section 8**, 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"/>
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"/> 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"/> 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"/> 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"/> 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"/>	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"/> 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"/>	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"/> 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"/>
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"/> 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"/>	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"/> 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"/>	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"/> 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"/>
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

14 Specific health questionnaire

Please complete relevant questionnaire below if you've answered **Yes** to either question 7d) or 7e) in section 8.

A. Asthma and bronchitis or any other lung complaint questionnaire

a) Name of condition

b) Have you been diagnosed within the last 12 months? Yes No

c) Frequency of symptoms in the last five years:
 Daily
 Weekly
 Occasionally
 One-off episode
 None - childhood only

d) Severity of symptoms in the last five years:
 Nil symptoms - childhood only
 Mild ie exercise-induced only, seasonal (related to hay fever allergy, colds or flu)
 Moderate (ie all year round, specific triggers)
 Severe (ie constant, reduced lung capacity, restriction of lifestyle or work duties)

e) Have you required over the last five years:
 Daily preventative inhalers, such as ventolin Yes No
 Occasional use of a nebuliser or oral steroid medication eg prednisolone Yes No
 Hospitalisation/emergency treatment Yes No

f) Maximum number of consecutive days off work/school you've had over the last two years due to this condition:
 Number of days

g) Is your treating doctor different from your usual doctor? Yes No
 If **Yes**, please complete details below:
 Full name of doctor

 Street address

 Suburb State Postcode
 Phone number
 Fax number

B. Joint/musculoskeletal questionnaire

If applying for Death cover only complete questions a) and b) only.
 If applying for TPD cover or Income Protection, complete all questions.

a) Nature of complaint (doctor's diagnosis), ie sciatica, back pain, broken bone

b) Location of complaint, eg lower back, right knee, sciatic nerve

c) When did symptoms first begin?

d) Cause of condition, eg lifting, car accident, fall in workplace, unknown

e) Was an x-ray or scan taken?
 No Go to question f)
 Yes Complete below
 Date of x-ray/scan taken
 Details of results of x-ray/scan taken

f) Is the nature of the condition degenerative or a disc problem? Yes No

g) Are you still undergoing treatment or experiencing symptoms? Yes No
 If **No**, complete below:
 Date symptoms ceased
 Date treatment ceased

h) Have you ever been off work as a result of this complaint or been unable to perform your normal day-to-day activities? Yes No
 If **Yes**, please indicate period/s off work:
 Date from
 Date to

i) Do you have any residual, ongoing effects or restrictions as a result of this condition? Yes No
 If **Yes**, please provide dates and details

j) Is your treating doctor different from your usual doctor? Yes No
 If **Yes**, complete below:
 Full name of doctor

 Street address

 Suburb State Postcode
 Phone number
 Fax number

