

Asthma, Bronchitis, Sleep Apnoea or Respiratory Condition questionnaire

Reference No.

Name of life to be insured

Date of birth

 /

DD/MM/YYYY

QUESTIONNAIRE

1. What was the exact diagnosis?

2. When was it first diagnosed?

3. How often do you experience symptoms and what symptoms do you have? (Examples include coughing, wheezing, shortness of breath or chest tightness).

4. Are your symptoms brought on by seasonal changes, exercise or respiratory infections?
If yes, please describe.

5. When were your last symptoms?

6. What medication are you currently taking or what treatment are you having?

7. Have you had any investigations for this condition? (E.g. peak flow, spirometry, chest x-ray, sleep study).
If yes, what were the results (include Apnoea Index if sleep apnoea).

8. In the last five years, have you been prescribed steroids such as Prednisone?

If applicable, please state date, duration, frequency and dosage of treatment.

QUESTIONNAIRE CONTINUED

9. Have you ever been admitted to hospital or had emergency treatment for this condition? If so, when was this and for how long were you in hospital?

10. How much time did you have to take off work? If applicable please advise the dates and length of time off work?

11. Do you experience symptoms at night time or upon awakening? If yes, how regularly?

12. Are your symptoms exacerbated by your occupation or working conditions?

13. Do you attend checks ups with your GP or a specialist?

14. Do you suffer from or have you been diagnosed with any other lung or breathing condition?
If yes, please advise details.

15. Do you have any other information that you think will be helpful to us in processing your application?

YOUR DUTY OF DISCLOSURE

Before you enter into or become insured under a contract of insurance with TOWER Australia Limited (ABN 70 050 109 450) (TOWER), you and any life to be insured have a duty, under the Insurance Contracts Act 1984, to inform TOWER of every matter that you or any life to be insured know, or could reasonably be expected to know, is relevant to TOWER's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to TOWER before you extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of a matter that reduces TOWER's risk, is common knowledge, that TOWER knows or ought to know in the ordinary course of business, or as to which compliance with your duty is waived. Your duty of disclosure applies even after this Application is completed until TOWER advises acceptance of insurance. If you or any life to be insured fail to comply with your duty of disclosure and, if the failure had not occurred, TOWER would not have entered into the contract on any terms, TOWER may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, TOWER may avoid the contract at any time. Instead of avoiding the contract TOWER may, within three years of entering into it, reduce the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to TOWER.

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Privacy laws are designed to protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Policy available at www.toweraustralia.com.au. If you have any questions regarding your privacy or would like to obtain a copy of our Privacy Policy please contact our Privacy Officer.

Please be aware that whenever you provide information to us, the duty of disclosure explained in the insurance documentation applies. If you fail to comply with the duty of disclosure TOWER may be entitled to cancel or avoid the insurance policy. Full details about the duty of disclosure are contained in the Product Disclosure Statement.

DECLARATION

I understand and acknowledge that I am bound by the Duty of Disclosure. I declare that the foregoing answers are true and complete and I agree that this Declaration shall be held to form part of the application for insurance on my life now made to the Company.

Signature of
life to be insured

X

Date

/ /

Please return the completed form to:

TOWER Australia Limited, PO Box 142, Milsons Point NSW 1565, 80 Alfred Street, Milsons Point NSW 2061

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