

## Musculoskeletal or Joint Condition questionnaire

Reference No.

Name of life  
to be insured

Date of birth

(DD/MM/YYYY)

### QUESTIONNAIRE

1. What was the exact diagnosis or underlying cause?

  

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2. When was this first diagnosed?

  

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3. What joints or parts of the body are affected?  
Please specify left or right if appropriate.  
If hand/arm related, are you left or right handed?

  

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4. What symptoms did you experience and how often did you get them?

  

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5. Do you still get symptoms?  
If not, when did you last have symptoms?

  

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6. Have you had any medical investigations for this condition?  
If so, please provide details and dates.

  

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7. Have you been admitted to hospital?  
If so, please advise details of the treatment you received.

  

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8. Have you needed any physiotherapy or treatment from a chiropractor?  
If so, how regularly did you have this and when did you last attend?

  

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**QUESTIONNAIRE CONTINUED**

9. What treatment or medication did you receive and what treatment are you currently receiving?


10. Have you ever been prescribed steroids such as Prednisone?


11. Have you had surgery for this condition or is any planned?


12. Have you had any complications from this condition?  
If so, please provide details.


13. Do you need any mobility aids such as a walking stick?


14. Are your daily activities restricted in any way?


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


16. Do you still need to attend check ups with your GP or other medical consultants? Are you now fully recovered with no residual symptoms?

Please provide name(s) and address(es) of medical consultants.


17. 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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## 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

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*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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