

Chest Pain questionnaire

Reference No.

Name of life to be insured

Date of birth / / (DD/MM/YYYY)

QUESTIONNAIRE

- When did you first experience symptoms? / /
- What was the location of the pain (e.g. central, right or left side of the chest, across front of the chest or elsewhere in the chest)?
- What was the nature of the pain (e.g. severe, crushing, vice-like, sharp, stabbing, dull ache, vague discomfort)?
- How did the pain start (e.g. sudden, gradual, during or after eating, exertion, in certain positions [sitting, lying], emotion)?
- How long did the attack last?
- Did the pain radiate outside the chest (e.g. to the shoulders, jaw, arms, abdomen)? Yes No
If yes, please provide details.
- Did you consult a doctor or go to a hospital? Yes No
If yes, please provide details including name and address of Doctor(s) or hospital(s) attended and dates.

QUESTIONNAIRE CONTINUED

8. Were you given a diagnosis?

Yes No

If yes, please provide details.

9. Were any tests performed (e.g. Angiogram, Thallium Scan, ECG, etc.)?

Yes No

If yes, please provide details.

10. Did you receive treatment for this condition (e.g. surgery, drug therapy, etc.)?

Yes No

If yes, please provide details.

11. Have you had any further episodes of chest pain?

Yes No

If yes, please provide details.

12. Were you off work as a result of this incident?

Yes No

If yes, please provide details.

13. Have your Medical Adviser(s) placed any restrictions on your return to work **or** the type of work you may do?

Yes No

If yes, please provide details.

14. Do you have any other information you think may assist in underwriting your application including the name and address of the Doctor who treats this condition?

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.

PRIVACY STATEMENT

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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