



# Insurance Application & Personal Health Statement

## 3 Health and medical history

a. Height  cm OR  feet  inches

Weight  kg OR  stone  pounds

## 4 Personal statement

Details for all Yes answers in General medical questionnaire at Section 5

### 1 Have you ever had, been advised that you had, or received advice or treatment for any of the following.

- a. High blood pressure, raised cholesterol, chest pain, heart attack, rheumatic fever, stroke or circulatory disorder? Yes  No
- b. Bowel, stomach or intestinal problem, gallbladder or liver disease? Yes  No
- c. Epilepsy, stroke, paralysis, multiple sclerosis, fainting attacks? Yes  No
- d. Depression, anxiety, panic attacks, stress, chronic fatigue or any mental or nervous condition? Yes  No
- e. Diabetes, sugar in urine, pancreatic or thyroid problem? Yes  No
- f. Cancer, tumour, melanoma, sunspots, mole or growth of any kind? Yes  No
- g. Disease, injury or disorder of joints, neck, back or bones, gout, arthritis or a repetitive strain injury or tendonitis? Yes  No
- h. Impairment of sight, hearing or speech? Yes  No
- i. Asthma, bronchitis, any lung complaint? Yes  No
- j. Leukaemia, haemochromatosis, any blood problems? Yes  No
- k. Kidney, bladder problems? Yes  No
- l. Psoriasis, eczema, any skin problem? Yes  No
- m. Any other disability, congenital abnormality, deformity or symptoms of ill health, illness or injury? Yes  No
- n. Has the virus which causes AIDS (the Human Immunodeficiency Virus) ever infected you or are you carrying antibodies to that virus? Yes  No
- o. Have you ever engaged in any activity/ies reasonably accepted to having an increased risk of exposure to the HIV/AIDS virus? Yes  No

#### Females only

- p. Have you ever had any gynaecological conditions (eg endometriosis, abnormal pap smear, etc.)? Yes  No
- q. Have you ever had any complications of pregnancy or childbirth? Yes  No
- r. Are you currently pregnant? Yes  No

If 'Yes' what is the expected delivery date?  /  /

- s. Have you ever had a breast lump (even if you have not seen a doctor about it)? Yes  No

### 2 Family History

Have any of your immediate family (living or deceased) suffered from diabetes, heart disease, cancer, kidney disease, high blood pressure, mental problems or breakdown, haemophilia, Huntington's Chorea or any hereditary disease? Yes  No

# Insurance Application & Personal Health Statement

## 4 Personal statement continued

### 3 Please give details of your family medical history

Relative	Living Relatives		Deceased Relatives	
	Current Age	Specify current state of health	Age at Death	Specify cause of death
Mother				
Father				
Sisters				
Brothers				

## 5 General medical questionnaire

Please provide details for all Yes answers in section 4 a to s. Please complete on a separate sheet if required.

Question No	Q.	Q.	Q.	Q.
<b>Specific Condition</b>				
a. Date symptoms first started and description of symptoms?				
b. What was the condition and which part and side of the body was affected?				
c. What was the medical diagnosis including results of x-rays and investigations?				
d. What was the frequency (daily, weekly, etc) of attacks or symptoms?				
e. What was the severity (mild/moderate/ severe) and duration of attacks or symptoms?				
f. How long were you unable to work or perform your normal duties/activities?				
g. If a hospital visit was required, please provide date and duration of your stay.				
h. What advice/treatment did you receive?				
i. Are you still receiving treatment? If so, please advise nature and frequency of treatment?				
j. Date treatment/ medication ceased.				
k. When did you last suffer from any symptoms?				
l. Degree of recovery (%)				
m. Please supply the name and address of all doctors, hospitals or other practitioners consulted.				



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## 7 Doctor's details continued

Please provide full details for all Yes answers:

Question	Dates (from/to)	Name / Address of Doctor Hospital or clinic	Condition, Medications, Treatments & Time off work	Recovery %
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 8 Overseas travel

Do you intend to travel/reside overseas in the future? Yes  No

Destination  When

For how long  Reason

## Further questions

- 9 Have you EVER had an application for life, income protection, total and permanent disablement or trauma insurance declined, postponed, premium increased or modified or had a current policy cancelled or renewal refused? Yes  No
- 10 Have you EVER claimed for benefits under any accident, sickness, trauma insurance or such benefits as Worker's Compensation or Motor Vehicle Third Party Schemes? Yes  No
- 11 Have you EVER engaged in, or intend to engage in, any hazardous occupation or recreational activities (eg football, parachuting, rock climbing, motor racing or scuba diving) or intend to engage in aviation other than as a fare-paying passenger on a registered commercial airline? Yes  No

**If you have answered 'Yes' to any of questions 9 to 11 inclusive, please provide further details:**

Question	Details
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>

I do not wish to be contacted directly by the Insurer for clarification on any of the above questions

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## 12 Your duty of disclosure

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Before you enter into a contract of insurance with the Insurer, you have a duty under the Insurance Contracts Act 1984 to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer'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 the insurer before you extend, vary or reinstate a contract of life insurance. The duty of disclosure applies even after your application for cover is completed until the Insurer's acceptance of insurance is issued in writing. Your duty, however, does not require disclosure of a matter that:

- diminishes the risk to be undertaken by the Insurer
- is common knowledge
- the Insurer knows or, in the ordinary course of his business, ought to know
- is waived by the Insurer.

## 13 Non-disclosure

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If you fail to comply with the duty of disclosure and the Insurer would not have entered into the contract on any terms if the failure had not occurred, the Insurer may avoid the contract within 3 years of entering into it. If your non-disclosure is fraudulent, the Insurer may avoid the contract at any time. An Insurer who is entitled to avoid a contract of life insurance may, within 3 years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the Insurer.

## 14 Privacy statement

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Privacy laws protect your privacy. The way in which IOOF and TOWER collect, use, disclose and handle your information is described in the IOOF Investment Management Limited ABN 53 006 695 021 (IOOF) and the TOWER Australia Limited (TOWER) ABN 70 050 109 450 AFSL 237848 Privacy Policies. Please be aware that the duty of disclosure explained in AustChoice addendum 3: Insurance through AustChoice (available at our website [www.austchoice.com.au](http://www.austchoice.com.au)) applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this is explained above.

IOOF and TOWER may collect, use or disclose your personal information (including health and sensitive information) to assess, verify and process your application and any claim made. IOOF and TOWER may collect or disclose information relating to you or your application or any claims you may make to or from a range of services including: financial advisers, re-insurers, past or present medical practitioners, health professionals, hospitals, government department(s) which retain health records or as part of our regulatory requirements, personal accountants, current or former employers, lawyers, claim investigators and other third party service providers, and each other. If this information is not provided, your application for insurance or an insurance claim may not be processed. You have a right to access any personal information held about you unless IOOF or TOWER is legally entitled to deny access.

If you want to know more about IOOF's or TOWER's approach to privacy, please contact IOOF on 1800 062 963 or TOWER on 1800 221 142.

## 15 Member declaration and signature

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I acknowledge that I have read the notice explaining my duty of disclosure above and understand that this duty also applies until formal notification of acceptance.

**I have read and checked any answers not completed in my handwriting**, and to the best of my knowledge and belief all the answers to the questions in this application and any supplementary application or personal statement that relate to me are true and correct and no information material to the assessment of this insurance has been withheld.

I authorise and direct any medical or other practitioner to divulge at any time to the Insurer or to any lawfully constituted tribunal any and all information concerning my state of health and medical history acquired in the course of professional attendance or consultation. A photocopy of this authority is as valid as the original. To this extent, all professional confidence and privilege is waived.

I acknowledge that I have read and understood the AustChoice Super Product Disclosure Statement (PDS) in relation to the benefits proposed. I acknowledge that no cover commences until this application has been accepted by the Insurer.

I have read the Privacy Declaration in the AustChoice Super PDS and consent to my personal information (including health and sensitive information) being collected, used or disclosed by the Insurer or its external service providers/contractors as provided by this form, including collecting it from or disclosing it to any Medical Practitioner or third party as required to assess, verify or process my application. This consent applies to any health and sensitive information the Insurer collects on this form or future forms in relation to this insurance.

**Before signing, please check that you answered ALL questions.**

Member signature

Date 

D	D
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M	M
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Y	Y	Y	Y
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Please forward all correspondence and queries to

AustChoice Super GPO Box 529 Hobart TAS 7001  
Telephone 1800 333 900 Facsimile 03 6215 5933 Website [www.austchoice.com.au](http://www.austchoice.com.au)