




Proposal number(s)

**Life and Disability income**

This form may be used to update health evidence for personal statements and medical examinations in the following circumstances:

- (a) Late receipt of proposal by AXA or AC&L after two months but before six months have elapsed since date signed.
- (b) Where acceptance is based on a personal statement or medical examination after two months but before six months have elapsed since date signed.

Life to be insured

**Address**

Street number and name

Town/Suburb

State

Postcode

**Important notice – your duty of disclosure**

When answering our questions, you must be honest and you have a duty under law to disclose to us anything known to you, and which a reasonable person in the circumstances could reasonably be expected to know which is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us between the time of this proposal and its acceptance and before you renew, extend, vary or reinstate a contract of insurance with us.

Your duty, however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by us;
- that is of common knowledge;
- that we know, or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by us.

Since the date of the proposal for insurance I have **not**:

- |  |  |
|--|--|
| 1 had or contemplated having any medical examination, advice, treatment or counselling of any kind, any surgical operation, X-ray, electrocardiography or any other test eg cholesterol, AIDS, hepatitis, genetic test or investigations   | <input type="checkbox"/> True <input type="checkbox"/> False |
| 2 changed my occupation  | <input type="checkbox"/> True <input type="checkbox"/> False |
| 3 engaged in any sport or hazardous pursuit  | <input type="checkbox"/> True <input type="checkbox"/> False |
| 4 applied for any form of life, superannuation, sickness, accident, trauma, lump sum disablement or disability insurance   | <input type="checkbox"/> True <input type="checkbox"/> False |
| 5 had any of my parents, brothers or sisters suffer from heart disease, stroke, high blood pressure, diabetes, breast cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, muscular dystrophy or any other inherited disease. | <input type="checkbox"/> True <input type="checkbox"/> False |

**If you have answered 'False' to any of the above statements, please provide details below:**





I declare that the statements given above are complete and true and I understand that AXA Australia or Australian Casualty & Life will be relying on the complete accuracy of the statements in assessing my application for insurance.

Name

Signature

Date