



Plan number(s)

[Empty text boxes for plan numbers]

Surname (please print)

Given name(s)

[Empty text boxes for names]

The Life to be Insured is requested to supply full and complete answers to the following questions:

(a) When was diabetes first diagnosed? [Empty text box]

(b) Name and address of your present doctor (or clinic) whom you are attending: [Empty text boxes]

(c) How often do you consult the doctor or clinic regarding your diabetic condition? [Empty text box]

(d) Do you take: (i) Insulin? If yes, state number of units daily: [Empty text box]

(ii) Oral drugs? If yes, state type and daily dosage: [Empty text box]

(e) Do you monitor your own blood glucose? [] No [] Yes
If yes, give average levels: [Empty text box]

(f) Have you ever suffered from a coma related to diabetes? [] No [] Yes
If yes, how often and when? [Empty text box]

(g) Have you been hospitalised (for diabetes) other than at the time of onset of diabetes? [] No [] Yes
If yes, please provide date and name of hospital: [Empty text box]

(h) How much time have you lost from your employment during the last 12 months as a result of your diabetic condition? [Empty text box]

(i) Do you attend an eye specialist? [] No [] Yes If yes, please provide dates, name and address: [Empty text box]

(j) Have you ever had:
(i) Eye problems? [] No [] Yes
(ii) Heart or kidney trouble? [] No [] Yes
(iii) High blood pressure? [] No [] Yes
(iv) Carbuncles, abscesses or infection of the skin, particularly the feet? [] No [] Yes
(v) Recurring or prolonged illness? [] No [] Yes
If you answered 'yes' to any of Question (j) please provide details below: [Empty text box]

(k) Are you a member of a diabetic association? [Empty text box]

Declaration

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

Name [Empty box] Signature [X] Date [/ /]

Please send completed form(s) to:
AXA Australia Customer Service Centre
PO Box 14330
MELBOURNE VIC 8001
Telephone 132 987 Facsimile (03) 8688 5799