



Plan number(s)

Surname (please print)

Given name(s)

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

1 When did you first develop indigestion symptoms?

2 Have you attended a medical practitioner for these symptoms?  No  Yes

If yes, please provide:

(a) Dates

(b) Names and addresses of doctors

(c) The doctor's diagnosis

(d) The nature of treatment given

(e) Tests performed (eg endoscopy, stomach X-ray)

(f) Duration of symptoms

3 Do you still suffer from indigestion symptoms or abdominal pain?  No  Yes

If yes, please provide details of frequency

4 Are you currently on any form of treatment, prescribed or otherwise?  No  Yes

If yes, please provide details of treatment

5 Have you had an operation for this complaint?  No  Yes

If yes, please provide dates and doctor details

6 Have you ever vomited blood or passed blood (black motions) from the bowel?  No  Yes

7 Do you smoke?  No  Yes

If yes, please provide details

8 How many standard drinks containing alcohol do you consumer per week on average?

(standard drink: 1 nip spirit, 100ml wine, 285ml beer)  standard drinks per week

## 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	Signature	Date
<input type="text"/>	X	/ /

Please send completed form(s) to:

**AXA Australia Customer Service Centre PO Box 14330 MELBOURNE VIC 8001 Telephone 132 987 Facsimile 1800 502 072**