

Policy number(s)

Surname

Given name(s)

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

Please state specific condition/symptoms and diagnosis made:

(a) When did you first suffer from this disorder? / /

(b) When did you last suffer from this disorder? / /

(c) Please state which knee, ankle, elbow, wrist, hip or shoulder was affected:

(d) Please describe symptoms fully:

(e) What was the cause or nature of the disorder?

(f) What was the nature of the treatment? If surgery, please provide details eg plates or screws inserted/removed, arthroscopy, etc.

(g) Have you had any recurrence of this disorder? No Yes

If yes, when and under what circumstances?

(h) Please provide names and addresses of all doctors and health professionals consulted in relation to your joint disorder or pain and the approximate dates of consultations.

(i) How long, if at all, have you been symptom free?

(j) How much time have you lost from your employment due to this disorder?

Declaration

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

X

Signature

 / /

Date

Please send completed form(s) to:

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