



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:

Back/neck disorder (please tick specific condition)

- (a)  Back disorder  Neck disorder

If back, please clarify which part of the back is/was painful (eg upper, lower, middle):

- (b) When did you first suffer from this disorder?

- (c) When did you last have any symptoms?

Please describe symptoms fully, including details of any radiation of pain down either the legs or arms:

- (d) What was the cause of the disorder (eg accident)?

- (e) What is or was the nature of the treatment? Please include details of any medication, physical therapy or surgery:

- (f) Have you had any investigations such as an X-ray, CT Scan or MRI?  No  Yes

If yes, what were the results?

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

If yes, when and how often? (Include number of recurrences, the causes and how long they lasted)

- (h) Please provide names and addresses of all doctors and health professionals consulted in relation to your back or neck disorder and 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 will be relying on the complete accuracy of the statements in assessing my application for insurance.

Name	Signature	Date
	X	/ /

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