



Policy number(s)

Surname

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 (eg accident)?

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

- (f) Are you still receiving treatment? No Yes

If yes, please provide details:

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

If yes, what were the results?

- (h) 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)

- (i) 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:

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

(k) 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