



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:**

(Depression/Anxiety/Nervous disorder)

1 Have you suffered from, or had treatment for any of the following? Please tick.

- Stress                       Anxiety                       Depression                       Fears or phobias
- Chronic fatigue               Compulsive disorder               Inability to sleep               Chronic pain               Other (please specify)

2 What was the date of the **first** symptom?

3 What was the date of the **last** symptom?

4 Please describe your symptoms fully:

5 Please advise the cause of your disorder:

6 How long did you suffer from the disorder?

7 Have you had any recurrence?  No  Yes

If yes, please provide full details:

8 How long, if at all, have you been free of any signs or symptoms?

9 Please provide details and nature of treatment for this condition (eg were you treated with tranquillisers or other drugs, did you undergo counselling, therapy or surgery)?

10 When did the treatment cease?

If ongoing treatment, please provide details (eg dosage and type of medication, counselling, etc):

**Depression/Anxiety/  
Nervous disorder questionnaire**

11 Please provide names and addresses of all doctors and health professionals consulted for these disorders, including approximate dates of consultations:

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12 Please provide the name of doctor or health professional **last** consulted for this disorder and the date of the **last** consultation:

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13 How much time have you lost from your employment due to this disorder?

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14 Are you currently fit and well and able to do your work without stress or discomfort?  No  Yes

If no, please provide details:

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**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    | X         | / /  |

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**Address for mailing of results**

AXA Australia Customer Service Centre  
PO Box 14330  
MELBOURNE VIC 8001

Telephone: 132 987  
Facsimile: (03) 8688 5799