




Policy number(s)



Surname

Given name(s)

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

- (a) When was your asthma diagnosed?
- (b) When did you first have symptoms?
- (c) When did you last have symptoms?
- (d) How many times per year do you get symptoms? (approx)
- (e) Do the attacks occur in a particular season or during exercise?  No  Yes If yes, please provide details:
- (f) How much time have you lost from work (or school) in the past due to asthma?
- (g) Please provide details of the treatment for your asthma, including dosage of drugs taken and frequency (detail aerosol spray, tablets or injections, amounts and number of times per day):
- (h) Please provide details of the doctor who you consult for your asthma:
- (i) When did you last consult this doctor for asthma?
- (j) Have you ever been treated for your asthma with steroids (eg Prednisone)?  No  Yes  
If yes, please provide details including dates:
- (k) Have you ever been hospitalised for asthma?  No  Yes  
If yes, please provide details:
- (l) In the last three years, have you had a chest X-ray or respiratory function test?  No  Yes  
If yes, please provide details:

**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**