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Policy number(s)

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Surname (please print)

Given name(s)

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

- 1 When did you first suffer from an eye/ear disorder?
  
- 2 What was the cause?
  
- 3 Which eye/ear was involved?
  
- 4 Please describe symptoms fully.
  
- 5 (a) Which doctors have treated your disorder?  
  
 (b) Give approximate dates of consultations.  
  
 (c) What was the nature of the treatment?
  
- 6 Is the condition becoming worse?
  
- 7 Have you had any recurrence of eye/ear trouble?  Yes  No  
 If 'yes', please give details:
  
- 8 How much time from your occupation have you lost through your eye/ear disorder?
  
- 9 For how long have you been completely free of all symptoms?

**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.

	<b>X</b>	/ /
Name	Signature	Date

**Please send completed form(s) to:  
 The Service Centre PO Box 14330 MELBOURNE VIC 8001 Telephone 132 987 Facsimile 1800 502 072**