

We may need to contact you regarding the details of your Application. Please provide contact number/s and suitable contact times (8am to 8pm):

Contact phone numbers of Parent/Guardian

Name of Parent/Guardian

Daytime

Times

After hours

Times

1 Name of child

Given name(s)

Surname

Sex

Date of birth

Age

Place of birth

2 Residential address of child

Street name and number

Town/Suburb

State

Postcode

Country

Home telephone

3 Does the child have any form (either pending or in force) of life or trauma insurance either with us or any other company?

No Yes

4 Has any company refused or applied loadings or exclusions to an application on the child's life or trauma insurance?

No Yes

5 Has the child ever made a claim or is he/she receiving benefits for any type of life or trauma insurance?

No Yes

6 Child's health

Height

Weight

7 Provide the details below of the child's current General Practitioner/Medical Centre and last consultation.

Name of GP

Address of GP

Date

Reason

Result

Provide the details of consultations with **other** medical practitioners, or health professionals the child has attended in the past two years, including names, addresses, dates, reasons and results.

8 Has the child ever been admitted to hospital? No Yes

9 At any time in the child's life has he/she ever suffered from the following:

(a) Arthritis, bone fracture, joint injury, muscle disorder, gout No Yes

(b) Heart condition, rheumatic fever, high blood pressure, circulation disorder No Yes

(c) Cancer, leukaemia, tumour of any kind, blood disorder No Yes

(d) Asthma, lung condition, breathing disorder No Yes

(e) Kidney, bladder, prostate, urinary complaint or kidney stone No Yes

(f) Back or neck disorder, spinal condition, sciatica, whiplash No Yes

(g) Mental illness, depression, anxiety, chronic fatigue, nervous condition, stress No Yes

(h) Diabetes No Yes

(i) Indigestion, gastric or duodenal ulcer hernia, bowel disorder No Yes

(j) Gall bladder or liver disorder, Hepatitis B, Hepatitis C No Yes

(k) Disease of the brain, nervous system, stroke, epilepsy No Yes

(l) Disorder of the ears or eyes No Yes

(m) Psoriasis, eczema, dermatitis or other skin condition No Yes

(n) Any other illness, injury, operation or disability No Yes

10 Has the child ever suffered from AIDS, AIDS related condition, infection with the HIV virus, positive antibody to the test to HIV? No Yes

Medical Authority

To

Reference

Name of child to be insured BLOCK LETTERS

11 During the last five years (other than for colds or influenza):

- (a) Has the child attended a doctor or other health professional for any illness, injury, operation, blood test inherited disorder or genetic test, medical test, X-ray or review of a previously diagnosed condition? No Yes
- (b) Has the child used any medication (taken by mouth, injections, inhaled spray, cream or ointment) for any injury or medical condition? No Yes
- (c) Has any illness or injury prevented the child from performing normal activities for more than three consecutive days? No Yes

12 Is the child currently using any medication (other than for colds or influenza)? No Yes

13 Do you contemplate the child seeking any medical advice, investigation or treatment including surgery in the near future? No Yes

14 Have any of the child's parents, brothers or sisters suffered from heart disease, stroke, high blood pressure, diabetes, breast cancer, bowel cancer, other cancer, polycystic kidney disease, Huntington's Chorea, inherited blood disease, inherited brain disease, kidney failure, or any other inherited disease? No Yes

If you answered 'YES' to any of the questions please provide details in section 15

15 Details for 'YES' answers from Questions 3 to 14 of the Personal Statement

Q. No.	Date	Details of illness or injury including nature of treatment	Name and address of doctor consulted	Degree of recovery (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

16 Signature(s) of Parent/Guardian

X
Signature of parent or guardian

X
Signature of parent or guardian

17 Adviser comments

18 Adviser details

P% (comm.)
Account number
New plan adviser (No. 1)

P% (comm.)
Account number
Servicing and renewal adviser (No. 1)

P% (comm.)
Account number
New plan adviser (No. 2)

P% (comm.)
Account number
Renewal adviser (No. 2)

P% (comm.)
Account number
New plan adviser (No. 3)

P% (comm.)
Account number
Renewal adviser (No. 3)

I am submitting an application for life insurance in relation to this child. In connection with this application, I authorise you to make available to the Insurer and its group of companies, or its medical officer, information about the child's medical history.

If I have instructed you not to release certain information to the Insurer and its group of companies, I authorise you to disclose that fact to them.

I authorise the Insurer and its group of companies to complete and forward this authority to any doctor or other health professional who is currently attending the child or who has at any time in the past attended or examined the child.

X
Signature of parent or guardian

/ /
Date