



# Cyst/mole/skin lesion questionnaire

Policy number(s)

Surname (please print)

Given name(s)

1 Please indicate the condition(s) you have had, or received treatment for:

- Hyperkeratosis or solar keratosis    Sebaceous (fatty) cyst    Melanoma  
 Basal cell carcinoma (BCC)    Mole or Naevi    Squamous cell carcinoma (SCC)  
 Other (please describe):

2 What is or was the site of the cyst/mole/skin lesion?

3 Date of diagnosis

4 Was the cyst/mole/skin lesion removed?    No    Yes

If yes, please provide date and method (for example by surgery, freezing):

If no, please provide reason why it was not removed:

5 Were any special tests, investigations or treatment required?    No    Yes

If yes, please provide details:

6 Was the cyst/mole/skin lesion reported to be:    Malignant    Benign    Do not know

7 Do you have, or are able to obtain a copy of the histopathology/laboratory testing results?    No    Yes

If yes, please attach a copy of these results.

8 Have you been or are you required to attend for any further treatment or follow-up since the original removal?    No    Yes

If yes, please provide details of date(s) and what was advised?

9 Was the doctor you consulted different from your usual doctor?    No    Yes

If yes, please provide full details:

## Declaration

I declare that the statements given above are complete and true and I understand that AXA will be relying on the complete accuracy of the statements in assessing my application for insurance.

Name

Signature

Date

Please send completed form(s) to:

AXA Customer Service Centre  
PO Box 14330  
MELBOURNE VIC 8001

Telephone: 132 987  
Facsimile: 1800 674 684

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