



# General health questionnaire

## SUPPLEMENTARY PERSONAL STATEMENT (CFS)

### Section A – Life Insured details

Full name of life to be insured

Date of birth of life to be insured    Proposal/Application number

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### Section B – Personal health details

Questions should be completed in respect of the life to be insured.

Questions	Please tick (✓)
1. Name of condition:	
2. a) Date symptoms first started:	/ /
b) Date symptoms ceased (or specify if ongoing): <input type="checkbox"/> Ongoing	/ /
3. How often do/did you have symptoms? (please tick (✓) the appropriate box) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> One-off episode <input type="checkbox"/> Other If 'Other' selected, please specify:	
4. Severity of condition (please tick (✓) the appropriate box) <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Never had symptoms <input type="checkbox"/> Symptoms ceased	
5. Did you take medication or have any other treatment (e.g. physiotherapy, operation) for this condition? If 'Yes':	<input type="checkbox"/> No <input type="checkbox"/> Yes
a) Provide name of treatment/medication:	
b) Are you still on treatment (including medication)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If 'No', when did you cease?	/ /
6. Have you ever been off work as a result of this condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If 'Yes', total time off work: <input type="text"/> days <input type="text"/> months <input type="text"/> years	
7. Have you had any residual, ongoing effects or restrictions as a result of this condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If 'Yes', please provide details:	
8. Is your treating doctor different from your usual doctor?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If 'Yes', please provide the following details:	
Name of doctor:	
Address of doctor:	
Phone:	Fax:

## Section C – Declaration

I declare that the answers I have provided to the questions in this form are honest, true and correct to the best of my knowledge. I understand that this document will form part of my application for Insurance and the answers provided will be used by AIA Australia to determine whether to offer insurance and if so on what terms.

### Duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty applies to a new contract of insurance and also applies when extending or making changes to existing insurance, and reinstating insurance.

### If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. There are different remedies that may be available to us. These are set out in the *Insurance Contracts Act 1984* (Cth). These are intended to put us in the position we would have been in if the duty had been met.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

### Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- answer every question.
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

### Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

### If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help. If you want, you can have a support person you trust with you.

### Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any *impact on the cover*.

Signature of life to be insured

Date

You must inform us of any changes to your circumstances including but not limited to occupation, pastimes, travel, income or health (even if not investigated, diagnosed or you have yet to see a doctor) since the date you signed your application.


**Please send completed form to: Colonial First State, Reply Paid 27, Sydney NSW 2001**