New Application Summary

To be completed by advisers

Australian Group Insurances

Group Insurance Services

Send to AIA Australia email: au.agi@aia.com

Plan name:

Member surname:

Member given name:

Date of birth: / /

Signed date of application: / /

Annual salary: $

Default Cover: Reason for underwriting: ☐ New member ☐ Salary increase ☐ Exceed AAL/FUL

Plan number: Category:

	Existing/AAL Cover	Proposed Cover	Forward Underwriting Limit
Death	$	$	$
TPD	$	$	$

Default Cover: Reason for underwriting: ☐ New member ☐ Salary increase ☐ Exceed AAL/FUL

Plan number: Category:

	Existing/AAL Cover	Proposed Cover	Forward Underwriting Limit
SCI (per month)	$	$	$

Waiting Period: ☐ 30 days ☐ 60 days ☐ 90 days

Benefit Period: ☐ 2 year ☐ 5 year ☐ to age 65 ☐ to age 70

Please find enclosed: ☐ Personal statement ☐ Pathology results ☐ Completed questionnaire ☐ Medical exam

☐ Comments/Additional notes:

Adviser name:

Adviser email:

Adviser phone number:

Number of pages: *(including this page)*

AIA Australia Limited (ABN 79 004 837 861 AFSL 230043)
PO Box 6111, Melbourne VIC 3004 Phone: 1800 333 613 Fax: 1800 832 266

Personal Statement and Medical Examination Form
(Personal Statement part 1)

Australian Group Insurances

In connection with an application for an Insurance on the life of

Name of Life Insured _____ PLAN No _____

Name of Intermediary who authorised examination _____

NOTE: The Medical Examiner should verify the answers provided below.

QUESTIONS Relating to the life to be Insured	DETAILS AND ANSWERS TO QUESTIONS
A. (1) Date of birth.....	(1) .....
(2) What is your height and weight?	(2) Height:..... (cm) Weight: .....(kg)
B. (1) Do you consume alcohol? If so, what type and in what quantity?	(1) .....
(2) Do you smoke? If so, in what form and daily quantity?.....	(2) .....
(3) Within the last five years have you either occasionally or regularly taken any stimulants, sedatives, medications or drugs? If so, provide details, including nature and dosage and if prescribed by a doctor give full particulars under D below.....	(3) ....
(4) Have you ever injected yourself with illegal or illicit drugs? If yes, please provide details.....	(4) .....
(5) Have you ever received advice, counselling or treatment for the use of drugs or alcohol? If yes, please provide details.....	(5) .....
C. (1) What is the present and general state of your health?	(1) .....
(2) Females: (a) Are you pregnant? If yes give confinement date..... .	(2) (a).....
(b) Have you ever had an abnormal pap smear, breast ultrasound or mammogram? If yes, please provide details. .	(b).....

D. During **THE LAST 5 YEARS** have you had any illness, accident, operation, medical examination, pathology test, genetic test, advice or treatment or any X-ray?
YES ☐ NO ☐ If yes, fill in full particulars of each instance in the following schedule.

Question Reference	Date	Nature of Complaint	Duration	Time Off Work	Treatment	Degree % of Recovery	Results of Tests	Name/Address of Doctor/Hospital

. . . *continued overleaf* ☞

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QUESTIONS Relating to the life to be Insured			DETAILS AND ANSWERS TO QUESTIONS (If Yes give date, name and address of doctor (if any), full particulars, including duration)
E. (1) Have you **ever** suffered symptoms of, or had, or been told you have, or received any advice, investigation or treatment for any of the following?	**YES**	**NO**	
(a) High blood pressure, chest pains, high cholesterol, heart murmurs, rheumatic fever, any heart disorder or stroke.	☐	☐	
(b) Asthma, sleep apnoea or other respiratory disorder.	☐	☐	
(c) Indigestion, gastric or duodenal ulcer or any bowel disorder.	☐	☐	
(d) Diabetes, abnormal blood sugar, gout or thyroid disorder.	☐	☐	
(e) Depression, anxiety/stress state, fatigue, panic attacks, psychiatric treatment/counselling, mental illness or nervous disorder.	☐	☐	
(f) Epilepsy, fits of any kind, paralysis, migraines, tinnitus, dizziness or recurrent headaches.	☐	☐	
(g) Back or neck complaint, whiplash, sciatica or any other disorder of joints, bones or muscles.	☐	☐	
(h) Arthritis, repetitive strain injury (RSI), chronic fatigue, myalgia or recurrent pain.	☐	☐	
(i) Psoriasis or eczema, skin disorder, defect in hearing or sight.	☐	☐	
(j) Cancer, cyst, breast lump (even if you have not seen a doctor) or tumour of any kind.	☐	☐	
(k) Liver, kidney or bladder disorder, renal colic or stone.	☐	☐	
(l) Blood disorder, anaemia, haemochromatosis, haemophilia or leukaemia.	☐	☐	
(m) Advice to restrict your diet or undergo surgery.	☐	☐	
(n) Any other illness, disease or disorder.	☐	☐	
(o) Hepatitis B or C or have you ever been told you are a hepatitis B or C carrier?	☐	☐	
(2) Have you had any routine examinations or check-ups in the last 5 years?	☐	☐	
(3) Are you currently considering or have you been advised to undergo any treatment, therapy, special tests, operation or procedure?	☐	☐	
F. (1) Has any of your immediate family ever suffered from cancer, heart disease, diabetes, haemophilia, mental disorder, Huntington's chorea, polycystic kidney disease or any hereditary disease? If so, give particulars.			
(2) Fill in the following schedule of family history			

	LIVING			DEAD	
	Ages	State of health (if not good, state reason)	Age at death	Cause of death (To be stated fully and exactly)	Duration of last illness
Father					
Mother					
Brothers and Sisters					

. . . continued overleaf ☞

Insured's duty of disclosure

A person who enters into a life insurance contract in respect of your life has a duty, before entering into the contract, to tell us anything that he or she knows, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms.

The person entering into the contract has this duty until we agree to provide the insurance. The person entering into the contract has the same duty before he or she extends, varies or reinstates the contract.

The person entering into the contract does not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us something that you know, or could reasonably be expected to know, which may affect our decision to provide the insurance and on what terms, this may be treated as a failure by the person entering into the contract to tell us something that he or she must tell us.

If the person entering the contract does not tell us something

In exercising the following rights, we may consider whether different types of cover can constitute separate contracts of life insurance. If they do, we may apply the following rights separately to each type of cover.

If the person entering into the contract does not tell us anything he or she is required to, and we would not have provided the insurance if he or she had told us, we may avoid the contract within 3 years of entering into it.

If we choose not to avoid the contract, we may, at any time, reduce the amount of insurance provided. This would be worked out using a formula that takes into account the premium that would have been payable if he or she had told us everything he or she should have. However, if the contract has a surrender value, or provides cover on death, we may only exercise this right within 3 years of entering into the contract.

If we choose not to avoid the contract or reduce the amount of insurance provided, we may, at any time vary the contract in a way that places us in the same position we would have been in if he or she had told us everything he or she should have. However, this right does not apply if the contract has a surrender value or provides cover on death.

If the failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Declaration

I have read and consent to the handling, collection, use and disclosure of my personal and sensitive information in the manner described in the AIA Australia Privacy Policy available on the AIA Australia website at www.aia.com.au as updated from time to time or by calling AIA Australia on 1800 333 613, including the exchange with third parties located in Australia and overseas.

Name of Life Insured			
Signature of Life to be Insured	✗	Date	/ /
Name of Medical Examiner			
Signature of Medical Examiner	✗	Date	/ /

Confidential Medical Examination
(part 2)

Australian Group Insurances

To **AIA Australia Limited**

In respect of:

Life Insured Name _____ Date of Birth _____

Privacy

In completing this form you may be providing AIA Australia Limited with personal information (including sensitive information). This information must be handled, collected, used and disclosed in accordance with the Privacy Act 1988 (Cth) and the AIA Australia Privacy Policy as updated from time to time. For more information about the AIA Australia Privacy Policy (including notification) please refer to www.aia.com.au or contact 1800 333 613 to request a copy. AIA Australia may, if requested by the patient, require that you consider a request for personal and sensitive information and act accordingly.

QUESTIONS	DETAILS AND ANSWERS TO QUESTIONS
G. (1) (a) Please state if you are an independent Medical Examiner to the above named Life Insured..... *(Medical Examiner means a legally qualified and registered Medical Examiner (within Australia) other than the Policy Owner or the Life Insured, or a family member, business partner, employee or employer of either the Policy Owner or the Life Insured.)*	(1) (a).....
(b) How long have you known the above named Life Insured?	(b).....
(2) Is there anything unfavourable in his/her appearance or development?.....	(2) .....
(3) Are there any physical deformities or disability in his/her appearance?	(3) .....
H. Give the following accurate measurements:	
(1) Height (in shoes) (2) Weight (clothed).....	(1) Height..... (cm) (2) Weight..... (kg)
(3) Chest, and Abdomen at Umbilicus.....	(3) Chest: Expiration..... Inspiration ..... Abdomen.....
(4) If chest expansion is less than 2" (5 cm) comment as to apparent cause	(4) .....
I. (1) What is the rate and character of the pulse?	(1) Pulse rate ..... per min. Character .....
(2) Is there any evidence of cardiac enlargement?	(2) .....
(3) What is the position of the apex beat of the heart?.....	(3) In the ..... Interspace ..... from mid-sternal line.
(4) Is there any abnormality in the heart sounds or rhythm? If so, give details.....	(4) .....
(5) If any murmurs are present please describe fully. (Also indicate any effect of posture or respiration on the murmur.).....	(5) Systolic ☐ Diastolic ☐ Location: Apex ☐ Left Sternal Border ☐ Aortic area ☐ Grade: /4 ....
(6) What is the blood pressure?	(6) Systolic..... Diastolic..... mm. Hg.
The Diastolic level is to be taken at the cessation of all sound	Systolic..... Diastolic..... mm. Hg.
If the first Systolic reading is above 135 or below 100, or the Diastolic above 85 or below 60, two further readings at 5 to 10 minute intervals are required. The recumbent position should be used where possible.	Systolic..... Diastolic..... mm. Hg. (If under treatment with drugs, comment fully in Section M 3(a) of the Summary overleaf.)
(7) Do you consider the heart and vascular system to be normal?..	(7) .....
J. (1) What is the condition of the (a) teeth; (b) tongue; (c) mouth; and (d) throat?	(1) (a)..... (b)..... (c)..... (d) .....
(2) Is there any abnormality or evidence of any abdominal viscus? If so, give particulars	(2) .....
(3) Is there a hernia present? If so, describe fully.....	(3) ....

. . . continued overleaf ☞

QUESTIONS	DETAILS AND ANSWERS TO QUESTIONS
K. (1) Examination of Urine.	(1) (a) Albumin .....
The urine should be passed at the time of the examination.	(b) Sugar .....
If not, please state circumstances ..... *If any abnormality is found please repeat sample and organise a MSU on our behalf.*	(c) Blood ....
(2) Females: (a) Is the examinee menstruating?	(2) (a) .....
(b) Is the examinee pregnant? ..... If so give expected date of confinement.	(b) ....
(3) Do you consider the genito-urinary system to be normal and healthy?	(3) .....
L. (1) Is there any abnormal reflex or other evidence of disease of the brain, nerves or spinal cord? If so, give particulars.....	(1) .....
(2) Is there any defect in sight, hearing, speech, posture or gait? ..	(2) .....
(3) In cases of present or past ear discharge or deafness, state result of auriscopic examination	(3) .....
(4) Is there any evidence of disability of the joints?.....	(4) .....
(5) Is there any abnormality of the back, neck or spine?.....	(5) .....
(6) Is there any evidence of enlargement of the lymph glands?.....	(6) .....

SUMMARY

M. (1) Do you consider any medical attendant's reports or any special tests are required? (No additional reports or tests are to be arranged without the prior authority of AIA Australia).....	(1) .....
(2) Do you consider the above-named person to be predisposed to any particular ailment or likely to require surgical operation?....	(2) .....

(3) Comment fully on any **unfavourable factors**:

(a) in the personal or family medical history.....

.....

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.....

(b) disclosed by your medical examination .....

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.....

.....

Date

/ /

Name of Medical Examiner

Signature of Medical Examiner

✗

Qualifications

Address, Phone Number, Fax Number, ABN

.....

.....

OFFICE USE ONLY	
Medical Fee Payable	Date Credited

THIS FORM SHOULD BE POSTED DIRECTLY TO AIA AUSTRALIA TOGETHER WITH YOUR TAX INVOICE IMMEDIATELY ON COMPLETION OF THE EXAMINATION.

IMPORTANT NOTICES: Please provide us with your ABN when returning this form. If you are registered for GST we will also require your Tax Invoice.

If you require payment in advance for this report, please fax your bank account details (to process this request via EFT) along with your tax invoice on 1800 832 266 to the attention of: AIA Australia Group Insurance Services.