

Underwriting Questionnaire for Consumer Credit Insurance

To help us process your application, please ensure all details are given below.

Title Mr Mrs Ms Miss Other

First Names

Surname

Postal Address

Post Code

Telephone Numbers (W) (H)

Please asterisk the best number to contact you during work hours.

Email

Date of birth

What is your height and weight? (cm) (kg)

Have you smoked any substance in the last 12 months? Yes No

What is your occupation?

What industry do you work in?

Are you an Australian citizen or permanent resident of Australia? Yes No

Part 1 – Medical details

Have you ever sought or do you intend to seek medical advice or treatment from a doctor or other health professional for any of the following conditions? **(Conditions not requiring medication or treatment can be disregarded).**

- a) Cancer, lump, cyst or tumour, leukaemia or melanoma?
- b) High blood pressure, high cholesterol, heart or cardiovascular disease, chest pain, heart attack, heart murmur, stroke or circulatory disease?
- c) Diabetes, autoimmune or thyroid disorder, HIV or AIDS?
- d) Asthma or other respiratory disease?
- e) Alcohol or drug use?
- f) Mental illness of any description including yet not limited to Stress, Anxiety, Depression, Bipolar, Schizophrenia or other similar conditions?
- g) Any neurological/nervous system disorder e.g. Epilepsy, Multiple Sclerosis, Motor Neurone Disease?
- h) Disorder of the liver (including hepatitis), kidney, bladder, or any part of the reproductive system, bowel or stomach?
- i) Any disorder of the spine or musculo-skeletal disorder e.g. disc bulge, knee reconstruction?
- j) Any other medical condition not mentioned above?
- k) During the last five years have you had any examination, received treatment or advice from a medical practitioner or other health professional, been hospitalised, advised that you need surgery, had any tests, (such as blood tests, x-rays, or an ECG), taken any prescribed medication (excluding for colds, flu or contraceptive advice) or been in a high risk group for contracting the HIV virus?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
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For any questions answered Yes to in above, please provide full details below. If additional space is needed, please attach, sign and date a separate sheet.

| Question | Name of condition/ test | Date of diagnosis/ test | Degree of recovery (%) | Details of treatment/ test result | Date of last symptoms | Full name and address of doctor consulted/hospital attended |
|----------|-------------------------|-------------------------|------------------------|-----------------------------------|-----------------------|---|
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Part 2 – Activities

Do you take part, or intend to take part in any of the following activities?

Aviation (other than as a passenger on a commercial airline), skydiving, parachuting, hang gliding, motor sports, diving, climbing or caving?

| Yes | No |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

If Yes, please circle activity and advise below: number of hours per annum, whether amateur or competitive, if diving – average depth, if climbing – locations.

Declaration and Acknowledgment

I declare that:

- I have received, read and understood the Product Disclosure Statement including policy wording (PDS) referred to in the application including the section entitled "Your Duty of Disclosure". I will retain these documents for future reference.
- All the statements and answers on this Questionnaire (and in any additional information that I have provided), are true, correct and complete to the best of my knowledge and belief.
- I have read the section entitled "Your privacy" within the PDS and consent to the collection, use, storage, maintenance and disclosure of my personal information (including health information) as detailed in that document.

I understand and agree that:

- St Andrew's is entitled to rely on the information I provide when issuing a policy;
- St Andrew's may clarify information on this Questionnaire with me by telephone or in writing;
- My failure to provide or disclose any material information may prejudice the rights of any person to claim under the policy;
- The effect of non-disclosure or misrepresentation may be that the policy is voided;
- The insurance applied for does not begin until St Andrew's approves my application and notifies me of acceptance of my application.

X _____ Date ____ / ____ / ____
Applicant Signature