

AMP - Abridged Personal Statement

AMP LIFETRACK PROTECTING YOUR LIFE AND LIFESTYLE

(PROPOSED) PERSON INSURED NAME: _____ DATE OF BIRTH: ____/____/____

OFFICE USE: POLICY NUMBER: _____ ADVISER NUMBER: _____

New Policy Alteration to Cover Reinstatement Increase Reassessment Others _____

QUESTIONS FOR ALL COVERS

This statement is to be completed in the handwriting of the (Proposed) Person Insured. Please place a ✓ in the appropriate circle provided.

- 1 What is your present occupation and what industry do you work in? _____
- 2 In the last three years have you:
 - (A) had any illness or medical treatment other than of a minor nature such as the common cold, flu, normal pregnancy check-ups or contraception? Yes No
 - (B) engaged in, or do you intend to engage in, any hazardous activities, such as aviation, motor racing, underwater diving, parachuting, hang-gliding, rock climbing, caving or mountaineering? Yes No
- 3 Have you ever suffered any serious illness or disability such as heart disorders, cancer or tumour, stroke, diabetes or respiratory disease? Yes No
- 4 (A) Do you or any of your current or previous sexual partners have HIV/AIDS, or any sign of HIV infection? (Some signs are: unexplained weight loss, swollen glands and persistent diarrhoea.) Yes No
- (B) In the last three years, are you aware of any HIV risk situation to which you or any of your sexual partners may have been exposed? HIV risk situations include, but are not limited to:
 - Sex with an intravenous drug user; • Sex with or as a prostitute; • Contact with someone else's blood e.g. through injection or scratch with a used needle;
 - Anal intercourse (except in a relationship between you and one other person only and neither of you had sex with anyone else for at least three years). If 'Yes', please indicate which, we will then write directly to you requesting additional information.
 Yes No
- 5 Have you smoked in the last twelve months (e.g., cigarettes, cigars, marijuana etc)? Yes No

QUESTIONS FOR LUMP SUM DISABLEMENT & CRISIS COVERS, REGULAR INCOME DISABILITY COVERS & WAIVER OF PREMIUM

- 6 In the last three years have you had, or do you currently suffer from, backstrain or any other disease or injury of the spine (including the neck), occupational overuse syndrome (OOS/RSI), regional pain syndrome or joint or limb pain? Yes No
- 7 In the last three years have you had, or do you currently suffer from, any mental illness, nervous disorder or stress related disorder (e.g. depression, anxiety, burnout) that has required medical consultation or counselling? Yes No

If you have answered 'Yes' to questions 2a, 3, 6 or 7 please provide details in the health table overleaf. Depending on the details, a Full Personal Statement may be required. If you have answered 'Yes' to hazardous activities (question 2b), asthma (question 3) or a back disorder (question 6) you will need to complete a separate questionnaire, available from your adviser.

ADDITIONAL QUESTION FOR LUMP SUM CRISIS COVERS

- 8 Has your mother or father or any brother or sister suffered from diabetes, cancer*, epilepsy, high blood pressure, heart disease*, stroke, mental disorder or depression, haemophilia, Huntington's disease, polycystic kidney or any other hereditary disease? If 'Yes', please give details below. Yes No

Family member (eg mother, father)	Condition/illness (*if cancer or heart disease, please specify type)	Age on onset (approximate)	Age at death (if applicable)

ADDITIONAL QUESTION FOR REGULAR INCOME DISABILITY COVERS

- 9 What is your present annual salary or wage (before tax) including benefits or, if you are self-employed, what was your annual taxable income last year? \$ _____



