

AMP – Non Smoker Questionnaire

FOR LUMP SUM COVERS ONLY

PERSON INSURED: _____

POLICY NUMBER: _____

QUESTIONS

- ❶ Have you smoked in the last twelve months (e.g., cigarettes, cigars, marijuana etc)? Yes No
- ❷ In the last three years have you 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
- ❸ Have you ever suffered any serious illness or disability such as heart disorders, cancer or tumour, stroke, diabetes or respiratory disease? Yes No
- ❹ Have you been advised by a Medical Professional to stop smoking because of a specific medical condition? Yes No

HEALTH TABLE

If you have answered 'Yes' to questions 2, 3, or 4 please provide further details here.

Question No:	Date	Name & address of institution or attending doctor/person:
Details (include condition, treatment, results and length of time off work):		

DECLARATION

Please read each statement and sign below to show you understand and agree with them:

- I have answered all the questions in this personal statement truly and correctly regardless of whether or not they are in my own handwriting.
- I have read all the questions and answers. The information I have provided is full and complete and I have kept nothing back that might cause you to assess me as a greater risk to insure.
- I authorise AMP to obtain from and to provide to any other insurer or medical practitioner information relating to this insurance or to any insurance I have held and to any claim I have made or may make.

Signature of Person Insured _____

Date ____/____/____

