Loan Cover / Five Year Mortgage Repayment Insurance

Allianz

Medical Questionnaire

- All information on this questionnaire must be completed in full to ensure that the application can be reviewed. Incomplete questionnaires will cause delays as the information will be requested again.
- Sections 4 onwards must be completed by the applicant disclosing their medical history. Please request additional forms if multiple applicants have medical conditions to disclose.
- Send Allianz a copy of the completed medical questionnaire with the accompanying proposal form via Email: cci@allianz.com.au.
- Any words defined in the Loan Cover/Five Year Mortgage Repayment Insurance Product Disclosure Statement (PDS) and Policy Document and used in this document have the same meaning as that defined in the PDS.
- **Please print clearly using a black pen and BLOCK LETTERS. Use ✗ as applicable**

Section 1 – Intermediary and Policy Information

Intermediary Name:

OR Agent Number:

Loan Number: Interim Policy Number: 1 C C P

Effective date on proposal: D D / M M / Y Y

Section 2 – Cover Type

Please select **all** applicable covers: ☐ Death and Terminal Illness ☐ Disability ☐ Involuntary Unemployment

Cover / Loan Amount: $, . 0 0 Term of Insurance: months

Section 3 – Your Information

Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other

Given Name(s):

Surname:

Street Address:

Suburb: Postcode:

Date of Birth: D D / M M / Y Y

Occupation:

In reviewing your application we may need to contact you to obtain additional information, please provide the following contact details:

Mobile Number: Home Ph: ( ) Work Ph: ( )

Please provide your preferred contact time (Monday to Friday): ☐ 9am–11am ☐ 11am–3pm ☐ 3pm–5.30pm

The applicant disclosing the medical condition(s) must read Section 4 and complete Sections 5 and 6.

Section 4 – Important Information – Your Duty of Disclosure

Before you enter into an insurance contract, you have a Duty of Disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Section 5 – Medical Condition

Please respond 'yes' or 'no' to the following listed conditions to state whether or not you have the listed condition. If 'Yes' please provide further details by completing the remainder of that row. For any other conditions that resulted in you answering 'yes' on the insurance proposal, please provide details under 'other'. Your duty of disclosure applies to this information.

Condition: (select No or Yes to all conditions)	Diagnosis date	Previous or current treatment plan followed	Is this condition fully resolved?	Last treatment date	Are you currently following a treatment / medication plan?
Hypertension (high blood pressure) ☐ No ☐ Yes	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Cholesterol (high cholesterol / hyperlipidaemia) ☐ No ☐ Yes	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Cardiac (chest pain / heart condition) ☐ No ☐ Yes, provide details / diagnosis:	M M Y Y	☐ Medication ☐ Surgery ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No

* Please attach a separate page if you require additional room to answer the above questions

Condition: (select No or Yes to all conditions)	Diagnosis date	Previous or current treatment plan followed	Is this condition fully resolved?	Last treatment date	Are you currently following a treatment / medication plan?
Stroke ☐ No ☐ Yes	M M Y Y	☐ Hospitalised ☐ Time off work; _____ days ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Diabetes ☐ No ☐ Yes; ☐ Type 1 ☐ Type 2 ☐ Gestational	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Cancer or tumour ☐ No ☐ Yes, diagnosis / type and location:	M M Y Y	☐ Radiotherapy / Chemotherapy ☐ Surgery ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Skin cancer / lesions ☐ No ☐ Yes, type / location:	M M Y Y	☐ Surgery / removal ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Lung, kidney or liver disease ☐ No ☐ Yes	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Back, neck or spine (skeletal or muscular conditions) ☐ No ☐ Yes, provide details:	M M Y Y	☐ Surgery; date M M Y Y ☐ Time off work; _____ days ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Asthma (including seasonal or childhood) ☐ No ☐ Yes, provide details:	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Epilepsy ☐ No ☐ Yes, provide type / details:	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Brain or nervous system disorder ☐ No ☐ Yes, provide type / details:	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Mental Illness (including stress / depression / anxiety / other) ☐ No ☐ Yes, type:	M M Y Y	☐ In-Patient admission ☐ Medication ☐ Counselling ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Chronic fatigue syndrome (including Glandular fever) ☐ No ☐ Yes	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Blood disorder or disease (including hepatitis) ☐ No ☐ Yes, provide type / details:	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Human Immunodeficiency Virus (HIV) ☐ No ☐ Yes	M M Y Y	☐ Medication ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
Previous or planned surgeries ☐ No ☐ Yes, provide details:	M M Y Y	☐ Hospitalised ☐ Time off work; _____ days ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
☐ Other, provide details:	M M Y Y	☐ Hospitalised ☐ Time off work; _____ days ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No
☐ Other, provide details:	M M Y Y	☐ Hospitalised ☐ Time off work; _____ days ☐ Other, provide details:	☐ Yes ☐ No / Ongoing	M M Y Y	☐ Yes ☐ No

* Please attach a separate page if you require additional room to answer the above questions

Section 6 – Declaration

I declare that:

- I have read, received and understood the Loan Cover Insurance or Five Year Mortgage Repayment Insurance Product Disclosure Statement and Policy Document (PDS) and any other document given to me, which set out the standard terms and conditions of the insurance.
- this document forms part of my application for this insurance cover and I understand that final cover will not be provided until the Insurer notify in writing whether they are prepared to issue final cover or not or if any additional endorsements have been applied to final cover.
- I understand and agree that the pre-existing medical condition (as defined in the PDS under the "Words with special meanings" section) exclusion will still apply to any disclosed and other conditions while I am being assessed for final cover;
- I understand that if final cover is issued, after the Insurers have completed their assessment of my application for cover, then any pre-existing medical condition disclosed in this medical questionnaire will be covered except if the Insurers state in the Schedule that the pre-existing medical condition is excluded.
- the answers to all questions on this Questionnaire are true, complete and correct
- I have read, understood and complied with my Duty of Disclosure set out above and in the PDS (see "Section C - Other important information"). The consequences of failing to comply with the duty are set out in the Duty of Disclosure notice at the beginning of this document.
  I understand that my Duty of Disclosure continues after I have completed this document. Any material changes to my health or the answers provided in this Questionnaire or Loan Cover Insurance/Five Year Mortgage Repayment Insurance Proposal/Policy Schedule that occurs before the Insurers decide whether to enter into final cover or not must be provided to the Insurers.
- I have personally completed this Questionnaire fully and accurately or, if with the agreement of the Insurers it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

I:

- authorise my Financial Institution to forward this document to the insurers on my behalf.
- authorise the insurers to refer to any statements that have been made in this Questionnaire and any documents relating to my medical history to third parties as explained in the Privacy Notice section in the PDS, including to re-insurers, medical consultants, the Health Insurance Commission and legal advisers.
- authorise the Insurers and any person appointed by the Insurers to obtain and use for the purpose of this insurance any information (including medical certificates, clinical records, records from relevant government authorities, reports of physical examinations, certificates of unemployment or financial and insurance history from the Insurance Reference Services and any other body holding information on me) that the Insurers may reasonably ask for.
- agree that a photocopy of this authority is deemed to be as effective as the original when attached to a letter from Allianz or its agents.

Applicant Name: _____

Signature: _____ Date D D / M M / Y Y

On signing the declaration above, you are provided with interim cover from the effective date, in accordance with the terms of your PDS (refer to "Interim cover" section). Please note that if you do not submit this Questionnaire to us within 14 days of signing the Proposal/Policy Schedule your application for final cover is deemed to be withdrawn and your interim cover will end (unless the Insurer agrees otherwise in writing).