

SECTION 8 – FAMILY HISTORY

1. Has your mother, father, any brother, sister, or child been diagnosed, under the age of 55 years, with any of the following conditions: Alzheimer’s Disease, Cancer, Dementia, Diabetes, Familial Polyposis, Heart Disease, Huntington’s Disease, Polycystic Kidney Disease, Multiple Sclerosis, Muscular Dystrophy, Stroke or any inherited or hereditary disease? Yes No Unknown

If Yes, please give details in the table below:

Relationship to proposed insured	Age at diagnosis	Specific condition(s)

SECTION 9 – LIFESTYLE

1. Do you have firm plans to travel or reside in another country other than New Zealand, America, Canada, the UK or Europe? Yes No

If Yes, please give details in the table below:

Country	Length of Stay

2. Do you regularly engage in or intend to engage in any of the following activities (not already disclosed in your occupation)? (please tick all boxes that apply)

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|---|---|--|
| <input type="checkbox"/> Water Sports (Underwater diving, rock fishing) | <input type="checkbox"/> Motor Sports (motorcycle, auto, motor boat) | <input type="checkbox"/> Sky Sports (skydiving, hang gliding, parachuting, ballooning) |
| <input type="checkbox"/> Aviation (other than as a fare paying passenger on a commercial airline) | <input type="checkbox"/> Hunting (of any kind) | <input type="checkbox"/> Horse Sports (polo, horse riding, rodeo dressage, jumping) |
| <input type="checkbox"/> Combat Sports or Martial Arts (martial arts, boxing, fencing) | <input type="checkbox"/> Field Sports (hockey or football of any code including soccer) | |
| <input type="checkbox"/> Any activity not mentioned above (e.g. abseiling, base jumping, caving, free climbing, outdoor rock climbing) (if selected please provide details below) | <input type="checkbox"/> None of the activities listed above | |



3. Have you within the last **5 years** used any drugs that were not prescribed to you? (other than those drugs available over the counter) Yes No

If Yes, please give details in the table below:

Drug/Medicine	Reasons for Use

4. Do you drink 6 or more standard alcoholic drinks on 4 or more occasions per week? Yes No

5. Do you currently have HIV (Human Immunodeficiency Virus) that causes AIDS (Acquired Immune Deficiency Syndrome)? Yes No

If No, are you in a high risk category for contracting HIV that causes AIDS? Yes No

6. Other than already disclosed in this application, do you presently suffer from any condition, injury or illness which you suspect may require medical advice or treatment in the future? Yes No

If Yes, please give details below
