

Prime Super Short Personal Statement

Note: This form is to be returned with the Prime Super Insurance Application.



Part of your Community

Prime Super
 ABN 60 562 335 823
 RN 1000276

Trustee
 Prime Super Pty Limited
 ABN 81 067 241 016
 AFSL 219723
 RSE L0000277

Complete this form if the total sum of your Death only or Death and TPD insurance through Prime Super will in total be \$300,000 or less. This includes any cover you already hold. Check your last statement to see your level of cover at that time.

Please ensure that this form is completed in full prior to returning the form. Where a form is not fully completed, we will have to return the form to you for completion prior to starting the assessment process.

Part A - Personal Details

Title (Please Tick One) Mr Mrs Miss Ms Dr

Membership Number

Surname

Given Names

In order to speed up the processing of this application the insurer may contact you on these numbers to obtain or clarify information provided.

Contact Numbers Business Hours Mobile Best time to contact you

What is your Height (cm) or What is your Height (ft/ins) What is your Weight (kgs) or What is your Weight (st/lbs)

What is the name and address of your usual Doctor? If you don't have a usual Doctor, give details of the last Doctor visited.

Reason and results of your last visit.

Date of Birth

Gender Male Female

Smoking Habits Smoker Non Smoker

Note: You are a smoker if you have smoked any substance in the last 12 months.

State Postcode

Part B - Personal Health Details

- (Please Tick One)
- Are you at the date of this application, due to injury, accident or illness off work; Yes No
 or
 restricted from being capable of performing your full and normal duties on a full-time basis (for at least 30 hours per week) even though your actual employment can be on a full-time, part-time or casual basis? Yes No
 - Have you previously had an application for life insurance cover (Death, TPD, Trauma or Income Protection) declined, deferred, had an exclusion applied or in any way been accepted on terms other than requested? Yes No
 - Are you claiming or have you ever claimed a benefit from any source, e.g. TPD benefit from any superannuation fund, Worker's Compensation, Disability Pension, Veteran Affairs or any other insurance policy providing accident or sickness benefits? Yes No
 - Have you been infected with, or have you ever tested positive for HIV (Human Immunodeficiency Virus) or Hepatitis B or Hepatitis C? Yes No
 - Have you ever had, experienced symptoms, or been diagnosed with, heart complaints; high blood pressure; chest pain; stroke; liver; kidney; bowel; intestinal or bladder disease; diabetes; cancer or other tumours; asthma; respiratory or blood disorders; stress, anxiety, depression, mental or nervous disorders; chronic fatigue syndrome; epilepsy or other neurological disorder? Yes No
 - Have you ever had or do you have: arthritis; rheumatism; paralysis; loss of use of a limb; muscle, joint or back or neck problems; RSI; hearing, sight or skin problems? Yes No
 - Are you at the date of this application currently receiving medical advice for any condition or are you taking any prescribed medication oral or otherwise (other than for cold and flu and the contraceptive pill)? Yes No

If you have answered 'Yes' to any of the previous questions (1 to 7), please provide full details as requested on the following page.

