

Back/Neck disorder questionnaire

We respect your privacy and handle your information in accordance with our Privacy Policy, please refer to the Privacy link on our homepage acenda.com.au

Name of Life to be Insured/Life Insured

Date of birth (DD/MM/YYYY)

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Member Number

Your duty to take reasonable care not to make a misrepresentation

About this application and your duty

When you apply for life insurance, we conduct a process called underwriting. It's how we decide whether we can cover you, and if so on what terms and at what cost.

We will ask questions we need to know the answers to. These will be about your personal circumstances, such as your health and medical history, occupation, income, lifestyle, pastimes, and current and past insurance. The information you give us in response to our questions is vital to our decision.

The duty to take reasonable care

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

This duty also applies when extending or making changes to existing insurance, and reinstating insurance.

If you do not meet your duty

If you do not meet your legal duty, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced.

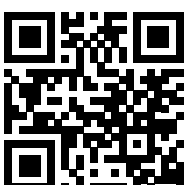
Please note that there may be circumstances where we later investigate whether the information given to us was true. For example, we may do this when a claim is made.

Guidance for answering our questions

You are responsible for the information provided to us. When answering our questions, please:

- think carefully about each question before you answer. If you are unsure about any question, we are here to help and you can contact us,
- answer every question,
- answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it,
- review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted, and
- you must not assume that we will contact your doctor for any medical information. If you are unsure about whether you should include information or not, please include it.

Your duty to take reasonable care not to make a misrepresentation continues until the time your insurance cover starts. The duty applies when you answer questions in your application and whenever we obtain more information from you.



If you need help

It's important that you understand this information and the questions we ask. Ask us or your adviser for help if you have difficulty understanding the process of buying insurance or answering our questions.

If you're having difficulty due to a disability, understanding English or for any other reason, we're here to help and can provide additional support for anyone who might need it. If you want, you can have a support person you trust with you.

What can we do if the duty is not met?

If the person who answers our questions does not take reasonable care not to make a misrepresentation, there are different remedies that may be available to us. These are set out in the Insurance Contracts Act 1984 (Cth). These are intended to put us in the position we would have been in if the duty had been met.

For example we may:

- avoid the cover (treat it as if it never existed);
- vary the amount of the cover; or
- vary the terms of the cover.

Whether we can exercise one of these remedies depends on a number of factors, including:

- whether the person who answered our questions took reasonable care not to make a misrepresentation. This depends on all of the relevant circumstances;
- what we would have done if the duty had been met – for example, whether we would have offered cover, and if so, on what terms;
- whether the misrepresentation was fraudulent; and
- in some cases, how long it has been since the cover started.

Before we exercise any of these remedies, we will explain our reasons, how to respond and provide further information, including what you can do if you disagree.

1. What type of back/neck pain or condition have you experienced? (select all that apply)

- ☐ Muscular
- ☐ Sciatica
- ☐ Whiplash
- ☐ Disc (including prolapsed disc, disc protrusion, disc degeneration)
- ☐ Facet joint
- ☐ Other disc condition - please specify
- ☐ Other back/neck condition - please specify

2. Is the back/neck condition associated with any other medical condition (eg ankylosing spondylitis, osteoarthritis, fracture etc)?

Yes ☐ please confirm what condition it is associated with

No ☐

3. What area of the back is/was affected?

- ☐ Neck (Cervical) ☐ Upper/middle back (Thoracic) ☐ Lower back (Lumbar)

4. What is/was the exact nature of the back/neck disorder, including symptoms?

5. When did you first experience back/neck symptoms? (DD/MM/YYYY)

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6. When did you last experience back/neck symptoms? (DD/MM/YYYY)

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7. For how long did you have symptoms of this condition?

Days

Months

8. How many episodes have you had of back/neck symptoms?

☐ Once

☐ More than once

9. If you have experienced back/neck symptoms more than once, please confirm how many episodes of symptoms you've experienced for this condition. How long did each episode last?

Please provide dates of each episode

Number of symptom episodes	Length of episode	Date (DD/MM/YYYY)							

10. Are you fully recovered (this means no ongoing symptoms, no treatment, discharged from any further review and a complete return to your normal work or daily activities)?

☐ Yes

☐ No

11. What are your current symptoms?

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12. Have you had an x-ray, scan, ultrasound or other test for your back/neck pain?

Yes ☐ Please provide name of tests and date/s performed

Name of Tests	Date (DD/MM/YYYY)							

No ☐

13. Are you undergoing or awaiting hospital referral, scans, imaging or other tests, the results of any scans, imaging or other tests or surgery for this condition?

Yes ☐ Please provide name of tests and dates

Name of Tests	Date (DD/MM/YYYY)						

No ☐

14. What treatment have you had?

☐ Medication ☐ Physiotherapy ☐ Surgery ☐ Chiropractic

☐ Other - Please provide details

15. When did you last have treatment or receive any form of therapy (eg chiropractic maintenance, physical therapy) for this condition?

16. How frequently are/were you required to have treatment?

17. Are your symptoms caused by, or made worse by, your job?

Yes ☐

No ☐

18. What is your current job?

19. How many days in total have you taken off work or had restrictions in daily activities because of this condition in the last 5 years?

20. Are you currently off work or receiving disability benefits due to this condition?

Yes ☐ Please provide details in the box

No ☐

21. Please provide the name and address of any doctors, physiotherapists, chiropractors or other health professionals consulted and the date last consulted.


Name	Address of hospital/doctor's surgery	Date (DD/MM/YYYY)						

Declaration and Authority

I understand and agree that:

- I have read and understand the duty to take reasonable care not to make a misrepresentation
- the answers to the questions above are true and complete
- if any answers to the questions are not in my own handwriting, I certify that I have checked them and they are correct
- I consent to notices relating to my application to be sent to the email address or the mobile number provided by me and I acknowledge that my personal and sensitive information may be sent to that email address, and
- I acknowledge and agree that the Insurer will inform the policy owner (trustee or employer) of its decision in relation to this application including providing information in relation to it.

Signature of the Life to be Insured/Life Insured

	Date (DD/MM/YYYY)					

A notification about your privacy

The Insurer is bound by the *Privacy Act 1988* (Cth). Before providing us with any personal information, you should read the below information about your privacy.

We collect, use, store and disclose personal information, including sensitive information (such as health information) when required, about you in order to comply with our legal obligations and in order to provide you with insurance (eg changing your insurance cover or paying a claim).

For the purpose of providing you with insurance, we will disclose this information to your adviser if you have one (and the licensed dealer or broker he or she represents), affiliates of the Insurer, to other insurers and reinsurers, to our agents, contractors, service providers and administrators, medical service partners (eg medical practitioners and health practitioners), legal representatives and other consultants, and where we are required or permitted to by law. By signing this form, you will be consenting to us, and those other organisations and professionals acting on our behalf, to collecting, and disclosing as required, the sensitive information for this purpose.

The Insurer may obtain information from government offices and third parties for the purposes of providing you with insurance.

For further information about the Insurer's Privacy Policy, which includes more details about how we collect, use, store and disclose your personal information, a list of countries in which recipients of your information are likely to be located, details of how you can access or correct the information we hold about you or make a complaint, please refer to the Privacy link on our homepage – **acenda.com.au** contact us by telephone on **1800 652 447** or email us at **enquiries.group@acenda.com.au**

Send us your form

Please mail or email your completed, signed and dated form to:

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