



Confidential lifestyle questionnaire

SUPPLEMENTARY PERSONAL STATEMENT



Section A – Life Insured details

Full name of life to be insured

Date of birth of life to be insured

Proposal/Application number

 / /

Section B – Personal health details

**Questions should be completed in respect to the life to be insured.
Questions 1 and 2 to be completed by all applicants.**

1 Have you ever been tested for Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV) Antibodies or Hepatitis B or C?

Yes ▶ If 'Yes' please advise the dates and results of all of these test(s):

Date	Test	Results
/ /		
/ /		

No

2 Have you ever suffered from unintentional weight loss, persistent night sweats, persistent fever, persistent diarrhoea or persistent swollen glands?

Yes ▶ If 'Yes' please provide further details including the date(s) and results of any investigations undertaken at the time'.

No

You have answered 'Yes' to one or more of the following questions in your recent application for insurance. **You only need to answer the corresponding section of this questionnaire that relates to the specific answers you have given previously.**

3 In the last 5 years have you had any of the following?

a. Anal intercourse without a condom (except in a relationship between you and one other person only where neither of you had sex with anyone else for at least 5 years)?	If 'Yes' go to Section C
b. Sex without a condom with someone you know or suspect to be HIV positive?	If 'Yes' go to Section D
c. Sex without a condom with anyone who injects non prescribed drugs?	If 'Yes' go to Section E
d. Sex without a condom with a sex worker or as a sex worker?	If 'Yes' go to Section F

Section C – If you answered 'Yes' to Q3a, please complete this section

You advised that you have had anal intercourse without a condom (except in a relationship between you and one other person only where neither of you had sex with anyone else for at least 5 years)

1 How many sexual partners have you had in the last 5 years?

2 How many sexual partners have you had in the last 3 years?

3 How many sexual partners have you had in the last 12 months?

4 Do you have a current monogamous partner?

Yes ▶ If 'Yes' please complete Question A and B below:

No

4A. How long with this partner?

4B. Do you always practice safe sex with this partner? i.e. Do you always use a condom and avoid the transmission of bodily fluids?

Yes

No ▶ If 'No' please provide details.

Section D – If you answered ‘Yes’ to Q3b, please complete this section

1 You have advised you have had sex without a condom with someone you know or suspect to be HIV positive. Please provide dates and circumstances surrounding your answer. Please also confirm you have had follow up testing for HIV & Hep B & C immediately after each occurrence, then again 3 months later and that all test results were negative.

2 Are you currently in a sexual relationship with someone you suspect or know to be HIV positive?

Yes ► If ‘Yes’ please complete the Question A

No ► If ‘No’ proceed to Question 3

2A. Do you always practice safe sex? i.e. Do you always use a condom and avoid the transmission of bodily fluids

Yes

No

3 How many sexual partners have you had in the last 5 years?

4 How many sexual partners have you had in the last 3 years?

5 How many sexual partners have you had in the last 12 months?

6 Are you currently in a relationship of at least 12 months duration with one other person where neither of you have had sex with anyone else?

Yes

No

7 Are there any further details you feel may assist us in our assessment? If ‘Yes’ please provide details below:

Section E – If you answered ‘Yes’ to Q3c, please complete this section

1 You have advised that you have had sex without a condom with someone who injects non prescribed drugs. Please provide dates and circumstances surrounding your answer. Please also confirm you have had follow up testing for HIV & Hep B & C immediately after each occurrence, then again 3 months later and that all test results were negative.

2 How many sexual partners have you had in the last 5 years?

3 How many sexual partners have you had in the last 3 years?

4 How many sexual partners have you had in the last 12 months?

5 Are there any further details you feel may assist us in our assessment? If ‘Yes’, please provide details below:

► form continued overleaf

Section F – If you answered ‘Yes’ to Q3d, please complete this section

You have advised you have had sex without a condom with a sex worker or as a sex worker. Please answer the questions below.

- 1 Have you ever worked in the sex industry? / / to / /
Yes ► If ‘Yes’ please provide dates you worked in the industry:
No ► If ‘No’ proceed to Question 3
- 2 Please confirm where you provided services
Registered brothels
Self-employed working from home
Street worker
- 3 How often have you had sex with a sex worker in the last 5 years?
- 4 How often have you had sex with a sex worker in the last 3 years?
- 5 How often have you had sex with a sex worker in the last 12 months?
- 6 Do you always attend a registered brothel for services?
Yes
No ► If ‘No’ provide details
- 7 Are there any further details you feel may assist us in our assessment? If ‘Yes’ please provide details below:

Section G – Declaration

I declare that the answers I have provided to the questions in this form are honest, true and correct to the best of my knowledge. I understand that this document will form part of my application for Insurance and the answers provided will be used by AIA Australia to determine whether to offer insurance and if so on what terms.
I also understand that my Duty of Disclosure as set out in my application for insurance continues until the date the application has been accepted by AIA Australia in writing.

Signature of life to be insured Date / /

You must inform us of any changes to your circumstances including but not limited to occupation, pastimes, travel, income or health (even if not investigated, diagnosed or you have yet to see a doctor) since the date you signed your application.
