Mental health questionnaire

SUPPLEMENTARY PERSONAL STATEMENT

Colonial First State

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 of the life to be insured.

	Questions	Please tick (✔)
1.	Are you currently suffering from, or have you previously experienced symptoms of or sought advice or treatment for any of the following:	
	Single episode of depression (including adjustment disorder, postnatal depression or grief reactions)	☐ No ☐ Yes
	Chronic or recurrent depression	☐ No ☐ Yes
	Stress (including acute stress reaction, work related stress or adjustment disorder)	☐ No ☐ Yes
	Anxiety disorder(s) (including generalised anxiety, obsessive compulsive, phobic/panic anxiety, or Post Traumatic Stress)	☐ No ☐ Yes
	Bipolar I or II disorder, or Cyclothymia	☐ No ☐ Yes
	Schizophrenia or other Psychotic Disorder(s) (including drug induced delusional disorder)	☐ No ☐ Yes
	Eating disorder(s) (including Anorexia nervosa or Bulimia)	☐ No ☐ Yes
	Attention Deficit Disorder (including ADD/ADHD)	☐ No ☐ Yes
	Other:	
2.	Have any reasons or causes for the condition been identified?	☐ No ☐ Yes
	If 'Yes', advise details including cause, and if the cause is still persisting:	
3.	When were your first diagnosed with the condition?	/ /
4.	Are there any physical/other medical conditions contributing to or associated with your condition? (such as chronic pain)	☐ No ☐ Yes
	If 'Yes', provide details:	
5.	Please describe your symptoms, including the date they started:	
		/ /
		/ /
	When did you last experience these symptoms? (or specify if ongoing) ☐ Ongoing	/ /
6.	Did your symptoms include suicidal thoughts or ideation?	☐ No ☐ Yes
	If 'Yes', have you ever attempted suicide?	☐ No ☐ Yes
	If 'Yes', provide details including dates:	
		/ /
		/ /

Section B – Personal health details (continued)

Questions		Please tick (✔)
7.	Have you had any recurrences of these symptoms?	☐ No ☐ Yes
	If 'Yes', provide details including dates:	
		/ /
		/ /
8.	Please complete the table below with details of all treatments prescribed, recommended or received for your condition (including medications, counselling and alternative/complementary therapies):	

Name of treatment	Treating/Prescribing doctor or health care professional	Date treatment prescribed, recommended or first received	Date treatment ceased/ongoing
		/ /	/ /
		/ /	/ /
		/ /	/ /
		/ /	/ /

9.	Did you comply with treatment(s) and/or advice from your treating doctor/health care professional?	☐ No ☐ Yes
	If 'No', provide details:	
10.	Has your condition ever caused you to lose time from work?	☐ No ☐ Yes
	If 'Yes', provide details including dates:	
		/ /
		/ /
11.	Are you limited in your ability to work or perform your activities of daily living as a result of this condition?	☐ No ☐ Yes
	If 'Yes', provide details:	
12.	Does your usual doctor have knowledge of this condition?	☐ No ☐ Yes
	If 'No', provide details:	
	Name:	
	Address:	
	Phone: Fax:	

Section C – 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.

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 applies to a new contract of insurance and 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. 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.

Your cover could be avoided (treated as if it never existed), or its terms may be varied. This may also result in a claim being declined or a benefit being reduced.

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

Before we exercise any of these remedies, we will explain our reasons and what you can do if you disagree.

Section C – Declaration (continued)

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 of the meaning of any question, please ask us before you respond.
- 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.

Changes before your cover starts

Before your cover starts, we may ask about any changes that mean you would now answer our questions differently. As any changes might require further assessment or investigation, it could save time if you let us know about any changes when they happen.

If you need help

It's important that you understand this information and the questions we ask. Ask us or a person you trust, such as 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. If you want, you can have a support person you trust with you.

Notifying the insurer

If, after the cover starts, you think you may not have met your duty, please contact us immediately and we'll let you know whether it has any *impact on the cover.*

Signature of life to be insured

X

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.

Please send completed form to: Colonial First State, Reply Paid 27, Sydney NSW 2001