

Back questionnaire

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer each question and where appropriate provide particulars.

1 When did you first suffer back pain?

2 What was the cause?

3 When did symptoms commence?

4 How long did these symptoms last?

5 Describe the symptoms fully.

6 What area of the back was affected?

7 Has a health professional diagnosis been made?

Yes, please give details

No

Details including name /address of Health Professional:

8 Have you ever undergone any x-ray, scan or other test?

Yes, please give details

No

Continued overleaf

9 How were the symptoms treated?

10 How much time have you lost from your occupation with your back problem?

11 Are you still undergoing treatment? Yes, please give details No

12 Have you had any recurrences of symptoms? Yes, please give details No

Dates of recurrence:

13 How long did these symptoms last?

14 Is the condition getting worse?

15 Are you now completely free from all symptoms and residual affects? Please give details Yes No

No – Describe current symptoms:

Yes – When did you last experience symptoms:

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application.

I agree that this questionnaire is part of the application for my insurance cover and I agree to notify the insurer of any changes in my circumstances or health between completing this questionnaire and commencement of the policy.

Name of life insured:

Date:

Signature:

How to contact Macquarie

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FORWARD thinking



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