

Cyst/mole/skin lesion questionnaire

This statement should be completed by the applicant.

Application/policy number:

Full name:

Date of birth:

Please answer the following questions

1 Site

2 Date of diagnosis

Date: / /

3 Type of lesion (e.g. BCC, Keratosis, melanoma)

4 Has the lesion been removed?

Yes

No

If yes, by what method (e.g. burnt off, surgically)

5 Date of removal:

Date: / /

6 Were you advised of the pathology result?

Yes

No

If yes, was the growth reported to be malignant or benign? Please give details.

Continued overleaf

7 Were any special tests, investigations or treatments required? Yes, please give details No

8 Have you been required to attend for any further treatment or follow-up? Yes, please give details No

9 Please give details of the doctor consulted:

Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Declaration

I declare that the answers given are true and correct to the best of my knowledge and I agree that they shall form part of my application for insurance. I further declare that there has not been any change in my health, occupation or pastimes since completing my application for insurance. Any changes in my personal circumstances are disclosed below.

Name of life insured: _____

Date: _____

Signature: _____

Macquarie Life

-  **Admin/Underwriting Freecall** 1800 005 057
Sales Freecall 1800 451 769
-  **Fax Gateway** 1800 812 175
-  **Mail** GPO Box 5216 Brisbane QLD 4001
-  **Email** insurance@macquarie.com

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