

Surname of the life to be insured

Given name(s)

Application number

When did you have your first episode of asthma?

  


When did your most recent symptoms of asthma occur?

 /  / 

How often do you experience symptoms (e.g. daily, weekly)

Do you use any form of medication?

No  Yes  Specify the type of medication and how often it is used

  
  
  
  


Has your peak flow been monitored?

No  Yes  Specify dates and results of your recent readings

  
  
  


In the last 5 years, have you required steroid treatment (e.g. prednisone, prednisolone) for this condition?

No  Yes  Specify name of medication, dates and duration of treatment for all occurrences

  
  
  


Have you ever required hospital admission or emergency treatment for asthma?

No  Yes  Give full details including dates, names, and address of hospitals attended

  
  
  


In the last 5 years, have you lost any time from work due to asthma?

No  Yes  Give details

  
  


Please specify the name, address and approximate date(s) of consultation for any doctors that you have consulted.

  
  
  


*Privacy laws protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Statement. Please be aware that if you wish to provide information to us, the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application. Please phone the Privacy Officer on (02) 9448 9416 if you have any questions or would like to request a copy of our Privacy Policy.*

## DECLARATION AND SIGNATURE

I understand that this statement forms part of my application(s) for TOWER insurance cover and declare that its contents are true and correct.

Signature of the life to be insured

Date

 /  / 

Please return the completed form to:  
**TOWER Australia**  
**GPO Box 5380**  
**Sydney NSW 2001**