

Surname of the life to be insured

Given name(s)

Application number

Please indicate the joint that is affected

Wrist Elbow Shoulder
Ankle Hip Knee

When did you first experience symptoms?

 / /

What caused the condition?

On which side of the body is the affected joint?

Left Right

Please provide a full description of the symptoms including frequency and severity of symptoms and duration of each episode.

Have you received treatment for the condition?

No Yes Give details

Is the condition getting worse?

No Yes Give details

Have you been off work as a result of the condition?

No Yes Give full details including when, how long, how often, etc.

Are you now free of symptoms?

No Yes Date of last symptoms / /

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