



Request for underwriting pre-assessment

ADVISER USE ONLY

Section 1 – Required details

State		Adviser ID	
DOB	/ /	Gender	
Occupation		Self Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Smoker	<input type="checkbox"/> Yes <input type="checkbox"/> No	BDM	
Height	cm	Weight	kg
Australian resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your customer planning on travelling anywhere in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide details
Cover applying for	<input type="checkbox"/> Life \$	<input type="checkbox"/> TPD \$	<input type="checkbox"/> Trauma \$
	<input type="checkbox"/> Accidental Death \$	<input type="checkbox"/> IP / SCO WP	<input type="checkbox"/> BOC BP
		<input type="checkbox"/> Essentials Cover \$	

Section 2 – Important adviser information

By making this request to AIA Australia for Underwriting Pre-Assessment, you the Adviser acknowledge and agree that:

- The pre-assessment made by AIA Australia is based on the limited information provided in this document and is, therefore, indicative only and does not amount to an offer of insurance;
- The pre-assessment is not binding on AIA Australia and in no way affects the final underwriting decision AIA Australia may make after receipt of a fully completed application;
- AIA Australia can only make a final underwriting decision after receiving and assessing a fully completed application and any necessary medical or financial requirements and putting in place any necessary reinsurance arrangements;
- If the information provided in this document remains applicable, it must again be provided in any fully completed application to AIA Australia;
- You have your client's authority to disclose their personal and sensitive information (medical and financial) to AIA Australia for the purpose of providing the pre-assessment;
- The pre-assessment is for your information only and must not be provided to your client or any other person.

Section 3 – Current medical conditions

Please note: the following medical conditions do not require pre-assessment if treated and well controlled and the underlying cause has been fully investigated:

- Hypertension • Asthma • High Cholesterol • BMI less than 32 • Hyperthyroidism • Hypothyroidism • Haemorrhoids

Medical Condition	Details
Cancer ▶ If 'Yes', type of cancer, date diagnosed, site of cancer, stage and grade (if known), type of treatment, date of last treatment, include histology report	
Diabetes (1 and 2) OR Gestational Diabetes ▶ If 'Yes', indicate type of diabetes, when diagnosed, last fasting glucose and/or HbA1c reading and date of reading, details of treatment and if any complications	
Blood pressure ▶ If 'Yes', is it high or low, last reading, date of reading, medication required, is the condition controlled on treatment	
Asthma ▶ If 'Yes', date of last attack, severity, frequency, medication required including oral steroids, is the condition controlled on treatment	
High cholesterol ▶ If 'Yes', last reading, date of reading, medication required, is the condition controlled on treatment	

Section 3 – Current medical conditions (continued)

Sleep apnoea ▶ If 'Yes', details of treatment (e.g. CPAP machine or other device), include specialist report or provide full details	
Mental health issues ▶ If 'Yes', specific Mental Health issue, when diagnosed, form of treatment provided and response to treatment, if treatment is continuing or when ceased, if symptoms are ongoing or when ceased, time off work	
Skin lesions ▶ If 'Yes', have any skin lesions been removed – please provide details, e.g. benign or malignant, include histology report, etc.	
Back/ musculoskeletal condition ▶ If 'Yes', part of the body impacted, has a condition been diagnosed such as osteoarthritis, rheumatoid arthritis, psoriatic arthritis – indicate which, last symptoms, treatment provided e.g. manipulation, surgery, frequency of treatment and response	
Any other medical condition ▶ If 'Yes', name of the condition (if known), organ or site involved, when commenced, medication taken, current status	

Drug history

Have you taken any illicit or illegal drug or any other substance in the last 10 Years? Yes ▶ If 'Yes', please provide details No

Substance	When started	When last used	Frequency
	/ /	/ /	
	/ /	/ /	

Family history

Please note: You are only required to disclose family history information pertaining to first degree blood related family members (mother, father, sisters, brothers) – living or deceased.

- Heart problems, cardiomyopathy, stroke, or sudden death Yes No
 - Diabetes
 - Any Dementia, Alzheimer's or Parkinson's disease
 - Cancer of any type (specify type of cancer in table below e.g. breast or colon cancer)
 - Motor Neurone Disease, Huntington's disease, Multiple sclerosis, Muscular Dystrophy or Polycystic kidney disease
 - Any other condition which runs in your family
- If 'Yes', to any of the above, please provide details below:

Family Member e.g. father/mother/brother/sister	Condition	Age at diagnosis

Pastimes

Please note

- Before completing this section, please refer to Adviser Guide for pastime ratings.
- Only complete this section if Adviser Guide has rating of "IC" or you are unable to find an entry for the particular pastime/sport

Nature of pastime/sport	Please provide details e.g. type of activity, level and frequency of participation, injuries or accidents sustained etc.

Occupation details

Please note

- Before completing this section, please refer to Adviser Guide for occupational ratings
- Only complete this section if Adviser Guide has occupational rating of "R" or you are unable to find suitable occupation

Job title and industry	Please provide details to explain the duties you perform e.g. admin, light manual work, care of dependents etc., type and nature of duties performed on a daily basis etc.

Please provide any other additional information which may be necessary

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