

--	--	--	--	--	--	--	--

## Loading Review Questionnaire

By completing this form, Partners Life can reassess your health to potentially adjust the loading on your policy. If our assessment of your current health allows, we may decrease or remove the loading. We will not make the terms worse.

### 1.0 Life Assured

Title Mr  Mrs  Miss  Other

First name

Surname

Date of birth  What is your current height  cm What is your current weight  kg

Please confirm that you have reviewed your most recent application form with Partners Life Yes  No

### 2.0 Supporting evidence

Please attach a copy of medical evidence to support the review of this loading

Since your previous application with Partners Life, has there been any change to your personal circumstances around your lifestyle?

Alcohol Consumption Yes  No

Smoking Status Yes  No

Drug use, including illicit or prescription drugs not prescribed to you Yes  No

### 3.0 Please indicate the reason for the original loading:

Build/BMI (move to section 4)  Family History (move to section 4)  Medical Condition/s

	Condition 1	Condition 2	Condition 3
Since your previous application, have you consulted with a medical professional for your condition?			
If applicable, since your previous application, has there been any change in the medication or treatment you undergo for your condition?			
Do you currently have any symptoms relating to this condition? If so, please provide details			
Since your previous application, has this condition caused you to take any time off work?			

Since your previous application, have you had any further tests and/or investigations into this condition?			
Are you currently pending any further tests and/or investigations into this condition?			
In your opinion, do you consider this condition to be either resolved or under better control since your previous application?			

Other than what you have told us above:

**4.0 Since the date of your most recent application to this company have you had any change in health or suffered from any sickness or injury?** Yes  No

If **yes**, please give details


**5.0 Since the date of your most recent application to this company have you had any reason to receive medical attention or advice, or to consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or any other health care worker?** Yes  No

If **yes**, please give details


**6.0 Are you now, to the best of your knowledge and belief, in as good a state of health as at the time your most recent application was submitted?** Yes  No

If **no**, please give details


**7.0 From that stated in your most recent application for insurance has there been any change in:**

- i) The health of any first degree relative? Yes  No
- ii) Your occupation or occupational status? (e.g. from employee to employer) Yes  No
- iii) Your financial circumstances, such as bankruptcy, redundancy, or the possibility of one of these events occurring? Yes  No
- iv) Your participation in organised sport or any hazardous activity? (e.g. motor or water sports, aviation, football, parachuting) Yes  No

If **yes**, please give details


**8.0 Do you intend to travel or work, or are you currently residing or working overseas?** Yes  No


9.0 Has any application for insurance on your life been submitted to any other company since the date of your most recent application to this company?

Yes  No

If yes, please give details


10.0 Have you applied for, or are you in the process of applying for a claim against any life, trauma, disability, or medical insurance benefit?

Yes  No

If yes, please give details


### 11.0 Declaration

I/we declare and agree that the information provided in this Loading Review Questionnaire, whether in my/our handwriting or not, is true and complete and I/we have not withheld or misstated any material fact.

Life assured to acknowledge the above declaration.

Signature of life assured

--

Date

--