

Insurance Pre-Screening



Complete separate form for all Insurance Applicants - even in instance of joint applications. (The Pre-Screen questionnaire will help advisers provide a more accurate quote/premium and help eliminate any “surprises”).

1. Personal details

Name of life to be insured:

Date of birth:

Age next birthday:

Gender:

Occupation:

2. Benefits being applied for:

Life

Sum Insured:

TPD

Sum Insured:

Critical Illness/Trauma

Sum Insured:

Income Protection

Monthly Benefit:

(include wait period and benefit period)

Business Expense

Monthly Benefit:

3. Insurance history

Please provide details of all current insurance in force (including types of benefits and sums insured).

		REPLACING	
Life	Sum Insured:	Yes	No
TPD	Sum Insured:	Yes	No
Critical Illness/Trauma	Sum Insured:	Yes	No
Income Protection	Monthly Benefit:	Yes	No
Business Expense	Monthly Benefit:	Yes	No

4. Occupation Questions

Some occupations are hazardous and there can be often loadings or exclusions applied to clients policy or a benefit declined. These are some basic questions to pre-empt your client prior to tele interview that you may want to obtain a pre-assessment for:

Client's occupation/trade:

Include qualifications

Percentage of time that is: Manual Administrative

Where does the client work:

How many hours a week worked
in this occupation?

Does the client work at heights? Yes No If yes, How high?

How often?

Safety Precautions taken:

Type of work sites and duties:

Is there machinery used?

Does the client work
underground? Yes No If yes,

Where

How often?

Does the client work with
explosives? Yes No If yes,

Where?

How often?

Safety Precautions taken:

Does the client travel overseas? Yes No If yes,

Which countries?

How often?

How long each time?

Means of travel: Plane Boat

If Plane, number of passengers/
seats

Commercial Plane Charter Plane Propeller Plane

Please add further info:

If Boat, number of passengers/
seats

Charter Boat Cruise Liner Other

Please add further info:

5. Your measurements – BMI

BMI refers to “Body Mass Index”. For further information and an instant calculator refer to the National Heart Foundation website link **here**.

Has your weight changed within the last 12 months? Yes No

If **Yes**, please confirm by how much in kg/pounds/stone?

Height (cm):	Weight (kg):	BMI:
	Pounds (lb):	Stone:

Have you been required to undergo surgery for weight loss? Yes No

If yes – weight prior to surgery, weight following, procedure, date of surgery?

6. Smoking Status

Have you smoked tobacco or any other substance at all within the last 12 months? If yes, smoker rates will apply.

If Yes , please confirm if:	Cigarettes	Pipe	Cigars
	Vaping	Nicotine based Electronic Cigarettes	
Daily	Weekly		

If **No**, have you ever smoked Yes No

Quantity smoked? Date ceased?

Have you ever been prescribed or purchased nicotine patches or gum?

If **Yes**,

Provide reason
(including strength, length of time used)

Are you still currently consuming? Yes No

If **No**,

Date ceased?

Does your doctor or general practitioner have knowledge of this? Yes No

7. Alcohol Consumption

How many standard drinks of alcohol would you consume per day?

How many standard drinks of alcohol would you consume per week?

Name of alcohol

8. Background and Medical Information

To the best of your knowledge, do you have any existing or have you had any pre-existing Health Conditions that may impact your Insurance Application?

(If any yes answers in the section immediately below, provide details in the additional Pre-Assessment Questionnaire (page 7) if more than 1, then separate questionnaire for each condition).

Yes No

High Blood Pressure - includes controlled and/or prescribed medication, (provide reading on page 7)

High Cholesterol - controlled and/or prescribed medication, (provide reading on page 7)

Sleep Apnoea - controlled and or use of a CPAP machine/ever consulted for a sleep study, (provide reading on page 7)

Yes No

Yes No

Cancer

Diabetes

Stroke

Kidney Disease

Heart attack

Blood Disorder

Epilepsy

Hereditary Disease

Endocrine/Thyroid

Breast Disease/Disorder

Heart Disease/Chest Pain

Hep B or C or HIV

Multiple Sclerosis

Mental Health/
Anxiety/ Depression

Additional Medical History

Yes No

Substance Abuse

(Past or present Alcohol/drug use, provide substance, date first used, date ceased use)

Details:

Have you ever, or currently been prescribed medication of any type?

If yes, please provide details below including: reason, name of medication, date last prescribed, strength and frequency taken.

8. Background and Medical Information (continued)

Additional Medical History

Yes No

Complaint or injury of any kind that includes neck/spine, any joints or disc disorder including any Arthritis? - eg: Back pain: we will need to know if you have taken any time off work, how long you have had symptoms, has the symptom recurred, had any referrals or x-ray results.

Do you have any disabilities at all?

Details:

Have you had or do you currently have any medical conditions?

If **Yes**, please provide details below, excluding mild ailments such as cold/flu.

Have you consulted your GP, a doctor or specialist, or been admitted to hospital? **If Yes** – Please provide: Date, reason, results, any follow-up required?

Have you ever received treatment for any broken bones, past or present, that still have pins or plates? **If Yes** – provide details below: Date, reason, results, any follow up required, if any residual pain or discomfort. Degree of recovery/limitations from injury?

8. Background and Medical Information (continued)

Mental Health

Yes No

Have you ever had or currently receiving treatment for: Depression, anxiety, panic attacks, schizophrenia, bi-polar disorder, PTSD, Post Natal Depression, including fatigue or any other condition related to mental health?

We will need to know: Date diagnosed, if any time off work, any recurrence of symptoms, name of treatment prescribed, include dose, counselling or any referral for the above

Family History

Yes No

Has anyone in your immediate family (mother, father, brother and/or sister) suffered notable medical events before the age of 60? - Eg: Cancer, Stoke, Heart Attack, High Cholesterol, High Blood Pressure, Diabetes, Kidney Disease, Blood Disorder or any Hereditary Disease.

If **Yes**, please list family member, age diagnosed, condition (age of death if applicable)

Additional Disclosure

Have you ever had any application for Life, TPD, Trauma, Income Protection, insurance declined, modified or offered on non-standard terms?

If YES, provide Date, Insurer or reason.

9. Pre-Assessment Questionnaire

Please answer the below fields with short responses

Medical Condition diagnosed:

Approximate date diagnosed:

All treatment/medication/last prescribed:

What investigations were carried out?

Most current results:
(i.e. Diabetic - current BGL & HBAIC)

Do you still have ongoing symptoms? Yes No

(If yes, provide full details, if no date ceased)

Do you still require ongoing treatment/follow up? Yes No

Name of doctor/specialist consulted?

10. Past Times/Sports

Do you participate in any Activities/Past Times and or Sports such as:

	Yes	No		Yes	No
Trail Bike Riding/ Mountain Biking			Caving		
Rock Climbing			Bungee Jumping		
Abseiling			Horse Riding		
Soccer/AFL			Scuba Diving		
Rugby Union/Rugby League			Shooting		
Martial Arts			Sky Diving/Hang Gliding/ Paragliding/Ultralights/ Aviation		

If YES, to any of the above provide full details where applicable such as:

Locations:

Competitions:

How often?

(Daily, weekly, monthly, yearly?)

Any Heights?

Equipment Used:

Level Played at?

Qualifications:

Depth Dived to:

Wrecks, Caves or
potholes, night dives:

Frequency of dives,
alone or accompanied:

Any injuries as a result in partaking an any of the above? Yes No

Provide Details:

Length of time involved in this
activity:

If aviation applicable provide details:

11. Motor Sport

Do you participate in any motor sports? Yes No

If yes, please specify what kind: e.g. Motor Bike, Motor Car, Drag Racing, Dirt Bike, Go Kart.

Size of vehicle:

Size of engine:

Speed:

Where/how often do you race?

Qualifications/Licenses/Memberships:

12. Other

Is there anything else you feel may impact your application that you would like considered?

Yes No

Your Duty of Disclosure



Before you enter into or become insured under a contract of insurance, you and any life to be insured have a duty, under the Insurance Contracts Act 1984, to inform the insurer of every matter that you or any life to be insured know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you extend, vary or reinstate a contract of insurance. Your duty however does not require disclosure of a matter that reduces the insurer's risk, is common knowledge that the insurer knows or ought to know in the ordinary course of business, or as to which compliance with your duty is waived. Your duty of disclosure applies even after this application is completed and until the insurer advises acceptance of insurance and issues a Policy Schedule. If you or any life to be insured fail to comply with your duty of disclosure and, if the failure had not occurred, the insurer would not have entered into the contract on any terms, your insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, your insurer may avoid the contract at any time. Instead of avoiding the contract the insurer may, within three years of entering into it, reduce the sum insured in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Privacy Disclosure Statement and Consent

InterPrac Financial Planning Pty Ltd (ABN 14 076 093 680), Australian Financial Services Licence 246 638), and our associated entities, authorised representatives ('we', 'us', 'our') are collecting personal and financial information about you.

1. We collect your personal information to provide you with the services you have requested, manage our relationship with you, and for the purposes of direct marketing.
2. The information you provide will be held by us.
3. We may use any information you provide to arrange or provide insurance and other services.
4. We may pass on the information to any organisations providing medical or other services, to assess your entitlement to obtain insurance, to assess your entitlement to cover under an insurance policy or for the purpose of assessment of any insurance claim you might make.
5. We may pass on the information to any underwriter or its agent who is contemplating or considering issuing a policy to you, including any medical or other personal information you provided to us.
6. We may pass on the information to any underwriter or its agent who is considering a claim made by you or on any policy you obtained as a result of your application, including any medical or other personal information provided to us.
7. You may gain access to the personal information that we hold about you by contacting us. A copy of our privacy policy can be obtained at www.interprac.com.au or by contacting us on 1800 700 666. Our privacy policy contains information about how you may access or seek correction of the information we hold about you, how we manage that information and our complaints process.

If you do not provide the information we may be unable to assist in arranging insurance or providing other services.

You agree that we may collect use and disclose your information as specified above.

Declaration

Signature of life to be insured:

Date: