Mental Health Questionnaire

Application number:

Person to be Insured:

1) Describe your symptoms eg, insomnia, depression, bipolar, anxiety, mood swings, phobias, anorexia, etc.

2) What was the cause of your symptoms?

- ☐ Work pressure/stress
- ☐ Relationship problems
- ☐ Following the birth of a child
- ☐ Other (please give details below)
- ☐ Domestic problems
- ☐ Death or illness in the family
- ☐ Financial problems

3) Date symptoms commenced? / /

(a) Are you still experiencing symptoms? ☐ Yes ☐ No

(b) If 'no' please advise date that you last experienced symptoms? / /

4) Have you ever taken or been prescribed medication for this condition? ☐ Yes ☐ No

(a) The name of the medication:

(b) The dosage frequency:

(c) Are you still taking the medication? ☐ Yes ☐ No

(d) If no, when did you cease? / /

5) Have you ever consulted a psychiatrist, psychologist, counsellor or any other therapist? ☐ Yes ☐ No
If 'yes', please advise dates, name and address of all persons consulted.

6) Have you ever had any suicidal thoughts or attempts of suicide or self harm? ☐ Yes ☐ No
If 'yes', please provide details.

7) Have you had any other treatment (eg, hospitalisation, ECT)? ☐ Yes ☐ No

If 'yes', please advise type, dates, hospital and name and address of treating doctor.

8) Has this condition caused you to have any time off work? ☐ Yes ☐ No

If 'yes', please advise dates and for how long.

9) Have your normal daily activities ever been restricted in any way due to this condition? ☐ Yes ☐ No

If 'yes', please advise when and for how long.

10) Have you any ongoing effects or restrictions on any activities due to this condition? ☐ Yes ☐ No

If 'yes', please provide details.

11) Please state any further particulars including name and address of personal medical attendant(s).

Your duty of disclosure (to be completed in all cases)

Please read carefully.

1) This questionnaire will form part of the application and together with the application, (declaration and any personal statement or telephone interview) shall be the basis of the proposed insurance contract.

2) The person insured and the policy owner must tell Asteron Life of any change in circumstances that is material to this application. This duty continues until the application is accepted and a policy document has been issued. This is important even if you have separately discussed something with your adviser. The duty of disclosure also applies if in future there is a request to extend or alter the policy, or application to reinstate the policy after it has lapsed.

3) If the information provided to us is incomplete or incorrect in any material way, then we may decline the application or it may affect the ability to claim in future. If this happens, we may reduce claim benefits or decide not to accept a claim. We may also exercise any legal rights we have to cancel or avoid the policy from inception. Premiums paid may be forfeited and any claims already paid may have to be paid back.

I declare that the answers given above are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application. I have read and understood the duty of disclosure described above, and acknowledge it is my responsibility to ensure I have provided all material information whether that information has been specifically requested or not.

Signature of the Person to be Insured

Date / /

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