

# Respiratory disorders questionnaire

Application number:

Person to be Insured:

1) Please advise date asthma first diagnosed.

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2) How often do you experience symptoms, eg, wheezing, breathlessness, chest tightness?

3) When did you last experience symptoms?

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4) Are you woken during the night with symptoms?

 Yes  No

If 'yes', how often and date of last occurrence.

5) Have you ever been off work due to your asthma?

 Yes  No

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

6) What is your current treatment? Include names of medication, eg pulmicort, ventolin, dosage and how often taken.

(a) To relieve symptoms

(b) To prevent symptoms from occurring

7) Have you ever required use of oral steroids, eg prednisone?

 Yes  No

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





8) Have you ever been in hospital or received emergency treatment for asthma?

 Yes  No

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

9) Do you ever measure your peak flow?  Yes  No

If 'yes', please advise your highest and lowest reading in the past 6 months


10) Have you ever consulted a specialist for this condition?  Yes  No

If 'yes', please advise name and address of doctor and date of last consultation.


11) Please provide details of your most recent visit to any doctor for this condition. Include date, name and address of doctor consulted.


12) Since the date of your application have you suffered from any sickness or injury or had any reason to receive medical attention or advice?  Yes  No

If 'yes', please provide details.


## 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

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Date

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