

Part B: Questionnaire (continued)

3.	Since the date of your application/personal statement, have you: (tick 'No' or 'Yes')	Yes	No
a.	Had any change in occupation?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Had any change in participation in hazardous pastimes?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Had any change in health or suffered from any illness or injury?	<input type="checkbox"/>	<input type="checkbox"/>
d.	Had any reason to receive, or do you intend to seek medical examination or advice, or consult any doctor, psychologist, chiropractor, physiotherapist, natural therapist or other health care worker?	<input type="checkbox"/>	<input type="checkbox"/>

Part C: Declaration

I declare that I have read and understood my duty of disclosure and the answers given are true and correct and shall form part of my application for life insurance.

Life Insured's signature:

Date: / /

Please return the completed form to Let's Insure. You can either:

1. Scan and email to customerservice@letsinsure.com.au (please put 'CONFIDENTIAL, Policy Owner's surname, Policy Number' in the subject line); or
2. Mail to The Claims Manager, Let's Insure, PO Box 1192, Chatswood NSW 2057 (please mark the envelope as CONFIDENTIAL); or
3. Fax to 1300 361 097 (please address the cover page to The Claims Manager).