

MATURE AGE QUESTIONNAIRE

Name	Date of Birth (dd/mmm/yy)	Application #
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1. Marital Status: Single Married Widowed Divorced

Do you live alone? Yes No If no, with whom?

If yes, do you require any help? Please give details below.

Are you gainfully employed? Yes No If yes, how many hours per week do you work?

Do you drive a motor vehicle? Yes No

If yes, do you have any restrictions on your license? Yes No If yes, please give details below.

What do you do during your leisure time? Please give details (Volunteer work, Exercise or Sports, Hobbies, Courses or Classes, Social activities, Clubs, Theatre, Travel) or other?

2. Do you currently or have you in the past required assistance with the following:

Dressing, bathing or showering	<input type="radio"/> Yes <input type="radio"/> No
Housework, shopping, preparing meals	<input type="radio"/> Yes <input type="radio"/> No
Taking your medication	<input type="radio"/> Yes <input type="radio"/> No
Handling banking or finances	<input type="radio"/> Yes <input type="radio"/> No

If yes, please give details below.

In the past 5 years, have you had any falls? Yes No If yes, please give details below.

In the past 5 years, have you used medical equipment such as a walker, wheelchair, cane, hearing device, colostomy, urinary catheter or pads to treat bladder or bowel incontinence? Yes No If yes, please give details below.

Have you ever been treated for anxiety or depression? Yes No If yes, please give details below. If treatment was discontinued, please provide the date.

I hereby declare that the above answers are complete and true, and agree that they shall form part of my application for the policy requested.

Signature of Applicant X	Signature of Witness X	Date (dd/mmm/yy)
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