

QUESTIONNAIRE CHANGE OF WEIGHT

Please answer all questions and sign and date this questionnaire. If you fail to do so we will be unable to assess and process your application. Please print.

PART A YOUR DETAILS

Surname: _____ Date of birth: _____

Policy owner: _____ Policy number: _____

PART B QUESTIONNAIRE

1. What is your current height and weight?

Height (cm): _____ Weight (kg): _____

2. Has your weight varied by more than 5 kgs over the last 12 months? ☐ Yes ☐ No

3. How much weight have you lost over the last 12 months? _____ Weight (kg): _____

4. Was it an unexplained weight loss? ☐ Yes ☐ No

If 'yes' have you seen your doctor about this?

If 'no' please advise method of weight loss used e.g. diet and exercise:

☐ Yes ☐ No

5. How long have you maintained your current weight? _____

6. Additional information/comments: _____

PART C DECLARATION

I declare that the answers given are true and correct.

Your signature: _____ Date: _____

Please return completed form to IA Life via one of the following methods:

 Scan and email (with your name and policy number as the subject line) to customerservice@ialife.com.au

 Mail to **PO Box 471, Seaforth NSW 2092**