

EXISTING AILMENTS DECLARATION



A claim arising from an Existing Ailment may not be covered under this policy.

Where we offer to **cover an Existing Ailment** then your policy is endorsed to confirm you are fully covered and your policy is renewable. Where we offer a policy which **excludes an Existing Ailment** your policy is endorsed to exclude the ailment during the first twelve months of continuous membership, and to confirm you are fully covered for all other Illness or Injury and your policy is renewable.

An Existing Ailment is an ailment, illness, condition or disability, the signs or symptoms of which, in the opinion of a Medical

Practitioner appointed by the Health Fund, existed on the date of application, or on the date of upgrading to a higher level of cover.

You have a duty to disclose to us whether you are aware of any Existing Ailment affecting yourself or accompanying family member as this is relevant to our decision to offer you health insurance. If you do not disclose all relevant information at the time of applying to join the Health Fund, we may refuse to pay your claim, or may cancel the policy immediately. Should any decision need to be made about a claim for what may be an Existing Ailment, the Health Fund will appoint a Medical Arbitrator to make a decision based on the information available.

Please answer the following questions in relation to yourself or any accompanying family members applying for an IMAN Australian Health Insurance Policy.

This declaration covers:

Self: Membership Number (if applicable) Spouse's Name:

Signature: Date: / / Children's Names:

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If you answer Yes to any question, you must provide us with all relevant details, including dates. Please give result of screening and full details of any existing ailments.

1. Did anyone listed have pre-employment health screening?
 - a) examination by a doctor? YES NO
 - b) xrays? YES NO
 - c) blood and urine tests? YES NO
2. Has anyone signed a Department of Immigration and Citizenship Health Undertaking? YES NO
3. Is anyone applying aware of any existing signs or symptoms of an ailment, illness, condition or disability? YES NO
4. Has anyone applying had any ailment, illness, condition, or disability, for which medical treatment was received in the last 6 months? YES NO
5. Has anyone applying received hospital treatment in the last 3 years? YES NO
6. Does anyone applying have an implant of any kind? YES NO
7. Does anyone applying take pills, medicines and/or prescribed medication of any kind? YES NO
8. Has anyone applying received any other treatment (including physiotherapy or chiropractic) within the last 6 months? YES NO
9. Is any adult female applying pregnant? YES NO

(If you need more space for Existing Ailment information, please use a second form – available at www.austhealth.com)

