EXISTING AILMENTS DECLARATION

AUSTRALIAN HEALTH PLANS
www.austhealth.com

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 us, existed prior to or on the date of application.

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 membership of a Plan.

We may offer for an Existing Ailment:

- a Plan without a waiting period
- a Plan with a twelve month waiting period
- a Plan which excludes an Existing Ailment for the term of the membership.

In each case, your Membership Certificate is endorsed to confirm our offer, and that your Plan is renewable and that you retain all other benefits for sickness and injury, relating to your Plan.

If you do not disclose all relevant information at the time of applying to join, we may refuse to consider your claim, or may cancel your Plan immediately.

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

This declaration includes:

Self (principal member):	Membership Number (if applicable)	Spouse/Partner's Name:
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Signature: ..... Date: ..... / ..... / .....

Children's Names: .....

1. Is anyone applying aware of any existing signs or symptoms of an ailment, illness, condition or disability? ☐ YES ☐ NO

Please give details, including dates .....

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2. Has anyone applying had any ailment, illness, condition, or disability, for which medical treatment was received in the last 6 months? ☐ YES ☐ NO

Please give details, including dates .....

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3. Has anyone applying received hospital treatment in the last 3 years? ☐ YES ☐ NO

When were they in hospital? .....

Why were they in hospital? .....

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4. Does anyone applying have an implant of any kind? ☐ YES ☐ NO

When was it inserted? .....

What type of implant is it? .....

5. Does anyone applying take pills, medicines and/or prescribed medication of any kind? ☐ YES ☐ NO

Please list medication, including the condition/ailment it is used for. .....

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6. Has anyone applying received any other treatment (including physiotherapy or chiropractic) within the last 6 months? ☐ YES ☐ NO

When? .....

What for? .....

7. Is any adult female applying pregnant? ☐ YES ☐ NO

If yes, when is the expected date of delivery? .....

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

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